ROOTED IN **TRUST**
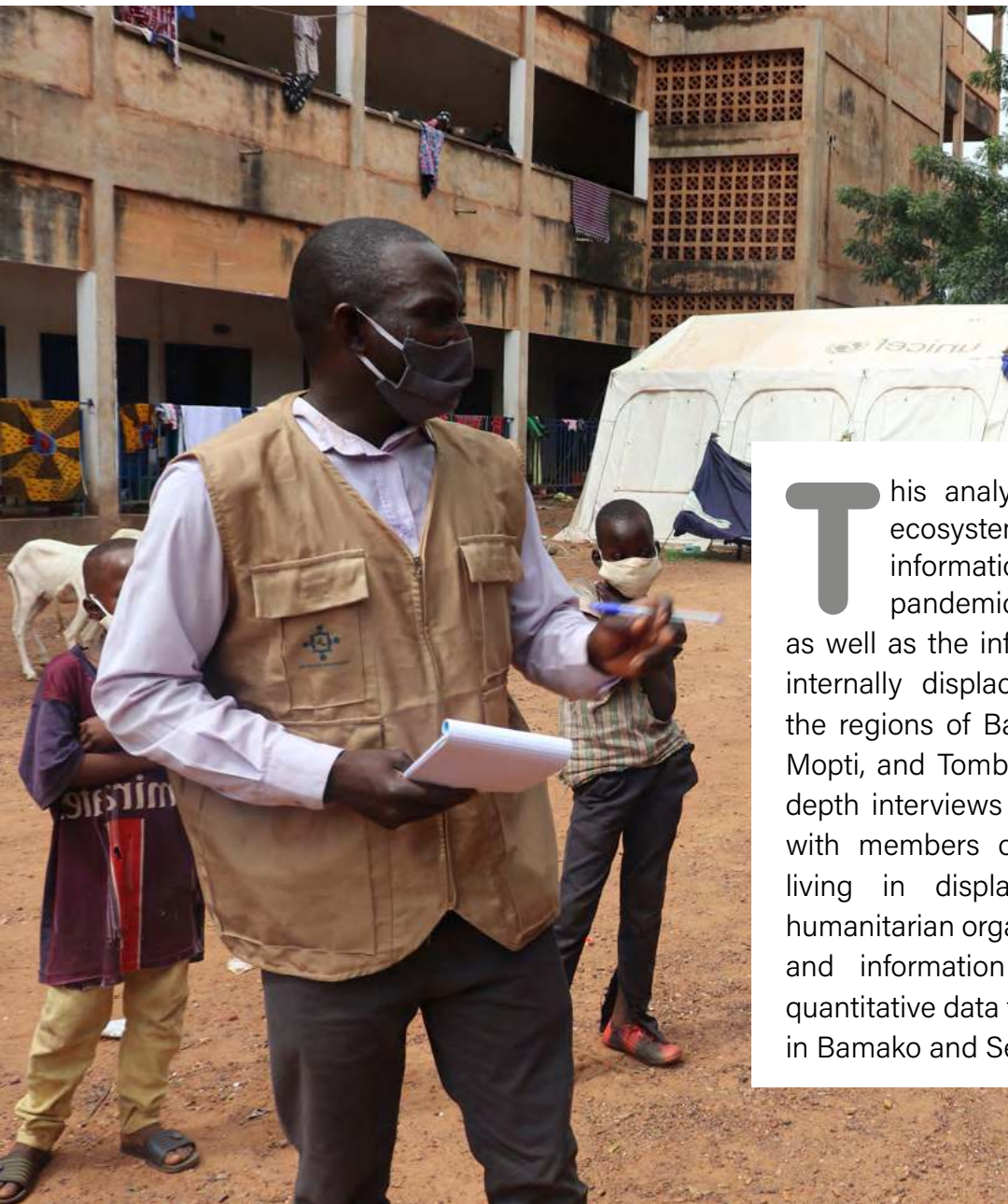
Retrouver du lien :
S'informer au sein des
communautés déplacées au
Mali au temps de la COVID-19

EXECUTIVE SUMMARY

This analysis of the information ecosystem documents how information around the COVID-19 pandemic is produced in Mali as well as the informational practices of internally displaced persons (IDPs) in the regions of Bamako, Ségou, Sikasso, Mopti, and Tombouctou. It draws on in-depth interviews and group discussions with members of the IDP community living in displaced persons camps, humanitarian organizations, state officials and information experts as well as quantitative data from a study carried out in Bamako and Ségou.

RICH AND VARIED MEDIA ENVIRONMENT, BUT LITTLE EXPOSURE TO MEDIA AMONG POPULATIONS

There is a plethora of different types of media. Among them, we can consider television and radio (public, private, community and religious), digital media (websites, social media), and print media (daily newspapers, periodicals and professional organizations associated with dissemination of information.). Penetration of social media can vary from region to region. City dwellers ●●●

●●● have easier access to social media due to the geographical limitations of some providers. Despite the seemingly saturated media environment, the Demographic and Health Survey (EDS 2018) showed that 39% of women and 31% of men in Mali are not in general exposed to any media as sources of information. This demonstrates the limits of traditional media as sources of information in the general population. For a variety of reasons, these traditional media are also less relevant for communication and information for displaced persons. Social, digital and print media are the least frequently used channels.

GOVERNMENT RESPONSE TO COVID-19

The Malian government enacted a COVID-19 response plan in March 2020. However, government communication around the pandemic is primarily handled via state media (belonging to the government). There also seems to be a disconnect between state media (belonging to the government) and private media (private media, in the

"We don't have enough access to the information we need"

context of this report, includes all non-governmental media belonging to an individual, a group, a community or a for-profit or non-profit organization) and poor consideration of private media in the national COVID-19 response plan. These conditions negatively influence the private media's ability to respond to the needs of communities (displaced) as their access to contextual and timely information becomes more and more difficult.

MEDIA AND COVID-19

In the specific context of COVID-19, the media environment (state media, private media, media associations, humanitarian actors) faces financial difficulties, lack of infrastructure and training for actors (journalists, leaders, bloggers) as well as a lack of coordination and collaboration

with other groups, like the health sector, for example. These difficulties limit the media's ability to disseminate information that meets the needs of and reaches as many communities as possible. Traditional media also have difficulty adapting and responding to displaced communities' needs, especially during the COVID-19 pandemic. There are journalists' associations and other regulatory bodies for media in the country, but their influence is mostly in defense of media actors' rights and much less in improving the quality of media content and content regulation, such as self-censorship.

INFORMATIONAL NEEDS OF DISPLACED COMMUNITIES

Informational needs of displaced communities are numerous and insufficiently met. Health needs related to COVID-19 are especially high. This includes the need for information about treatment (82%), access to humanitarian aid (77%), aid and support from the government (67%), general information about ●●●

●●● COVID-19 (56%) and protective/ barrier measures (55%), modes of transmission and what to do when community members are infected. Other equally important information needs include, for example, information about access to education (56%) for children and information about security in places of origin. Lack of information gives rise to unfounded rumors in displaced communities. RIT's rumor-tracking system, rolled out in its monthly bulletins, spotlights rumors that arising from a lack of information or from incorrect information about COVID-19 "We don't have enough access to the information we need" IDP women's focus group.

DISPLACED POPULATIONS' ACCESS TO INFORMATION

In general, the community's most accessible and most used channels are television and radio (national and private radio). However, for displaced communities, communication by word of mouth with health workers, humanitarian organizations, community leaders, natu-ral caregivers, relatives in places of origin or in migration and community radio make up the preferred channels. Natural caregivers are a new category of actors in displaced communities. They are not traditional community leaders and do not benefit from any privilege in displaced communities. Nor are they liaisons or representatives recruited by

Natural caregivers act as a bridge between external partners and displaced communities and benefit from high credibility within displaced communities, especially around communication activities.

NGOs to carry out their work. They are men and women volunteers who, in light of the circumstances, provide support and assistance to displaced persons for their organization within relief camps. This support includes census operations as well as working to provide access to water, humanitarian aid, healthcare, ●●●

●●● information, etc. to displaced persons. Natural caregivers act as a bridge between external partners and displaced communities and benefit from high credibility within displaced communities, especially around communication activities.

SOURCES OF INFORMATION AND TRUST WITHIN DISPLACED COMMUNITIES

Displaced communities trust a variety of information sources regarding COVID-19. The most cited sources of information are health workers (75%), religious and community leaders (67%) and humanitarian organizations (55%). "In our culture in Mali, there are certain people who, because of their rank or social status, are trusted by the whole community. In our specific case, confidence in a source of information depends first of all on the integrity of the source or the person. After that, we trust people who we know. There are people who help us do everything here, and we do not pay them. We trust these people because we ●●●

DEFINITION OF CONCEPTS: NATURAL CAREGIVERS OR NATURAL LEADERS?

In a medical context, a natural caregiver is a person who lives and carries out activities within the immediate family circle of a person who is ill, suffering or who has lost their independence. The results of the IEA have highlighted a category of individuals within the environment of internally displaced persons who carry out more or less the same roles for the "sick" community. Just as in the medical context, displaced communities are disadvantaged, and they face obstacles in their daily life in the camps. They are disoriented and they are constantly adapting to their new environment in the migrant camps. Natural caregivers in this context are people (generally young, married or single) who have chosen to stay and take care of their parents in migrant camps, in comparison to other young people who have chosen

to flee or migrate. Natural caregivers are volunteers. They carry out tasks for their families and the community for free, and they take the initiative (by themselves) to carry out these tasks. They are not chosen, appointed or elected by the community. They are also not originally identified or chosen by a humanitarian actor (even if these individuals may later be singled out by humanitarian organizations to act as go-betweens). Tasks carried out by natural caregivers include, amongst others, fetching water, seeking information regarding food aid, health, safety, etc. and collecting welfare benefits for their families and other individuals who do not have the physical ability to go and collect it themselves etc. Through these roles, the natural caregivers earn the status of being trusted individuals and advisors "who are there for the good of the community". They

therefore become natural leaders. The natural caregivers do not move from one community to another, because a natural caregiver in a Peul community may be of very little use in a Sonrhaï or Dogon community, where socio-cultural realities are different. Natural caregivers are distinct from religious leaders and traditional/community leaders. Natural caregivers are not automatically offered recognition by the community. Rather, it is acquired through their actions and their usefulness to people in their communities. For religious and community leaders, this logic is reversed because in the majority of cases, these leaders benefit from a legitimacy which is bestowed on them through habits, customs or traditions. Their status is not always acquired through their community-based actions; rather, their actions are guided by their social status.

