Qualitative Research in the Sahel

Community-led responses to COVID-19 – report 2

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IMS

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1. Introduction

This report is the second of two produced during a short-term consultancy in the summer of 2020 – see also: *Qualitative research in the Sahel. Community led responses to COVID-19 – report 1.*

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."[1]

Based upon findings in the first report, it was decided for this second report to focus on providing more profound insights into the local responses, which the first report touched upon. The intended aim is to shed light 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 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. Feedback to the research from Local2Global is assured and coordinated by IMS 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 listeners' 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.[2] The zone is approximately the size of Denmark and covers the border areas between North-eastern Mali, North-eastern Burkina Faso and West Niger. Here, IMS works with 14 community radios and 28 women's clubs located in local communities (villages and towns).

During the past years, the Sahel countries in question have turned increasingly unstable. Numerous factors contribute to the increasing instability, including socio-economic conditions characterised by extreme poverty, very high levels of (youth) unemployment, demographic boom, extensive illiteracy (+80%), surges in terrorist groups and local conflicts in all three countries and increases in refugees and internally displaced persons (IDPs). The number of IDPs in Burkina Faso alone rose exponentially from 87.000 in January 2019 to almost 1 million IDPs in July 2020, 18 months later.[3]

The countries in question are all inhabited by multiple ethnic, linguistic and religious groups, which frequently conflict and roam transnationally. 2019 saw extensive ethnic tension.[4] E.g. in Mali, between Tuareg and Bambara, and the Fulani (Peul) population came under increasing pressure. Stigmatised in all three countries and one of the poorest groups, the Fulani are frequently linked to, or accused of being linked to, terrorist and other armed groups roaming especially in the Liptako-Gourma region. Another important challenge is the general incapacity of central governments to ensure good governance and security of its citizens in the vast territories of these countries (together approximately the size of Western Europe). Weak capacity as well as high levels of corruption are general explanations to lack of security and good governance, and 2019 did not see any change to that situation. Another worrying factor is the impact of climate change, reoccurring droughts and/or

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[1] Cf. the consultant's Terms of Reference (Annex 1) and IMS' collaboration with Local2Global.
[2] https://reliefweb.int/report/burkina-faso/central-sahel-liptako-gourma-crisis-monthly-dashboard-3-12-march-2020
[3] https://reliefweb.int/report/burkina-faso/west-and-central-africa-weekly-regional-humanitarian-snapshot-21-27-july-2020
[4] https://issafrica.org/search?q=Sahel

inundations, leading to outspread lack of food security and migration. The Sahel region is continuously considered a highly strategic region and is monitored and acted upon by multiple foreign actors as such. Adding COVID-19 to this equation seems sinister. However, these are the local realities of the communities affected, and the light in which this report should be read.

1.1 Methodology

The cases have been collected through interviews with three[5] hyper-local informants from the Liptako-Gourma region in Mali, Burkina Faso and Niger. The informants are local partners of IMS under the Sahel Programme and were thus identified by/via IMS's local partners, targeting specifically the local women's clubs in Gorom-Gorom in Burkina, Tillaberi in Niger and Gao in Northern Mali.

Furthermore, the consultant knew the women beforehand from a workshop in Niamey, Niger, in October 2018, hosted by IMS. This means 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, all interviews were for this second report undertaken entirely by sending audio messages back and forth in an exchange sometimes 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 information on the same topic in different audio recordings, I have merged this information with the original testimony to provide a more usable and unified response. The testimonies are thus a compiled result of the interviews.

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

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[5] Halima Moussa, the original Niger informant, and Abdoulaye Hamadou, who acted as an interpreter during both interviews, were during the interview for this second report accompanied by Hamsatou Boubacar, the president of Halima Moussa's listeners' club.

2. Key findings

The intended aim of this second report was for the findings to contribute to a better understanding of the social connections and social responsibilities felt in the communities in the Liptako-Gourma zone during the first half of 2020. At least three important findings should be highlighted:

1) Social responsibility and how it is perceived differ across the locations;
2) The importance of women associations' cash registers[6];
3) Tradition vs. modernity in a COVID-19 context.

Ad 1: According to the testimony from Fatoumata Alou in Gorom Gorom, Burkina Faso, there has been a large degree of social responsibility among the individual members of society. Through citizen-to-citizen action, the two listeners' clubs in Gorom Gorom have played an important role in raising awareness and in assisting the most vulnerable members of society. This work has been done voluntarily and entirely on the women's own initiative, with the aim to benefit the community as a whole. Fatoumata Alou explains why they felt compelled to act,

"We did it for the benefit of all, because we are from the community and we have to defend our community [and protect it] to not get this disease. That was our goal."