●●● know that they are not here for selfish reasons but for the good of the community. Amongst these people, we can include our religious leaders, health workers, project leaders and also people in our families who voluntarily help us do everything" IDP women's focus group. Internally displaced persons put more trust in internal sources that are part of the community. The feeling of belonging to the community strengthens trust in one source of information more than another. Radio stations (national and local/community), family members and neighbors are also mentioned as trusted sources of information. As for factors which increase or discourage confidence in a source of information about COVID-19, the most important are the feeling that the person or the source is part of the community, the source's reputation in terms of sharing accurate information, familiarity with the person providing the information (they are known by the community), repetition of the information by the same source or several different sources, and the information being of an official nature (coming from a government source). The results reveal that trusted sources and trust factors have not changed with the arrival of COVID-19.

OBSTACLES IN COMMUNICATING WITH DISPLACED POPULATIONS

The languages used to broadcast the messages present obstacles to displaced communities accessing information about COVID-19. According to the 2009 General Census of Population and Housing, out of Mali's thirteen national languages, the three main languages which are spoken the most are Bambara, Peul and Dogon, used respectively by 52%, 8% and 6% of the population. Messages about

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The feeling of belonging to the community strengthens trust in one source of information more than another.

COVID-19 are mainly given in French in the state media. Private media generally broadcasts the messages in Bambara. Even if certain people translate the messages into the languages spoken by their communities, many displaced communities are marginalized by the information because the messages are not broadcasted in their languages. "When you turn on your radio and everything they're saying is in Bambara when I don't understand Bambara very well, I'd rather turn my radio off and save my batteries. What's the point of listening without understanding what's being said? " Mopti Community Leader Interview. Displaced individuals come mainly from the central and northern regions. Because of this, the languages spoken in these areas of the country are Fula, Dogon and the Songhay. Once they are settled next to large cities, displaced people can listen to community radio stations available locally but they are not the specific intended audience of these shows apart from when NGOs develop specific information intended for them in collaboration with the radio stations. ●●●

> "When you turn on your radio and everything they're saying is in Bambara when I don't understand Bambara very well, I'd rather turn my radio off and save my batteries. What's the point of listening without understanding what's being said?"

••• RESPONSE OF HUMANITARIAN ORGANIZATIONS

Humanitarian actors contribute greatly to communication efforts about the disease in Mali. Well before the pandemic, certain humanitarian organizations had developed preventative and awareness campaigns about the disease. During the pandemic, humanitarian organizations target and help at risk populations such as internally displaced people to provide them with humanitarian assistance, providing activities to raise awareness and communication about changing behavior. Despite the massive presence of humanitarian organizations in Mali, there is poor communication between these organizations and poor coordination of their work. However, they have a strong relationship with public services at a national and regional level as well as with community media.

RECOMMENDATIONS TO VARIOUS ACTORS

All actors within the ecosystem have a role to play to reinforce the quality of the information ecosystem in Mali and to improve access to information for displaced persons, especially because of the diversity of informational practices in communities. The following recommendations are for the various actors to reinforce the quality of the information ecosystem in Mali and to improve access to information for displaced persons. •••

●●●

Section 7 provides a detailed list for each actor and concrete ideas for how to put them into practice.

FOR HUMANITARIAN ORGANIZATIONS:

■ Improve the harmonization and coordination of communication interventions

■ Invest more in community partnerships - particularly to mobilize local expertise to support communication activities and to work with "natural caregivers" to better understand the needs of the community and to recognize the confidence that is entrusted to them

FOR THE GOVERNMENT AND PUBLIC SERVICES:

■ Reinforce the involvement of private and community media in communicating about COVID-19

■ Include specific information for displaced persons in the national response plan to COVID-19

FOR ACTORS IN THE MEDIA:

■ Put in place a mechanism for identifying and dealing with rumors and reinforce their ability to deal with the most frequent rumors

■ Better adapt the content to the needs of displaced communities (subjects, languages, participation of resource persons recognized by the community...)

FOR COMMUNITY MEMBERS AND LEADERS:

■ Develop verification systems by mobilizing resources available for the community, especially using health workers and humanitarian organizations as a verification source of rumors about COVID-19. ●

INDEX

LIST OF ACRONYMS

■ AMRTP
Malian Telecommunications Authority / TIC and Post Offices

■ AMSODE
Malian Association for Solidarity and Development

■ AMSS
Malian Association for Survival in the Sahel

■ AVS
Living in the Sahel Association

■ CAFO
Coordination of Associations and Women's Associations

■ CDC
Center for Disease Control

■ COOPI
International Cooperation

■ CMP
Commission of Population Movement

■ CRS
Catholic Relief Service

■ CSREF
Reference Health Center

■ C.V
Commune Five

■ DRC
Danish Refugee Council

■ EDS
Demographic and Health Research

■ EDUCO
Education and Cooperation Foundation

■ EU
European Union

■ FM
Frequency Modulation - FM Radio

■ HAC
High Authority of Communication

■ HCR
Higher Council for Refugees

■ IEA
Information Ecosystem Assessment

■ MSF
Doctors Without Borders

■ OIM
International Migration Organization

■ UNO
The United Nations

■ ORTM
Office of Radio and Television of Mali

■ NGO
Non-Governmental Organizations

■ IDP
Internally Displaced Persons

■ RECOTRAD
Network of Traditional Communicators

■ RIT
Rooted in Trust

■ RSF
Reporters Without Borders

■ ICT
Information and Communication Technology

■ TV
Television

■ UNAIDS
United Nations Program on HIV/AIDS

■ UNESCO
United Nations Educational, Scientific and Cultural Organization
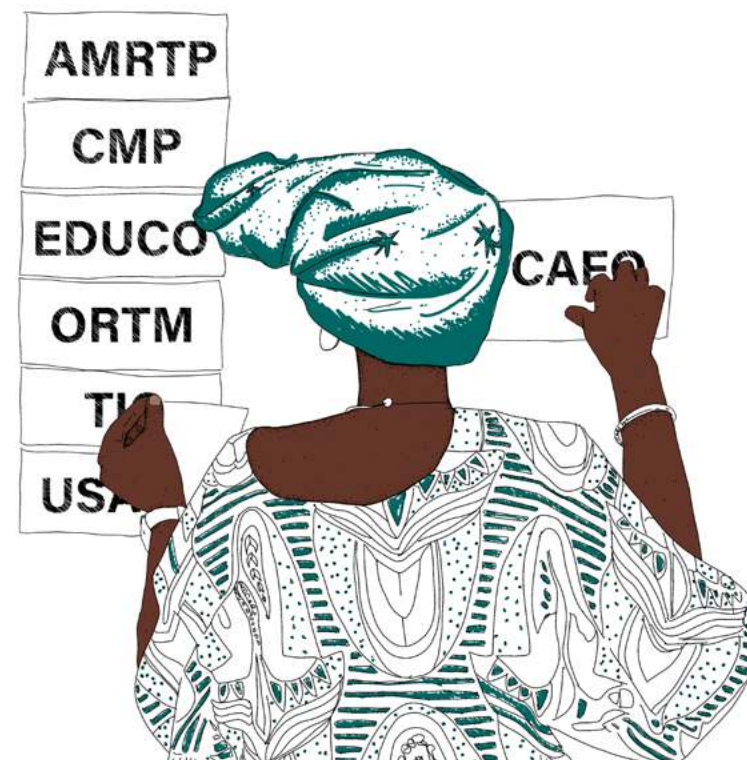
■ UNFPA
United Nations Population Fund

■ UNICEF
United Nations Children's Emergency Fund

■ URTEL
Radio and Television Union

■ USAID
US Agency for international Development

I. RESEARCH SCOPE AND METHODOLOGY

1.1. RESEARCH SCOPE AND MAIN 'BUILDING BLOCKS' OF THE IEA

LEGEND
- Adressed
- Partially adressed
- Not adressed in this IEA

IEA

This evaluation of the information ecosystem documents how information about the COVID-19 pandemic is produced in Mali as well as practical information about Internally Displaced Persons (IDP) in the Bamako, Ségou, Sikasso, Mopti and Timbuktu regions. It is based on thorough interviews and focus groups with members of the Internally Displaced Persons community (IDP) living in migrant camps, humanitarian organizations, state leaders and information professionals as well as on quantitative data from a survey conducted in Bamako and Ségou

GEOGRAPHIC AND DEMOGRAPHIC COVERAGE

Full country	Targeted geographic area	Entire population	Focus on specific population groups

RESEARCH THEMATIC SCOPE

INFORMATION SUPPLY

INFORMATION PROVIDERS

- National media
- Digital media and platforms
- Community media
- Non media information providers

- Media capacity and quality assessment
- Environment *(economic, political and regulatory)*

DYNAMICS AND INTERACTIONS

- Trust (trusted channels, key drivers of trust)
- Sharing and gatekeeping
- Influence and impact of information
- Linkages between different actors of the information ecosystem

INFORMATION DEMAND

- Information needs and gaps
- Preferred channels and sources
- Barriers to information access
- Information needs by humanitarians and other stakeolders

RESEARCH METHODOLOGY

Desk research (information supply)	Interviews with key Informants and community members	Listening groups / focus groups in the community	Quantitative survey (sample > 100)	Research led by the community (research assistants from the community)	Continuous feedback by panels of experts and community	Results dissemination and feedback from communities

1.2. PHILOSOPHY AND METHODOLOGICAL PRINCIPLES

The populations for whom Internews works often live in information environments that are diverse, complex and sometimes full of risks and confusion. These come with their share of challenges - and choices - with regards to the information these populations have access to, what information they trust, what information they share and what information influences their behaviors and decisions. Internews conducts Analysis of Information Ecosystems (AIE) to better understand, in their uniqueness and specific context, the information needs and gaps, the most used sources and channels, and the dynamics of access and use of information. These AEIs offer us an analytical framework to better understand the different dimensions of the relationship between those that consume information and those that produce it. Thanks to a better understanding of these interactions, Internews can create unique projects, adapted to the habits, needs and preferences of the communities we work for.

Our research for these AEIs is based on four main principles:

1- Putting the community at the core of the research – Internews seeks to be at the heart of the communities we work for. For our AEIs, we make sure that to the greatest extent possible, the research is carried out by the community: we hire research assistants and investigators from within the community, and we rely on community members to widely share the results and collect reactions. When circumstances don't allow (like during the COVID-19 pandemic) we increase our efforts to collect feedback from community members and representatives as an alternative solution.

2- Drawing from practices and experiences and not from a theoretical framework – We seek to develop a holistic understanding of the informational practices of the communities. We ●●●

●●● view the needs and availability of information in their broadest sense, without restricting ourselves to the fields of traditional media and actors. The scope of our analysis is defined by the people's information consumption habits and not by predefined categories of analysis. We simultaneously seek to understand commonly shared practices and the specific needs and practices of certain population groups, in particular the most vulnerable.

3- **Blending the use of qualitative and quantitative data –** Our research blends different data types to better understand the demand for information, and the supply of interactions between the two that produce an evolving ecosystem. We go beyond traditional mapping and audience research. Our AEI is based to a great extent on a qualitative approach: to better understand the practices connected to information, we need to be

In their perpetual quest to understand the world, the thousands of ways in which human beings consume, produce and interact with the production of information cause informational ecosystems to be dynamic, complex, sometimes intriguing and unpredictable systems.

closely involved and develop an intimate understanding of the targeted people in order to determine how to promote their access to quality information as best as possible.

4- **Integrating research and action -** We do not believe that an AIE is an end in itself. Usually, an AIE is the first step in the design of a new project, and it allows us to both better understand the context and build a relationship of trust with the communities we wish to work with. Our information ecosystems analyses

produce tangible recommendations and actions, whether they are ours, those put in place by the community, or by our partners and other stakeholders within the ecosystem.

In their perpetual quest to understand the world, the thousands of ways in which human beings consume, produce and interact with the production of information cause informational ecosystems to be dynamic, complex, sometimes intriguing and unpredictable systems. ●

1.3 SAMPLE COVERED

INFORMANTS	COLLECTION TOOL	SAMPLE	SPECIFICS
International NGO		4	EDUCO
			DRC
			COOPI
			AMSODE
National authorities	Interviews	1	The Ministry of Health (MOH)
Regional authorities	Interviews	6	Regional health department physicians
			Regional social development services staff
Media department	Interviews	5	1 Public journalist
			1 Private journalist
			1 Local radio partner staff
			1 National media staff
			1 Association of journalists
Civil Society Organizations	Interviews	9	Women's Association (CAFO)
			Youth Association
			Religious leaders
			Community leaders
Community	Interviews quantitatives	460	Telephone interviews (Ségou 230, Bamako 230)
	Focus groups	8	2 men (all internally displaced persons, IDP)
			3 women (Two with the internally displaced persons, IDP)
			2 Mixed (of which one with the displaced persons)
			1 Women's Association

Source : Quantitative and qualitative investigation Internews

1.4 RESEARCH LIMITATIONS

The follow limitations should be mentioned for the current research. It concerns first and foremost the unavailability of certain secondary data on the Internet for the document review section (desk review). In fact, the document review was faced with a lack of certain data or a lack of updated data. The second limitation is the fact that the primary quantitative data was collected virtually by third-party organizations, due to COVID-19 (Telephone interview). This method limited the interactions between the researchers and those interviewed. Another limitation is the sensitive context within which the interviews and discussions with the target groups took place, these groups being vulnerable people (internally displaced people due to armed conflicts). ●

II. COUNTRY PROFILE

2.1 COUNTRY PROFILE INDICATORS

		Mali
Press related index	Civil liberties *(including freedom of expression)*	24/60
	Press freedom index 2019 *(out of 180 countries)*	112
	Press freedom index 2020 *(out of 180 countries)*	↑ 108

* Source civil rights: freedom house global freedom status
** Source index ranking: Reporters without borders

Freedom on the net	Obstacles to access *(0=Worst; 25=Best)*	No data
	Limits on content *(0=Worst; 35=Best)*	
	Violation of user rights *(0=Worst; 30=Best)*	
	Freedom on the net score 2018	
	Freedom on the net score 2019	

* Source: Freedom house freedom on the net

ICTs	Internet penetration rate	13%
	Mobile phone penetration	115.1%

* Source: United Nations Human Development Reports

Key demo-graphic, social and political factors	Total population (millions)	19.1
	Population in multidimensional poverty (% headcount)	78.11%
	Illiteracy rate**	73.9
	Refugees by country of origin	158.3
	Refugiés par pays d'origine (en milliers)	0.427
	Human development index (rank)	(184)
	Elections	2022
	Rural population (%)	57,6%

* Source: United Nations Human Development Reports
** Literacy is understood as the ability to read and write a short simple statement of everyday life

COVID-19	Confirmed cases	8229
	Deaths	342

* Source: World Health Organisation https://covid19.who.int/

LEGEND

● Not free   ● Partly free

Mali has been in conflict since January 2012, when rebels and armed groups took control of more than a third of the country. The Mali government signed a peace deal in 2013, but it has not been fully implemented in the central and northern regions of the country. The persistent tensions that have increased over the last two years between the government, jihadist groups, and the Peul, Dogon and Bambara populations have led to massive displacement of Malian citizens. Insecurity and violence between communities displaced approximately 250,000 people in August 2020. According to HCR, the number of displaced, refugee and asylum-seeking people in Mali rose by 79% in 2019. Despite the crisis, the total literacy rate in Mali rose slightly last year, reaching 35.4%. According ●●●

••• to the Commission Mouvement de Populations (CMP) [Population Movement Commission], the situation of internally displaced people from Mali is quite critical. In fact, children (under 18) represent 58% of household members versus 42% adults. The population of IDP registered as of May 2020 is 54% women and 46% men. The Mopti (102,132), Gao (63,343), Timbuktu (37,723), Ségou (23,624), Ménaka (20,991), Bamako (3107), Sikasso (2,598), Koulikoro (1985), and Kayes (1624) regions are sheltering the largest numbers of IDP. This number is due to incidents that impacted the regions of Mopti, Timbuktu, Gao, Ménaka, Kayes and Segou between 2012 and 2020. The most widely spoken languages in Mali are French (official language), Bambara, Malinké, Soninké, Peul, Dogon, Songhoi, Minianka, Senoufo, Khassonke, Bobo, and Tamasheq.

Legislative elections took place in Mali on March 29, 2020, with a second round on April 19. These were the first elections for the 147 Malian parliamentary seats since 2013. No mechanism was put in place to enable the more than 200,000 displaced persons from central and northern Mali to vote. The elections were marked by violence in the north and center of the country and afterwards the result was contested by the opposition supporters. In June and July, thousands of protestors took to the streets to demand the resignation of President Ibrahim Boubakar Keita. In July, the protestors occupied the main studios of ORTM (the public TV channel), blocking them from broadcasting. In August 2020, following a military coup, Mali faced international economic sanctions for a period of two to three months. The military coup destabilized the healthcare system and the response to COVID-19 in the country. •••

●●● Mali recorded its first case of COVID-19 on March 25, 2020. The country passed 7000 confirmed positive cases on December 31, 2020. As of February 7, 2021, 8176 cases and 338 deaths (4.13% of cases) have been recorded, with a total of 6066 people recovered. Unlike other African countries, the number of cases has been continuously decreasing since the beginning of January 2021. Despite this ray of hope, interviews with key informants indicate that there is general concern over the capacity of the Malian systems to cope with cases, and with the widespread misinformation concerning the pandemic. At the national level, the healthcare system is limited in intake capacity, and there is concern over its ability to deal with the recent spread of the pandemic in all regions of the country. Furthermore, one of the biggest challenges identified by the humanitarian agencies is to know how to confront the greatest social, economic and security impacts of the pandemic, in the midst of the multiple crises the country faces. The National COVID-19 Plan has expired and a new plan is needed. A new Minister of Health was appointed in November 2020. The Malian government announced the arrival of 8 million vaccine doses at the end of March 2021, and the first vaccinations will start at the beginning of April 2021. 20% of the population, around 4 million people, will be vaccinated in two stages. ●

III. INFORMATION SUPPLY: information providers landscape review

(how information is produced and distributed)

(In the context of this report, state, public or national media refers to media which owned by the Malian government)

3.1. MEDIA PROVIDERS

There are a wide variety of media providers, distributed among radio (one national state radio and many private radio stations), public and private television channels, such as Africable, Sherifla, renouveau TV etc., as well as international television and radio channels such as France 24, RFI, and newspapers. Besides the public newspaper l'Essor and the Office de Radiodiffusion Télévision du Mali (ORTM channel 1 and channel 2), which are the state media, private media (community, religious and commercial) which is owned by individuals, or political or religious leaders, provides information to communities in general.

THE MOBILE PHONE NETWORK

is very well developed in the country and the reach of the Internet continues to grow within the Malian population. According to the 2018 Demographic and Health Survey (EDS), mobile phones (89%) and radios (64%) were the devices most often owned by households. However, according to the same source, 39% of women and 31% of men are not exposed to any media (newspaper, radio, television) to get information. 14% of women and 36% of men use the Internet and among those, 56% of women and 54% of men use it daily. It should be noted that these figures do not include displaced people.