This explanation underlines the logic behind the actions of the members: What benefits society, ultimately benefits all.

In Ayerou, Niger, on the other hand, it seems that social responsibilities within the community have been structured more along official roles, where provision of information and awareness raising have been generated and controlled from above and to a lesser degree from below.[7] According to the testimony provided by Abdoulaye Amadou, the Nigerien system with its various levels of responsibility has allowed for information to pass from government to citizens, which might have served to mitigate some local initiatives concerning sensitization.

Important on the hyper local level, though, is the mentioning by Aboudalye Amadou of the palaver tree[8] as an important, traditional institution that serves as a means for the community to stay informed on each other's lives and wellbeing and, ultimately, to take action if needed:

"It is this kind of practice that gives us information about each and everyone. This is how people consult each other or provide help to each other when necessary" (Abdoulaye Amadou).

One way to interpret these findings is, that the social responsibilities in Niger have been divided between state and local communities, during COVID-19 in Niger. The *social responsibility to provide information* (on the disease) was located in public institutions and thus managed and directed from above, whereas the *social responsibility to provide help* was located at the hyper-local level, in the communities, and thus managed from below.

Ad 2: Both Aminata Idrissa from Mali and Fatoumata Alou from Burkina Faso mention the cash register of their listeners' clubs as a means which have helped their societies getting through the

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[6] Most of the female listeners' clubs have a cash register to which all members contribute with a fixed amount at each meeting – some clubs also have fines for e.g. disturbing meetings or no-show fees.

[7] Note that the community radio has played a role – cf. report 1, section 3.3 The role of the community radio.

[8] Abdoulaye Amadou does not use the expression per se, but is most likely referring to 'arbre à palabre' – the palaver tree in English – which is a designated location where the community comes together to discuss peacefully. Such a space is extremely common in villages across West Africa. As the name implies, the space is often located around a tree providing shadow for the meetings.

COVID-19 crisis.[9] It is also worth noting that both mention that it was an IMS-organised training that introduced them to cash registers and encouraged them to set up such a register.

In both clubs, each member pays 600 CFA francs (0,91 Euro) every week, and with up to 35 members, the clubs generate a substantial amount of money. The members of the clubs can borrow money to e.g. buy stocks, for everyday needs or sudden expenses. A smaller part of the money is meant for solidarity purposes and is donated to support either members of the club in case of marriages, baptisms or in crisis situations or community activities.

A listener's club in Burkina Faso is collecting money for its cash register.

During COVID-19, the cash registers of the clubs were thus of help to the community as a whole. In Gorom Gorom, Burkina Faso, the women even used money from their cash register to assist the internally displaced persons living in their area.

This finding is extremely important because it underlines the value gained for the broader society when organisations provide support to and help empower women with new knowledge, better capacity and improved communication skills (broadcast via local media) in the Sahel.

Ad 3: The interview with the three informants from Niger provided an interesting aspect on the dichotomy between tradition and modernity in times of crisis; namely that traditional healing practices are challenged by the outbreak of unknown, uncommon or "foreign" diseases.

The practice of traditional healing using tree leaves and roots for healing purposes is widespread and the normal – and cheapest – way to cure diseases in the community. But during the pandemic, as these practices involve close physical contact[10], the population stopped going to the traditional healers altogether, even when falling ill with "local", familiar diseases like malaria or diarrhoea, which would under normal circumstances be treated traditionally. Instead, people would take their sick ones to the health centres to seek modern medical assistance from health care professionals out of fear for COVID-19.

From an anthropological point of view, this finding adds an additional layer to the complex relation between tradition and modernity and the understandings and beliefs tied to these domains but would need additional research.

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[9] To be elaborated on in sections 5.1 Keeping society's wheels turning and 6.2 Assisting the internally displaced.
[10] Cf. section 4.2 Giving up traditional practises

3. Conclusion

As corona reached the African continent, international media were full of experts predicting a catastrophe. If the disease should get a hold on the continent and develop as seriously as it did in Italy and Spain, they warned, the already fragile and ill-equipped health care system in most African countries would not stand a chance.

Until now, this gloomy premonition does not appear to have come true.[11] Nevertheless, African populations have still had to deal with lock downs, movement and other restrictions, economic recession, closed borders and the fear that has gripped people across the globe the past months.