RADIO

is the most used media among the general population, according to the ●●●

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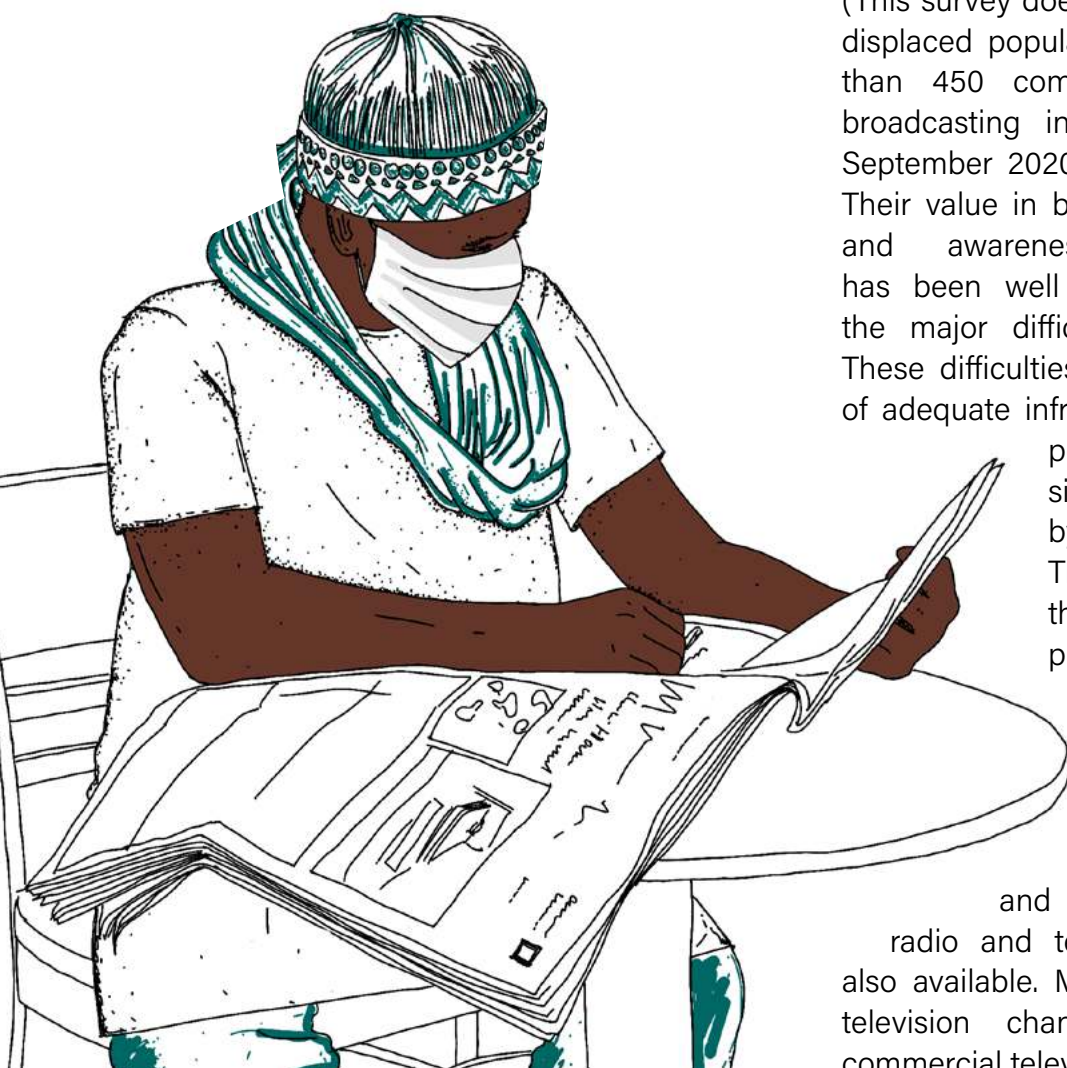
2018 Demographic and Health Survey. (This survey does not include internally-displaced populations). There are more than 450 community radio stations broadcasting in Mali (source URTEL September 2020) to millions of people. Their value in broadcasting information and awareness-raising campaigns has been well demonstrated, despite the major difficulties they encounter. These difficulties mainly include a lack of adequate infrastructure - equipment, power - and the precarious situations experienced by staff members, etc. The Sikasso region has the highest number of private radio stations (69), followed by Koulikoro (62), Kayes (57), Ségou (48), Bamako (31), Timbuktu (26), Mopti (24), Gao (20) and Kidal (9). Some foreign radio and television programs are also available. Mali has 25 commercial television channels and five non-commercial television channels.

39%
OF WOMEN
AND
31%
OF MEN

ARE NOT EXPOSED TO ANY MEDIA (NEWSPAPER, RADIO, TELEVISION) TO GET INFORMATION

THE MEDIA are largely produced in French. However, an increasing number of media are broadcast in Bambara, Arabic (in the north) as well as in other local languages. This media environment is regarded as one of the freest in the subregion. The 2020 World Index on the freedom of information situation in 180 countries and territories put Mali in 108th place. With a score of 34.12 points, the country rose by four places in the index when compared with 2019, where ●●●

●●● it held the 114th place. However, ever since the incidents of the 2012 crisis, Malian media - particularly in northern and central regions where insecurity persists - have experienced security and access issues. Some correspondents have been confronted with threats, abuse and, in some cases, disappearances. While the attacks against journalists have declined, Reporters Without Borders (RSF) stresses that "freedom of the press remains fragile in Mali", as is attested by the murder of a journalist in Timbuktu in 2015 and another being held hostage during a private visit to the center of the country in late 2018. Even though Malian

The media generally aren't financially and technically stable due to a lack of financial resources and adequate facilities

press has considerable diversity, it is also affected by a severe lack of funding and struggles to break away from the editorial dictates of its promoters.

The media generally aren't financially and technically stable due to a lack of financial resources and adequate facilities (power sources are a major challenge for most community media). Most community media operate with resources that are generated from advertising and subscriptions, thereby resulting in a lack of loyalty from professional journalists. In rural areas, the media (radio, television and newspapers) are faced with facility-related challenges. Most radio stations and television channels pay to rent their offices, thereby resulting in additional costs. In addition, poor electricity coverage (mainly in rural areas) is an additional challenge for community media (which cannot broadcast without a power generator). Due to their large audiences, the most influential media in Mali are social media, radio and television. **Even though there has been**

Even though there has been a code of ethics since 1991, only a few journalists comply with professional standards

a code of ethics since 1991, only a few journalists comply with professional standards and the broadcasting of non-verified information, about COVID-19 in particular, is very common according to key informants.

In short, there are a multitude of media providers in Mali. Yet, this range of providers doesn't necessarily go hand in hand with the quality of the information provided. A lack of journalistic training (the code of ethics in media and the practice of information verification for example), economic and technical difficulties, as well as a lack of facilities, are major obstacles encountered by ●●●

●●● media representatives. According to the media representatives, community radio stations appear to be the closest and most accessible providers for the community. However, **within the displaced communities, using radio to get information about COVID-19 has not really caught on due to several obstacles** such as the geographical coverage of radios, radio messages and programs that are not tailored to displaced communities, the financial challenge of buying radios and replacement batteries etc. ●

3.2 DIGITAL MEDIA LANDSCAPE

n 2017, less than one-third (29%) of Malians aged 15 and over used the Internet. More than a quarter (27%) used it at least once per week. Internet usage is mainly spent visiting social networks. Equipment costs (low-cost smartphones) and telecommunication infrastructure (Internet network coverage in large cities) favor cell phone connections as the main connection "location", long before the home and even cyber cafés, which were still essential just a few years ago. Digital media are used more in Bamako and regional capitals than in rural areas where Internet penetration rates are lowest. Digital media are mainly used by the educated elite and by young men and young girls in particular. Internally displaced persons generally have limited access to digital media and especially the Internet. In addition to international information websites that can be accessed online in Mali, there are also some national information websites: www.maliweb.com, www.maliactu.com, www.lejalon.com, www.bamada.net, www.journaldumali.com.

Le Jalon is a website that specializes in detecting fake news. They are mostly available in French and a lack of Internet access and connectivity are obstacles that hinder access to such media online.

Information online mainly comes from digital versions of newspaper articles, blogs, Facebook pages, YouTube videos, WhatsApp channels and online news websites. However, **digital media are not always considered to be a reliable source** of information mainly because of the partisanship of some media, which are often used for propaganda and po-litical, personal and religious diatribes. Some digital media are more focused on consuming and broadcasting sensatio-nalist news and the latest hot topics. They are also a significant source of rumors. ●
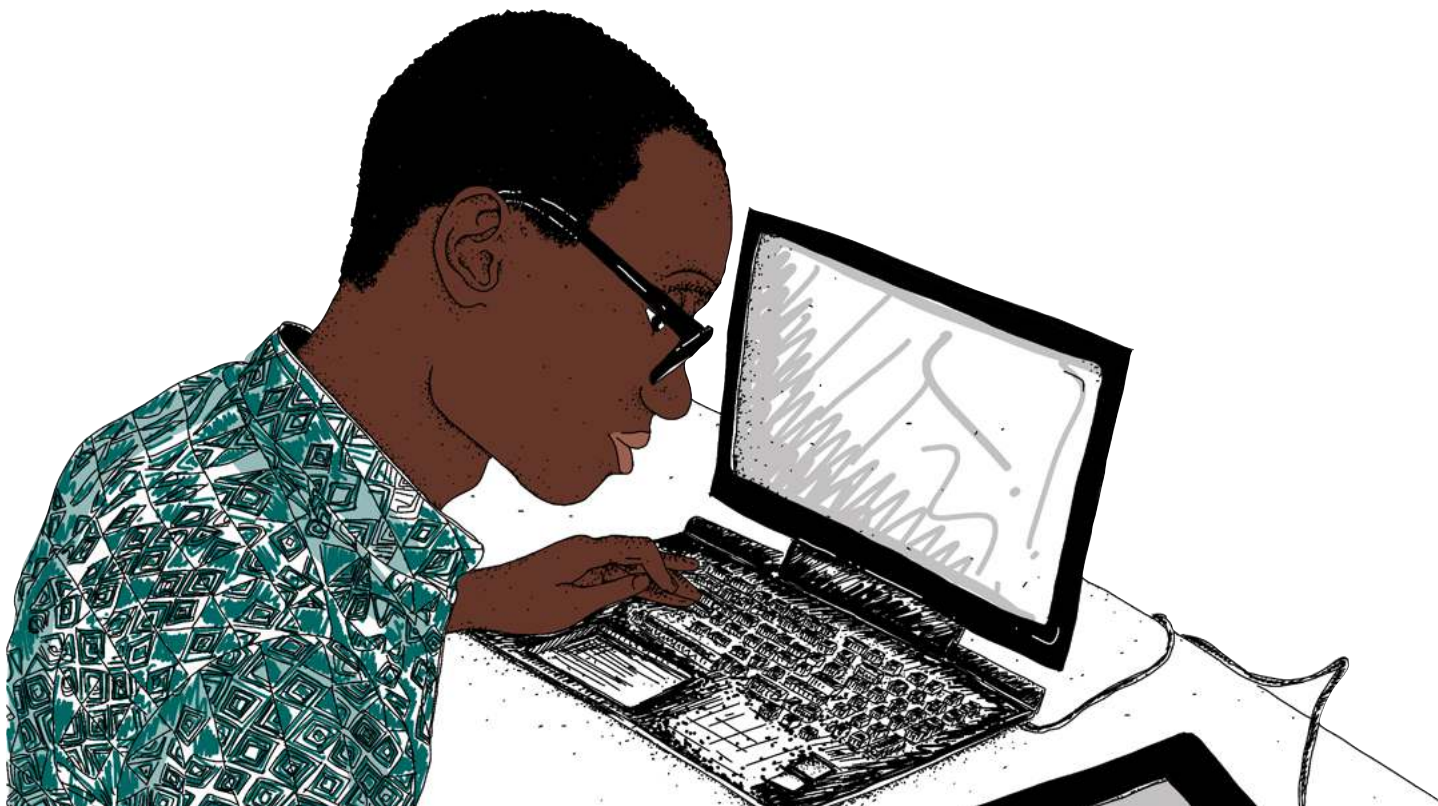
3.3. MEDIA AND JOURNALIST ASSOCIATIONS AND REGULATORS

Several governing bodies regulate and control media activity: the Malian Ministry of Communication and Digital Economy and the High Council on communication are the main regulators. The Société Malienne de Transmission et de Diffusion [Malian Society of Transmission and Broadcasting] deals with the capabilities and development of the network.

Many journalist associations shape the sector and contribute to the representation of their interests. The many media associations in Mali cover almost all the professional sectors within news and media. Most of these associations are formalized, with legal status recognized by the Malian government. The associations contribute to the life of the media sector in the country. It should be noted that the majority of the media and media professional associations have national coverage with their headquarters in Bamako and branches in the regions and areas of the country.

Government organizations confirm that they work closely with ●●●

●●● the associations and media organizations to increase communication and visibility of government actions. This relationship has developed positively since the beginning of COVID-19 and the need for increased coverage of information on the epidemic. This development is mainly due to the increase in the need for information that COVID-19 has created, and to the recognition of the importance of media in the dissemination of this information. It should be noted that the government is primarily involved with public media, to the detriment of private media. Private media do not have this close collaboration with government agencies. On the contrary,

according to representatives of private media, the government agencies do not work with them. At the beginning of the pandemic, the Ministry of Health, via the National Public Health Institute, began a weekly meeting with media stakeholders, including the media associations, to facilitate information sharing. However, this practice decreased as the pandemic progressed. In terms of (financial) capacity, government organizations benefit from greater resources than the private media associations. These associations mostly rely on donations from members, while the government organizations receive financing from the national budget. ●

3.4. LOCAL RELEVANCE OF INFORMATION

Freedom of speech and of the media is relatively good. Aside from the public media, there are many small private media broadcastings in French, but also in the local languages. Most of these private media are FM radio stations, and the number of community radio stations has recently increased, enabling greater diffusion of local information to the regional populations. In rural as well as urban communities, news and reports broadcast by community radio stations are focused on general interest for the population. For example, the drama series titled "baroni" has a large audience of women and girls, because it tells the stories of fictional characters but which are based on the daily realities of these women. Press reviews are also programs which enable the population to be informed, by summarizing (often in a comic fashion) the content of different written press titles. ●●●

The drama series titled "baroni" has a large audience of women and girls, because it tells the stories of fictional characters but which are based on the daily realities of these women

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Despite the proliferation of community media, they remain sources of information that are difficult to access for the internally displaced

To attract and keep listeners, some radio stations make interactive programs and give listeners the opportunity to express their opinions and their experience with the ongoing conflicts and/or political issues. Even if this responds to a need in the population, **this unregulated or poorly regulated activity opens the door to the dissemination of false information and rumors.** Community radio can also develop and broadcast messages aimed at specific groups within the community. However, few radio stations develop programs or specific messages targeting displaced communities. Therefore, overall, radio messaging is mostly intended for the general public, with social and national (government) media doing less than local or private media to target a specific sector of the public.

We do not have the data to evaluate the quality of community media. However, community media are gaining reach, in the context of growth in private radio and television. Illiteracy and linguistic barriers are the most common challenges journalists and the population face. The lack of ICT infrastructure and frequent power outages are also common obstacles which prevent the population from accessing information.

Despite the proliferation of community media, they remain sources of information that are difficult to access for the internally displaced living in displacement camps. Since these IDPs are "strangers" in the area, and temporary residents of the towns which house the camps, the content of radio programs as well as the broadcast languages are not always adapted. Because of this, **the content and the form of the messages does not really address the needs of these displaced communities.** ●

To attract and keep listeners, some radio stations make interactive programs and give listeners the opportunity to express their opinions

gender and conflict, smartphone filming, among others, supported by the US Embassy on fact-checking in January 2021 and other online training developed by the WHO, UNESCO and UNDP to help media to cover the COVID-19 pandemic.

Given the proliferation of media and the recruitment of journalists with little or poor training, ensuring message quality remains a major issue. However, most media outlets make an effort to corroborate the information they publish. Despite the increase fake news in the media, there are few websites specializing in debunking fake news. The best known of these websites is www.lejalon.com.

3.5. MEDIA CAPACITY AND INFORMATION QUALITY

Media professionals in Mali benefit from an increasingly rich environment in terms of training and skills-building opportunities in journalism. In fact, like the École supérieure du journalisme et des sciences de la communication (ESJSC), journalism training centers are beginning to emerge in Mali. In addition to these academic professional training centers, development partners (national and/or international NGOs) also support journalist training through ad-hoc skills-building activities such as the training initiated by Internews in 2019 on investigative journalism and numerous other topics, especially COVID-19, the electoral process, journalism sensitive to

The information providers that expose the population to fake news and rumors the most are social media, especially Facebook, and community radio. Government-controlled media generally put information through various checking processes before publishing it. This has an impact on the speed at which some information is published but guarantees its accuracy. ●

3.6 COVID-19 INFORMATION COORDINATION MECHANISMS 19

The main COVID-19 information used by journalists comes from the Malian Ministry of Health and international bodies (UN, OCHA, WHO). The Ministry of Health issues daily reports in French on Facebook and on its COVID-19 website, including the number of new cases, deaths and recoveries. The government broadcasts these daily reports through the national radio and television stations and the Ministry of Health offers a toll-free phone number for COVID-19 information. **There is not a culture of self-censorship in the media in general or, in particular, in community media.** Nevertheless, we see that certain development/humanitarian partners, NGOs (Internews, Amnesty International Mali, Fondation Free Press Unlimited, etc.) and foreign cooperation programs (USAID, UE, PNUD, UNESCO, OMS) offer ad-hoc skills-building training relating to COVID-19.

There is no clear coordinating mechanism for COVID-19 information. In theory, the Ministry of Health is in charge of this coordination, but it is not at all visible in the information environment. The communication strategy showcased in the National COVID-19 Response Plan prioritizes public national media. Traditional national media, which are close to communities, appear to be the most influential, but they are not used enough by the government to spread COVID-19 information. There are two main reasons for the government's preference for state media. The first is that it is easier for the Ministry of Health and the government to control the information in terms of content and quality and how it is broadcast through state media. Disseminating messages ●●●

●●● from the National COVID-19 Response Plan is cheaper through state media than through privately-owned media. The second reason is that a proliferation of private media outlets creates competition with state media. This could justify state media's monopoly over certain communication activities (such as COVID-19 Response Plan communication). **Beyond the government and state media, humanitarian organizations as well as local and regional health authorities are collaborating with private media outlets to develop and spread messages in response to their specific needs.** Humanitarian organizations and NGOs also use local communication activities more frequently among displaced communities in order to spread messages that are adapted to their needs. An analysis of the various interactions occurring within the framework of COVID-19 communication demonstrates a disconnect and lack of collaboration between the government and state media on one side, and NGOs, humanitarian organizations and private

Internally displaced people rarely respond to media requests for activities related to COVID-19, as these populations think that they will be paid for these activities and expect remuneration whenever they participate

media on the other. Many attribute this disconnect to the government's lack of coordination and leadership through the Ministry of Health in its management of the pandemic.

The media (both public and private) are facing major difficulties specific to the COVID-19 crisis. First of all, it is still difficult for the media to access information. The main source of information is the Ministry of Health, which gives updates on the country's overall epidemiological situation. The media cannot access local information and it is difficult to access resource people for interviews and radio programs, especially for private and local media. Media outlets have also signaled

that **internally displaced people rarely respond to media requests for activities related to COVID-19, as these populations think that they will be paid for these activities and expect remuneration whenever they participate.** The media have complained of having to pay the various individuals they ask to take part in interviews or appear on radio programs. Another major difficulty is radio presenters' lack of COVID-19 training. **Presenters inform themselves through social media and other media.**

Research has mapped out an initial view of the network in the media sector, through surveys among ●●●

●●● information providers regarding their main nodes of interaction during the COVID-19 pandemic. According to the responses provided in the interviews, and as indicated in the table below, the main nodes of interaction in the media are concentrated on other stakeholders in the media sector and on community representatives. **Few interactions are mentioned between media agents and representatives of international organizations (including humanitarian organizations) and of national or regional public agencies.** Upon closer examination of the responses from the media surveyed, we can see that the main nodes of interaction focus on media associations and commercial media in the media cluster, as well as on community leaders and representatives and social media, when it comes to contacts and stakeholders linked to the community.