As some of the world's most poor and fragile countries are African, the aim of this research project has been to raise a basic understanding of how a health crisis affects local Sahelian communities and how the local people respond to and survived such a crisis. The findings and conclusions can help inform future activities or actions aiming at supporting such local efforts and responses.

During two reports, the project has shed light on local efforts and responses, social responsibilities and locally lived realities during the COVID-19 pandemic in the Liptako-Gourma cross-border zone. The collected examples and experiences, shared kindly by informants in Niger, Burkina Faso and Mali, offer quite a unique insight into their lives during lockdown in this already contested area.

Across the two reports, testimonies and findings clearly reveal that assistance within and support from the immediate community have played a crucial role in helping citizens and communities getting by. This is true on many levels.

Members of a listeners' club in Gorom Gorom, Burkina Faso, listen to a radio broadcast on COVID-19.

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[11] This assessment is based upon official numbers, but as statistics from African countries are generally unprecise and poor, we simply do not know how badly affected the continent has been. Furthermore, during the last part of July, local outbreaks and increasing infection rates in countries across the world in e.g. India, Brazil, Australia, Spain, and South Africa are indeed a very bad sign. Whether or not the African continent for this second round of COVID-19 will be more heavily – or visibly more – affected is as of yet unknown.

E.g. the role of the community radios that have constantly – and in various local languages – spread information and raised awareness on the disease; the immense work of the women's listeners' clubs including door-to-door sensitisations, radio programmes with health experts, and continued encouraging members of society to respect the sanitary restrictions; and the assistance of the diaspora (abroad – helping with remittances) and villagers living in the bigger cities who felt compelled to help their communities 'back home' by sending food and money.

Another important conclusion is that even though all informants mention how the overall poverty has increased their suffering, their testimonies reveal that the economic consequences (e.g. raising prices on goods and decline in income) of COVID-19 are by far surpassed by the social consequences. The two domains are of course closely intertwined and interdependent, but by attempting to separate them nonetheless, it becomes clear that what really affected the populations was the social restrictions. The fact that socialising and getting together was forbidden, that people's getting around was restricted, and that taking care of kin had to be done from a distance.

This underlines the importance and strength of the social tissue that binds these communities and societies together, because, yes, these communities and societies have poverty as a common denominator, which marks and affects their livelihood. But it is not poverty – their economic situation – that connects them/ties them together; rather it is the sense of community and of responsibility towards the others.

This is also very much underlined in a popular saying, which is very common across the Sahel: "On est ensemble" – we are together.

4. Niger – Ayerou

Testimonies offered by Halima Moussa, member of a female listeners' club, who was for this interview joined by Hamsatou Boubacar, president of the said listeners' club. Present was also Abdoulaye Amadou, radio director in a community radio in Ayerou, who acted as a translator. The testimonies should be considered in that light. For testimonies where more than one informant has contributed, quotes are labelled to indicate to whom they belong.

4.1 Actions of the listeners' club and school issues

Hamsatou Boubacar
"We are 20 women in the club who meet up[12] every Thursday. But to fight COVID we have asked that only eight women at a time could come – so one week eight people will meet, and the following Thursday [another] eight women from the club will get together.

We talked with health workers and with the other women's groups, the other listeners' clubs, we went to the radio to sensitize other groups to do the same, to respect [COVID-19] and to always keep a one-meter distance.

This is how we have fought against COVID-19 at the local level."

…

Hamsatou Boubacar
"Also, after the schools reopened, we took precautions. We told the parents of the students to make sure to avoid [that the children bought food at the school.] We made a commitment to prepare [a lunch pack] from home and put in our children's bag, so that each student eats by himself in order to avoid contamination in the schools."

"It is not everybody who has the means to [provide a lunch pack] for their children. Those who have [money] prepare food for the children in the morning for the break, but there are children who because of this refuse to go to school because their parents have nothing to give them to bring along."

…

Hamsatou Boubacar
"When the schools were still closed, we appealed to the older pupils, the middle school students. The families with middle school students asked them to tutor the young students while waiting for the schools to reopen."

Abdoulaye Amadou
"Those who have the means also [paid] teachers to come to their homes to teach their children while waiting for the classes to reopen."

4.2 Giving up traditional practices

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[12] These meetings are not recorded and broadcast per se. Typically, the women clubs use the meetings to define which discussions and topics qualify for a radio programme. It could be why it is important to send girls to school, why vaccination programmes are important, or more security-related topics like causes and solutions to conflicts between pastoralists and farmers, etc. The meetings also have a social importance, as they are a place where the women get together to talk, discuss and support each other. Hence, these meetings serve several purposes, but are always held (as preparatory) in advance of an eventual recording for subsequent editing and radiobroadcast.

Halima Moussa

"To this day, there is no medication [to treat COVID-19], there is nothing – all we have is our traditional medicine made from trees. That is what we use. We boil it, give it to the children, we bathe them in it – we do everything we can to avoid COVID-19."

Hamsatou Boubacar

"Before people did not take their sick ones to the health centres but treated them with traditional medicine made from trees. In between themselves, people were sensitized to abandon this kind of practice because [it brings people together] washing each other with tree roots or leaves – COVID is COVID, and it could infect everyone."

"So, there you have it. That is why people became aware and started to give up this kind of practice."

Abdoulaye Amadou

"Many practices have been abandoned [during COVID-19]. Here, you know, we have traditional healers, we have charlatans – what you call sorcerers; all of them are healers, who are here traditionally and who cure people from certain diseases, [protect them from] evil spirits and put them in a trance. They heal them, they take care of them, but with the appearance of COVID people have stopped with this practice."

"Everyone is wary. Even when someone is sick with a disease where people [under normal circumstances] would say: "No, do not take him to the health centres, it is not worth the hassle, we will treat him traditionally [instead]", people now take [the sick person] to the health centres."

"So, you see. [The traditional healing] was dropped during COVID-19."

"[When COVID-19 is over] people will probably start doing it again."

4.3 Community responsibility on various levels

Testimony offered entirely by Abdoulaye Amadou.

"Responsibility was taken on all sides, because [here] in Ayerou, responsibilities are shared locally.

There is the administration, which is represented by a prefect. There is the commune, meaning the town hall, the mayor and the councillors[13], and then there is the traditional chiefdom with a supreme chief[14] who is the chief of all the other villages' chiefs.

When the [Nigerien] government gives instructions to the people, they go through the prefect, who calls on the town hall and the chief of the canton to [relay the message of the government].

This is also the way it happened this time. [The prefect] called upon the officials to tell them about COVID and its serious consequences. Then the canton chief assembled all the village chiefs[15], which he is representing. They have a meeting every three months, but this meeting was arranged entirely to pass on the instructions to the village chiefs; to tell them about the disease; what they need to do; what consequences the disease could cause. They were now responsible for [making their communities] change their way of life, their way of living while waiting [for the pandemic to die out].

The mayor on his side [called upon] the councillors. After having listened to the mayor [passing on the message on COVID-19], they too went back to their communities to tell them what was

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[13] Villages elect their own councillor who represents them at the city hall, informs Abdoulaye Amadou.
[14] Also called canton chief.
[15] There are 18 administrative villages in the area of Ayerou according to Abdoulaye Amadou.

happening and what measures to take, and that it was better to respect [the restrictions] to make it through this situation [because] given our situation … – financially [COVID-19] exceeds us, it exceeds our health care, on all levels it exceeds us. We have to fight with all we have to prevent this disease from entering our community.

So, these are the key points [in the spreading of the government's message on COVID-19 to the people], which has happened everywhere [in Niger].

People understood that really ... well, almost everyone is poor. People have serious problems with treating even smaller diseases like malaria and diarrhoeal diseases caused by the river water, which we drink. Children die of malaria, because the parents cannot afford to pay for treatment. So, people understood that a disease that is more severe than malaria is serious.

People took it seriously - thank God, it worked."
…

"The population is more attached to the district leaders[16] – they are the ones who inform the populations. It is the district leader who takes care of smaller conflicts in the neighbourhood, which he manages to settle amicably without going to the canton chief, the gendarmerie[17] or the police.

He is someone who is listened to. He shares with the community, they share everything – there is no resistance towards him, he is not superior to them. It is just that he is the neighbourhood chief, and they are the people.

They meet up at those spaces[18] in the neighbourhood where the elderly meet to exchange[19] – they chat in the evenings when they come back from the fields. There, they get news on everyone. They notice if someone does not show up and find out what is happening: "That one did not show up tonight, what is wrong?" This is where they will learn if someone is sick, or if he did not come because he is travelling or because his son is sick or because he has this or that problem.

As soon as they notice that this one or that one is absent today and was absent yesterday too, then, immediately they send someone to [the absent person's] house to find out what is going on. If help from the others is required, they will all come together to find a solution to the problem.

It is this kind of practice that gives us information about each and everyone. This is how people consult each other or provide help to each other when necessary."