When completing this evaluation and reducing it to specific contacts between the participants interviewed, the figure on the next page shows another important characteristic which is not reflected in the averages. There appears to be a reduced amount of contact between the majority of stakeholders. In this regard, the average amount of contact with high levels of interaction is reduced to four times on average and only once in two of the cases (community radio ●●●

Table 1. Media and COVID-19, main nodes of interaction

●●● and network of women reporters). Only the ORTM has a vast network of strong and widespread interaction in the different clusters. These preliminary results reflect **the limited capacity of media to cover specific information regarding COVID-19** and the need to further expand media networks and working procedures to fight this type of pandemic.

These data are confirmed by representatives of community radio stations and private radio stations interviewed during the qualitative interviews. In fact, according to those participating in community media, communication on the national response to COVID-19 is focused on public media rather than that of the ORTM. **Private radio and television stations say that they are not sufficiently involved in the activities of the Response Plan and that they were only invited by the** ●●●

		AVG MEDIA
UN agencies	INTERNATIONAL	1.60
Multilateral organisations (other than UN)	INTERNATIONAL	2.20
Countries (other States donors)	INTERNATIONAL	1.00
Other international	INTERNATIONAL	1.40
Ministry of information/ Communication	NATIONAL	2.40
Ministry of Health	NATIONAL	2.00
Ministry of Disaster Management (or similar)	NATIONAL	2.00
Other Ministries or executive bodies	NATIONAL	1.00
Regional/local level authorities	NATIONAL	2.40
Media regulatory authorities	NATIONAL	2.40
Other public bodies	NATIONAL	2.60
Community media representatives	MEDIA	3.20
Media associations	MEDIA	4.40
Public media	MEDIA	2.80
Commercial media	MEDIA	3.60
Community leaders	CIVIL SOCIETY	3.20
Religious leaders	CIVIL SOCIETY	2.40
Online platforms (private sector) – search engines	CIVIL SOCIETY	3.60
Key constituencies (women, youth)	CIVIL SOCIETY	2.20
Other private	CIVIL SOCIETY	1.00

VERY HIGH ←→ VERY LOW

INTENSITY OF INTERACTION

Source: Internews 2020

●●● **Ministry for Health when public media failed to satisfy communication needs (contents and coverage).** This state of affairs negatively influences the

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Private radio and television stations say that they are not sufficiently involved in the activities of the Response Plan and that they were only invited by the Ministry for Health when public media failed to satisfy communication needs (contents and coverage).

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quality, content and also the ability of private media (especially community radios) to access information and put out accurate, relevant and contextualized information to wider communities and to displaced people in particular. Private media outlets have limited access to health workers, as well as to statistics and other information.

The media environment in Mali is fairly extensive with the presence of several participants including the state, private media outlets, humanitarian groups. However, in the specific context of COVID-19, this rich environment encounters many difficulties (relationships, collaboration, coordination, training, etc.) which limit their ability to broadcast in contextualized information in a timely manner that reaches the maximum number of communities. ●

4.1. INFORMATION NEEDS AND GAPS

The results reported in this section are mainly focused on displaced communities where the qualitative survey was conducted. However, the references made during the quantitative survey relate to the wider community, as the quantitative survey was carried out on a random sample of the community including some displaced communities (14%).

The results show the numerous and varied needs of internally displaced people. While some people think that these needs are small or unknown to those who produce the media, the majority say that the needs of displaced people are not, in reality, a subject of interest for the media and are not taken into account in the process of developing and broadcasting messages and information through the various media. The most important information needs and the most often cited by the displaced, with respect to COVID-19, relate mainly to health aspects, namely information on treatment (82%), access to humanitarian aid (77%), government aid and support (67%), information about COVID-19 (56%) and protection and countermeasures (55%), means of contamination and actions to be taken when dealing with patients. Other information needs that are no less important, such as access to education (56%) for children and information regarding the safety of their local areas also exist. **Lack of information gives rise to unfounded rumors in displaced communities. Given that 80% of the population of Mali is made up of farmers, displaced communities that have left their land also express a need for information on land tenure and how to access land that can be cultivated.** ●●●
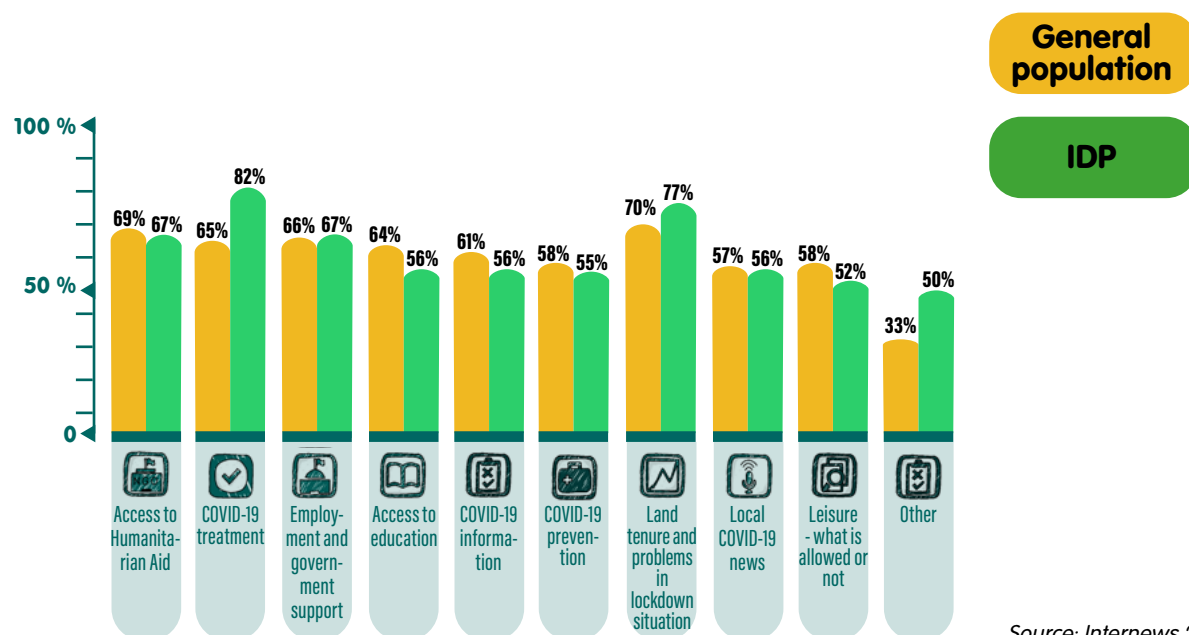
••• The general information needs mentioned by the majority of those surveyed are health (preventing sickness in general), education, accessing humanitarian aid (food security), socioeconomic information, information about safety. Women and men have the same information needs regarding COVID-19. *"Our situation is very precarious and we need accurate information for ourselves and for our families. Information about health is the most important, but also information on government support. Without that support, we cannot* stay here. We welcome any and all accurate information."* **PDI Tombouctou Women's Focus Group.** Comparing information needs between displaced communities and wider communities also demonstrates a similarity in their needs. However, a notable difference is that displaced communities express a greater need for information regarding available treatments for COVID-19 than the wider community (65% versus 82%).

The results show a divergence in the opinions of interviewees on the availability of information about COVID-19 and the quality of that information. According to some community leaders, displaced people have access to accurate information about COVID-19, but they also recognize that rumors about the illness are spreading. *"I think that the information needs of the population are known by the people who produce the information. Recently, lots of information about health was given to the people"* **states a community leader from Sikasso.** For the majority of the people interviewed, their needs are not •••

Table 2. COVID-19 information needs

General population

IDP

Source: Internews 2020

> **"Our situation is very precarious and we need accurate information for ourselves and for our families. Information about health is the most important, but also information on government support. Without that support, we cannot stay here. We welcome any and all accurate information."**

●●● adequately met because they are not understood well by those who produce the information. Few if any surveys are carried out by the producers to learn about the needs of the displaced in order to include these needs in the production of messages and information.

The given information is not developed for or aimed at displaced people. As a result, it does not meet their needs. Some also think that even if the media producers know displace people's needs, *"the information given is not adequate"* and *"the productions are not up to the*

desired level". This Mopti community leader criticizes the producers of the media, saying that, *"There is barely any valuable information and people don't even believe the media... No, the displaced don't feel they have accurate information about COVID-19".* The information needs during COVID-19 are not that different from the general information needs in the period before COVID-19. However, some new requirements have emerged such as information on prevention measures, the disease itself, its mode of ●●●

> **"There is barely any valuable information and people don't even believe the media...No, the displaced don't feel they have accurate information about COVID-19".**

●●● transmission, the possibility of accessing aid from the State and from humanitarian organizations for the victims, etc. The need for information on the prevention of COVID-19 is very clear. The emergence of the disease has amplified the need for information on State aid and humanitarian aid according to an area leader. The need for information about food assistance is amplified by the fact that the displaced no longer have access to their agricultural

land and are dependent on aid from the government or from humanitarian organizations. According to interviewees, in order to meet these information needs, it would be beneficial to carry out local communication and awareness-raising actions about preventative measures to protect against the disease as well as accessing food assistance (where? And how?). This communication should go through local human resources. According to those surveyed, one of the roles that the radio must play is to explain to the displaced the different sources of food assistance and how to access them.