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[16] Org. 'chef de quartier'. Each village has a chief. The latter is elected according to a procedure in which the only candidates are men. These men are heirs of the founder of the village. There is only one leader. It is an honorary, traditional function. The village chief is not a civil servant, but an auxiliary of the administration who plays a role in tax collection at the level of his village and manages current affairs between the villagers. The chief is also the first person in the village through whom passes any decision or project concerning the village. His authority can be challenged before the administration or the courts. The chief relies on various "juridical" aspects to settle disputes. These vary between customary practices in general, Islamic custom and modern law. In all cases, his decisions can be challenged before the administrative and judicial authorities. Niger is not broken down into districts. A smaller denominator is a neighborhood (one or more neighborhoods form a village), then villages, then townships (a set of several villages), then municipalities (one or more neighborhoods, villages and townships), then "arrondissements" (several villages and townships), then departments (several municipalities) and finally regions (several departments). There are seven regions in Niger plus the capital of Niamey. A canton (township) chief is a traditional chief who manages several villages. He is also an ex-officio member of the city council, but without voice of deliberation (rep. who has the quality to vote in an assembly).

[17] As a former French colony, Niger has inherited the French system with both a national police force and a gendarmerie, a military force. Overall, they have the same obligation (to keep order and secure safety), but whereas the police are responsible for the urban areas, the gendarmes are in charge of the rural areas.

[18] The mosque is another type of meeting place mentioned by Abdoulaye Amadou.

[19] The palaver tree.

5. Mali – Gao

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

5.1 Keeping society's wheels turning

"Concerning local solutions, well, people respect the restrictions – [there are] hand wash stations at the mosques, markets and schools. [People also] make permanently use of hand sanitizer and they wear masks. So, these are the restrictions, along with social distancing, that [are followed] locally."

…

"[The markets were closed, but] people went anyway to sell their goods,[20] but everybody respected the distancing and wore a facemask. That helped people not to suffer more [than they already did]."

…

"The listeners' clubs[21] also contributed to securing that the restrictions were reinforced and that the population got used to [living with] the restrictions and respected them. The clubs organised radio programmes to show the importance of the restrictions and how people have to comply to prevent the spreading of the disease.

The women's associations, such as the listeners' clubs, are constantly active in raising awareness to prevent the spread of the disease."

…

"The schools were closed but the schools with students who have their exams [shortly] have resumed classes. The restrictions are still respected; there are permanent [sanitation] kits[22], hand sanitizer and [everybody have to wear] a mask. So, these schools are providing classes to at least allow the students to attain a certain level before taking their exams."

…

"Some NGOs have begun to support the population [in relation to the COVID-19 pandemic] and have just started to distribute cards[23] – this is what you call *cash for work*. They started distributing those cards, but people have not yet [started to work], but at least they have their cards."

…

"We, the listeners' clubs, have a cash register system. IMS knows about this – there was an expert who came to our workshop in Niamey and who trained us in using such cash registers. So, these cash registers work at the level of women's associations.

[We keep] the money in a small cash box with three keys. Three different women keep the three keys, and the cashier [a fourth women] keeps the cash box.

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[20] Cf. report 1, section 4.1 From disbelief to panic.
[21] There are more than one listener's club in Gao.
[22] Cf. report 1, section 4.2 Increasing prices on basic goods.
[23] At the time of deadline, Aminata Idrissa has not yet returned with an answer on how exactly this system works and what the cards designate. My guess is, that the card is a kind of proof that a person is hired as part of the cash for work-programme.

Ansongo, Mali.

[We collect money] weekly – 500 CFA francs (0,76 Euro) per person. This is the savings and with it, the members manage to cover small needs or to uphold activities. All members can borrow money from the cash register, and after some time, when they have the money, they reimburse the amount, which other members then can borrow.

Then there is the cash register for solidarity for which we pay 100 CFA francs (0,15 Euro) every week. This money we use on our members. If there are any deaths, weddings, baptisms or fires, we take money from the solidarity cash register and we give it. If there are citizens' activities in the community, we support it [financially].

Even [people from] the community come to borrow money from us. We give them a [deadline] before which they have to return the money.

So, these cash registers are permanently in use. [They] served to help the population."

5.2 Taking a social responsibility

"Indeed, people felt a responsibility because here, in our community, people are very close and are afraid of being evicted [from society]. So, people felt a responsibility to really care about COVID-19.