Some members of the community class the level to which information needs have been met as passable. *"The information is misunderstood by the producers because they don't know what they're talking about".* This remark shows that, in the opinion of these communities, some journalists do not fully understand the subjects that they are giving information about. The

fact that some journalists broadcast this information hesitantly leads others to doubt the truth of the information. With this in mind, according to the survey participants, journalists need to identify the needs of the displaced community in order to produce information based on the real needs of the community. A course on situational analysis techniques could be useful for journalists. The lack of information or the increase in information needs not being met, encourages and amplifies the spread of rumors within the displaced community. In fact, ●●●

The displaced no longer have access to their agricultural land and are dependent on aid from the government or from humanitarian organizations.
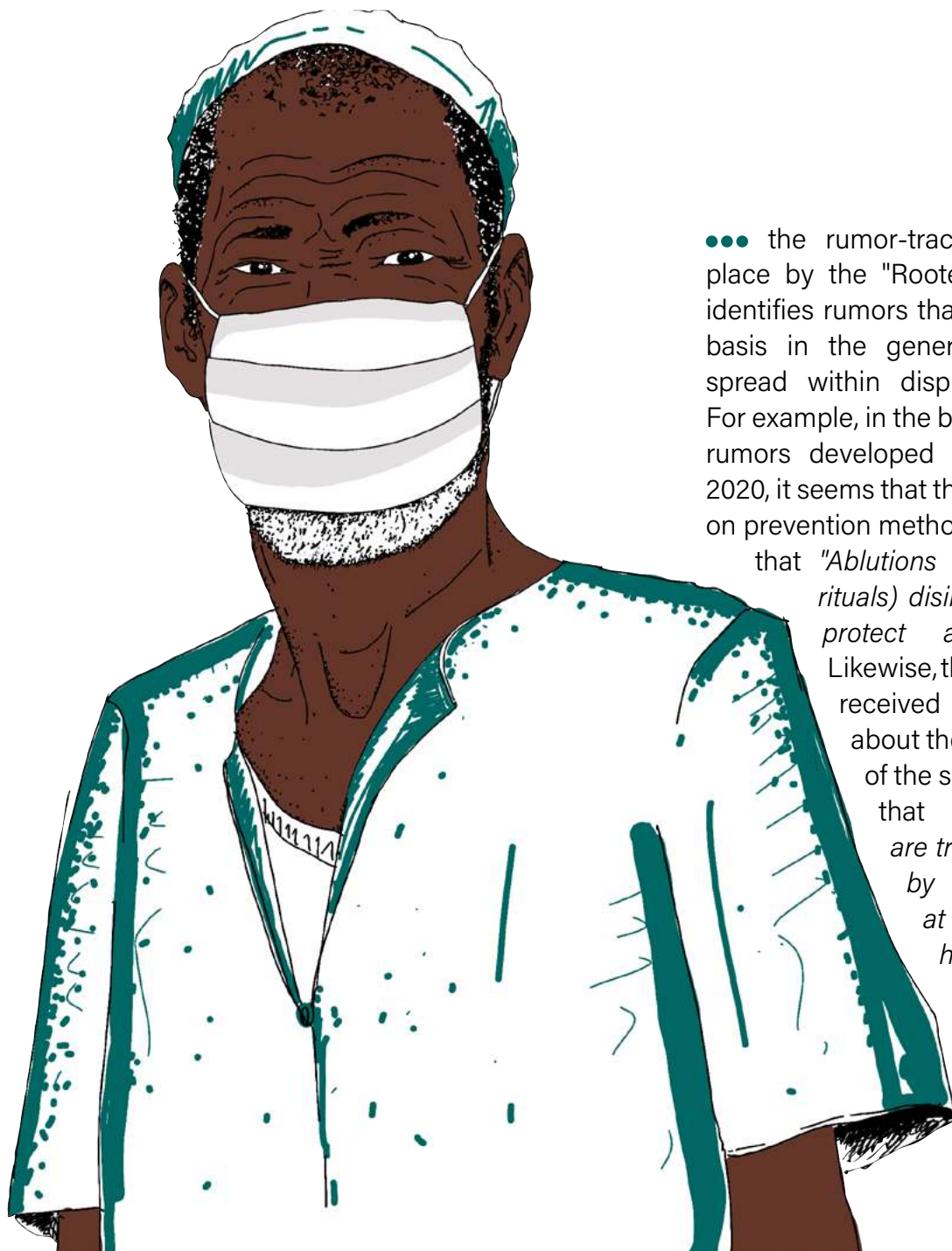
●●● the rumor-tracing system put in place by the "Rooted In Trust" project identifies rumors that develop on a daily basis in the general community and spread within displaced communities. For example, in the bulletin of community rumors developed by RIT in October 2020, it seems that the lack of information on prevention methods fosters the rumor that *"Ablutions (Islamic purification rituals) disinfect the hands and protect against COVID-19."* Likewise, the lack of information received by displaced people about the treatment and care of the sick fosters the rumor that *"COVID-19 patients are treated with contempt by the medical staff at Timbuktu regional hospital. Staff are so afraid of contracting COVID-19 that they put food in bags and throw*

The need for information on the prevention of COVID-19 is very clear. The emergence of the disease has amplified the need for information on State aid and humanitarian aid

them at patients." or that *"the medical staff cover the noses of sick people to kill them and count them as COVID-19 deaths".* This other rumor that states that *"mosquito bites transmit COVID-19"* stems from a lack of knowledge of how the virus can be transmitted. The sources of the rumors are not really known. People who spread or share messages considered to be rumors are unable to say exactly where these messages ●●●

●●● originated. Responses such as *"I heard that at the market"* or *"people were saying that when we were chatting"* are very common. Ultimately, it seems that many of the COVID-19 information needs of displaced communities are not being met. The information that is being broadcast and the messages given about preventative measures and modes of transmission are difficult or impossible to apply in the context of internally displaced persons. Despite the media communication campaigns that have been developed, the information needs surrounding COVID-19 remain unmet. The results suggest that this is due to the non-adaptation of messages (content and languages) to displaced communities, the use of communication channels and strategies (TV, radio) that are unsuitable and not always accessible to displaced communities, the lack of coordination between private and public media and a limited capacity of humanitarian organizations to carry out local communication activities. ●

Table 3. Information needs by group/category

Groups	General information needs	Specific information needs about COVID-19
Men	Socio-political, socio-economic, sports, general culture, crime rate news	Information about prevention methods, the disease itself, its mode of transmission, the symptoms.
Femmes	Socio-economic and entertainment information, information on artists, musicians	Treatment offered to those sick with COVID-19 in quarantine.
Young People	Sports, employment, music, programs on citizenship, socio-economic and entertainment issues	Information about the continuity of public services, particularly related to health and support for vulnerable groups.
IDPs in general	Information about the security situation in areas of origin and humanitarian work	Information about applicable prevention measures, the disease itself, its mode of transmission, the symptoms, the possibilities for accessing help from the State and from humanitarian organizations for the victims. Make available trustworthy information about treatment for COVID-19, and State support measures.

4.2. ACCESS - CHANNELS AND SOURCES

Displaced persons' access to accurate information remains a significant problem: *"The only information that we receive comes from outside. We are dependent on people who come from outside. In the camp, here, information travels quickly and that is an opportunity for us. As soon as someone has information, he/she quickly shares it, so everyone can gain from it."* Mopti PDI focus group. The main sources of information are the community leaders, humanitarian NGOs, health workers, and community representatives or natural caregivers. Natural caregivers are a new category of actors in displaced communities. They are not traditional community leaders and do not benefit from any privilege in displaced communities. Nor are they liaisons or representatives recruited by NGOs to carry out their work. They are male and female volunteers who, by circumstance, provide support and care to displaced persons for their organizations inside the displacement camps. This support covers census work, access to water and to humanitarian aid and healthcare, providing information to displaced persons, etc. **Natural caregivers act as an intermediary between external partners and displaced populations and enjoy a high level of trust among displaced populations especially for their communication work.** As a result, these volunteer caregivers seem to be spontaneous but credible leaders for displaced persons. *"The word-of-mouth approach that we are developing through the "baroni" approach consists of putting in place a small group of different ages in order to pass on messages directly on various themes. This approach allows us to influence the community and to transmit messages on preventative measures"* **Humanitarian interview partner.** ●●●

●●● According to the quantitative results, television with 63%, radio with 53%, and communication via word-of-mouth with 39% are, in order of priority, the channels by which the respondents receive information "very often or always". These channels are therefore more used for the transmission of information about COVID-19 for the population in general (see graph below). These data concern the community in general and IDPs (14% of the sample) living in the displacement camps near large towns and who have access to TV. Community radios and television appear therefore to be sources of information for the displaced populations despite the difficulties and constraints encountered in using radios. In fact, displaced populations are often in zones where radio coverage isn't always guaranteed. The use of radio also requires an investment and a regular expense in order to recharge the batteries. Furthermore, displaced persons very often struggle with the unsuitability of the languages used for broadcasting ●●●

●●● messages via radio. Through this analysis, it appears that even though radio remains an important tool in the community in general, it isn't the principal channel, or the most accessible, or the most used by displaced populations.

Displaced communities' limited access to information hasn't changed much because of COVID-19 but because of the insecurity that has put displaced communities in a situation of serious precariousness. The appearance of new actors in the process of transmitting information is a change that has been noticed by displaced populations. These new actors include natural caregivers and family members that have migrated or stayed in their villages of origin.

As for access to Internet for displaced communities, it's very limited. The main reason cited is the high cost of communication tariffs especially for displaced persons who have limited revenue. On average, in order to have a one-minute mobile phone call in Mali, the cost is 0.2 Euros (approximately

$0.24). The average price can decrease to 0.14 Euros (approximately $0.17) and can rise to 0.2 Euros at different times of the year. This price for a one-minute call on a mobile phone is higher than the cost in France (+6%). The internet is most used by young people in order to connect to social media. Another problem cited in regards to Internet use is *"the illiteracy of elderly people. Older people don't have access to information broadcast by the national channels or information online"* **Religious leader interview Ségou**.

It is important to note that the difference between IDPs and the community in general is explained by the fact that the quantitative study has been conducted with a random sample of the general population that own telephones in the District of Bamako and in the Ségou region. This random sample comes from an urban or suburban area where access to television is quite widespread, b) as for the qualitative study, it covered a sample composed of internally displaced persons living in displacement sites. The specific context of internally displaced persons

Older people don't have access to information broadcast by the national channels or information online

is marked by difficulties in accessing television.