If a relative of yours is infected, you have to help him in some way, even if you cannot be in [physical] contact with him. People understand that having [physical] contact is [no good], [but] you still have a responsibility to engage, as a citizen, to help him to respect the restrictions, to help him even with his treatment and also to give a lot of advice. And if you have even the tiniest bit of more money than him, [you have to] help him and also help his wife [economically].

So, people felt very, very responsible. When everybody understood that the disease really did exist,[24] everyone felt a responsibility [to help]."

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[24] To begin with, many thought corona was a scam by the government to get foreign funding (cf. report 1, section 4.1 From disbelief to panic).

6. Burkina Faso – Gorom Gorom

Testimonies offered by Fatoumata Alou, president of a female listeners' club.

6.1 Door to door

"We [the two listeners' clubs in Gorom Gorom] were trained [by a health worker] from the health district in Gorom Gorom on the COVID-19 pandemic; on how to fight this disease, how to avoid catching it and how the restrictions must be respected in order for [our community] not to be contaminated, because it [COVID-19] is spreading rapidly.

You can reduce your risk of getting infected or spreading COVID-19 by taking a few simple precautions.

[The agent] showed us, quite simply, how to carefully wash the hands with hand sanitizer or water and soap, how to wear facemasks and keep a distance of at least one meter to other people. If you cough or sneeze, [you must] cover your mouth with a bended elbow or with a tissue, which you must throw in a bin immediately afterwards. [You must] follow the instructions of the health authorities and constantly stay informed to know in which cities or areas COVID-19 is spreading.

If you are elderly or diabetic [or] if you have a heart or lung disease [you must] disinfect all public objects with bleach or alcohol before using them. If you are not feeling well, stay at home and call the free of charge-number, which is 3535, to go to a [health] centre."

…

"It was through this instruction that the listeners' clubs [decided] to sensitize the population by going from door to door. Knowing that this disease is a real disease, the clubs got together to find out what [we could do] to prevent this pandemic from reaching our province and that was how we decided to raise awareness by going from door-to-door.

[Through the training] we received images with all the instructions printed on it, [and] we used this image in the door-to-door sensitisation."

One of the images, which the clubs used in their door to door-sensitization in Gorom Gorom, Burkina Faso.

…

"We elected five, ten persons; everybody kept a one-metre distance to the others and wore facemasks, and with a bucket, soap and water they assisted in this sensitization. They went door-to-door, left to right – there is not a single courtyard where we have not been to raise awareness about COVID-19."

…

"[Apart from the training and the image] we had no support. We did it all voluntarily. There was no support from any projects nor from any NGOs – we got together, and we did all this voluntarily, on our own, with our own money.

We did it for the benefit of all, because we are from the community and we have to defend our community [and protect it] from this disease. That was our goal.

Even to this day, we are still raising awareness about this disease – we are still sensitizing our children, our sisters, our brothers, our fathers and mothers, to avoid that people, when they know we have had no cases, will stop [to be careful]."

6.2 Assisting the internally displaced persons

"We only meet up once a week, on Saturdays – Saturday evening at 3 pm, we meet at my place, as I am the president [of the club], and we make our contributions to our cash register[25]: 600 CFA francs (0,91 Euro) per woman. We are 14 members and then there are other women, who have joined the club; they are not members, but are only part of the cash register.

500 CFA francs are for the cash register [meaning for the club itself] – 100 CFA francs are for a solidarity fund. [For instance] if a person is sick, we withdraw a small amount to buy juice and send it to that person, or if a member of the listeners' club has lost one of her parents or one of her relatives, we take money from the solidarity fund to [show our solidarity], to show that we are sorry too.

So, with COVID-19, we withdrew some money to help people – we could not provide help to everyone, but, really, we did our best. We did a survey to identify the [most vulnerable] people with no means and who were in need and we agreed to take a few francs from our [solidarity fund] to help.

The households, where we have been, these are the households of the vulnerable – the displaced persons. They have nothing; we really pity them, because they have nothing. If a person has left his home, he has nothing. This is why the listeners' club took the initiative to pay for two boxes of soap, kettles [for water] and facemasks for these people. We gave away 15 facemasks for men, 15 facemasks for women, and soap and kettles for washing the hands."

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[25] Like Aminata Idrissa, Fatoumata Alou also highlights the training during IMS workshops in Niamey, Niger as the reason for starting a cash register in her listeners' club. IMS runs 3-4 workshops with its radios and women's club partners during one year in a Danida supported programme, IMS Sahel programme: https://www.mediasupport.org/where/#sahel