A lot of information is broadcast on preventing COVID-19 by community media. Despite that, IDPs feel a growing need for information. This need is growing with the proliferation of unfounded rumors and false messages about the pandemic. Community leaders, humanitarian organizations, natural caregivers and radio stations remain important actors in transmitting messages to displaced persons. To increase communication and reach displaced populations, media actors should review their strategies to take into account the specific needs of IDPs. Communication activities on COVID-19 should be coupled ●●●

Table 4. Can you tell me which sources of information do you trust more to get information about Covid-19?

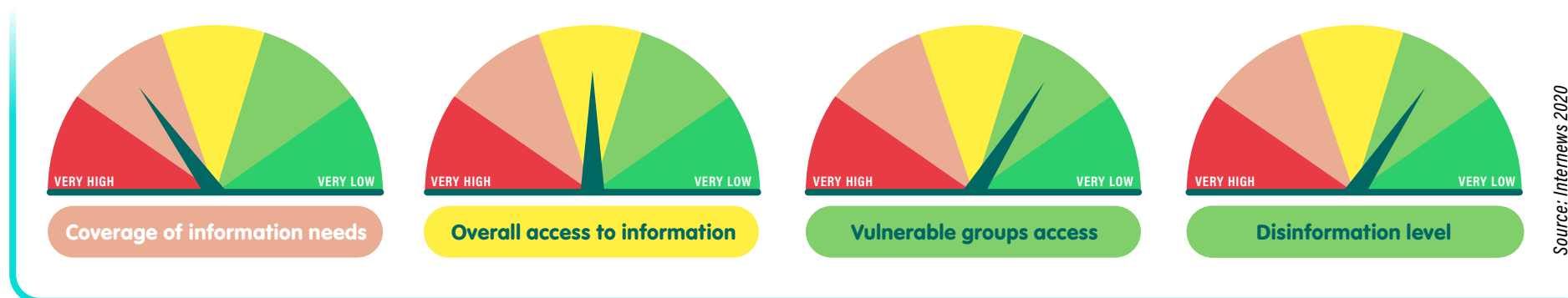| Source	Rating
Health workers in your community	4.2
Religious leaders	4.1
International media	4.0
Government media	3.9
National government authorities	3.8
International aid organisations	3.8
Local government officials	3.7
Friends or family	3.6
Community media	3.5
Community leaders	3.5
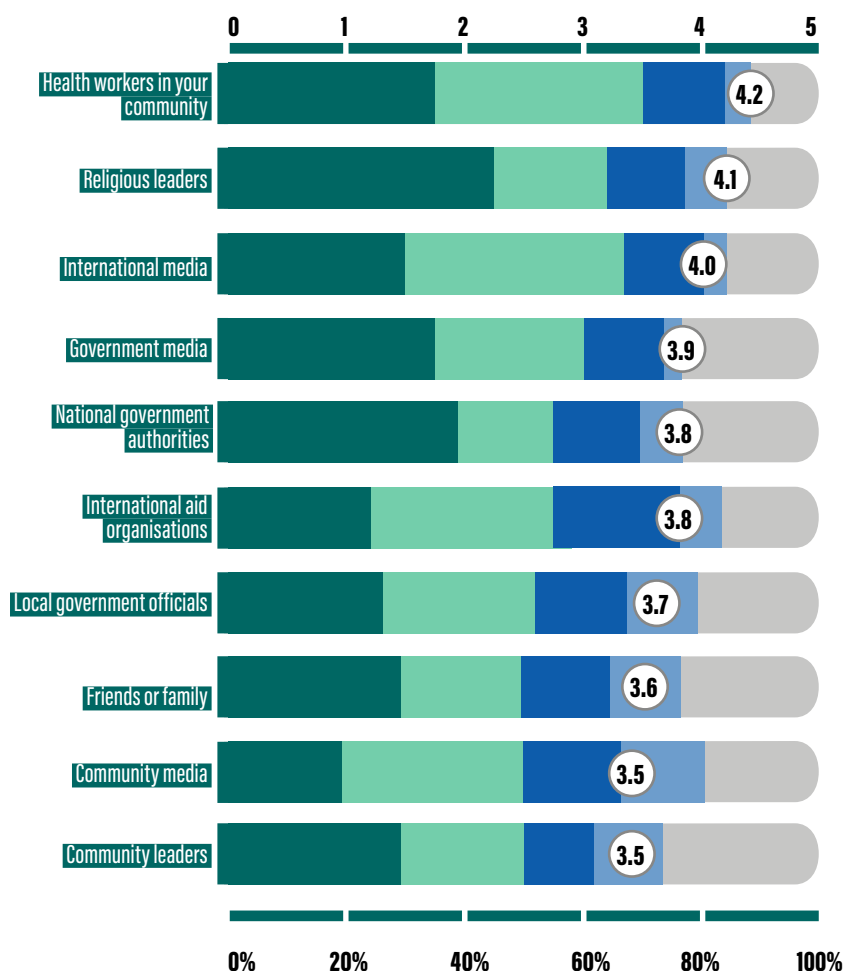
Please rate each source from 1 to 5 according to how much you trust it.
5 means you trust it a lot.
1 means you don't trust it at all.

●●● with other humanitarian and/or health activities within IDP camps. These activities are basically food and other aid distributions, vaccinations or health sessions for the displaced persons. Barrier measures are the priority information (related to COVID-19) to which IDPs do not have sufficient access. Access to humanitarian aid and government assistance are also areas where there is a need for information. The quantitative survey reveals that only 3% of respondents believe they are fully informed about access to humanitarian aid and only 20% say they are fully informed about COVID-19 prevention measures.

Access to radio as a source of information varies between communities. In fact, IDPs in Bamako, Sikasso and Ségou have greater access to community radios. In the Mopti region, however, IDPs make very little use of the radio as a source of information because of difficult access. Mainly geographically and financially. ●●●

Table 5. Information landscape - Request indicators

VERY HIGH   VERY LOW
Coverage of information needs

VERY HIGH   VERY LOW
Overall access to information

VERY HIGH   VERY LOW
Vulnerable groups access

VERY HIGH   VERY LOW
Disinformation level

Source: Internews 2020

●●● Social, digital and print media are the least cited and the least accessible channels because access to these channels requires financial investments for internet connection packages.

There is no difference between sources of information on general topics (education, safety, news, etc.) and sources of information on COVID-19. The information comes from the same sources according to the displaced populations. The sources of information are also the same according to gender (male/female). The conflict and the situation of insecurity that has led people to be displaced has also led many young people to migrate in search of a better life. These young migrants have kept in touch with their families and

communities and communicate regularly with their community about COVID-19. These young migrants are also sources of information on the disease and this information is relayed through telephone or internet communications (WhatsApp messages). As a result, young immigrants are also important actors in transmitting messages to displaced communities. Health workers (nearly 83%), religious leaders (75%), state media (70%) and international media (63%) are the most trusted sources of information for IDPs.

The majority of interviewees believe they have the ability to know whether or not a piece of information is true. Some trust their own ability to analyze information: *"I trust my Cartesian spirit of*

analysis to know if a piece of information is correct or not. Misinformation can have unfortunate consequences on the lives (health especially with the dissemination of unfounded information) of populations in this particular period dominated by the COVID-19 pandemic", **interview with the Sikasso neighborhood chief.** On the other hand, others prefer to verify the information through other sources such as people they trust who are close to them. *"We think we are able to know if the information is correct through its source. We are not concerned about external influence and misinformation. It doesn't matter since we trust our sources. We compare our information by confronting our sources"* **Interview with Timbuktu community leader.** ●

4.3. MAIN DETERMINANTS AND BARRIERS TO ACCESSING INFORMATION

The information that comes from local radio stations and community actors is generally in the national language which is Bambara and other local languages such as Sonrhaï, Peul, Dogon, depending on the locality. As far as the national media (state media) and messages on the internet and on social networking sites are concerned, they circulate in French, a language that is not accessible to everyone. The displaced persons wish to have all information in the local spoken languages and understood by the communities. This requires an adaptation of the broadcast languages on the basis of the different languages spoken in the camps. *"We usually receive the message in French or Bambara. The messages are*

not in the language that we would prefer. When we have true information, there is joy everywhere and this information is the only information that remains on everybody's lips. We believe that misinformation is born in the absence of good information" **Focus group Ségou IDP males.** A community leader from Ségou states that the use of French as the main vehicle for disseminating current information (especially messages from the Ministry of Health) is a major obstacle to access to information, especially for populations that are mostly illiterate.

When asked whether respondents receive all the information they need in their preferred languages, displaced communities report that not all messages are delivered in their preferred languages. The vast majority of people living on the site exclusively speak the local languages but the information is given in other languages. As a result, the need for information remains very high ●●●

●●● among displaced communities *"No, we do not receive the message in the language that we would prefer. Without information, it's as if we don't exist. It's important to have information as we are human beings, first and foremost"* Focus group Timbuktu IDP women. Displaced communities often come from the same geographical area and speak the same language. Therefore, communications in languages other than the community's native language cannot be understood.

"We only understand Peul. This means that we do not have all the information sent in other languages" **Men's Bamako IDP Focus group.**

The reason why displaced communities do not receive communications in their preferred languages could be that these communities are not originally from the camps they live in and are therefore "foreigners". Communications and information generated and disseminated

by the media are aimed at a community as a whole and are not always tailored to cover the needs of displaced people.

When displaced populations receive communications and information about COVID-19, the verification of such information is not one of the major concerns expressed by the communities. It is done informally during conversations between acquaintances (family and friends). While some say they ●●●

●●● do not believe communications from media professionals because of their lack of professionalism (only 51% of respondents say they trust communications broadcasted on the radio), others say they verify information from social networks or chat rooms such as "grins" (the "grin" is a common forum for young people - usually of the same sex).

Community radio stations are still providing information to displaced communities. However, these radio stations can also broadcast incorrect communications or even rumors. In fact, some interviewees mentioned that the proliferation of community radio stations, which are always looking to attract listeners, poses a certain risk. Community radio stations often host live programs where listeners call in to give their opinions on a given topic. According to respondents, often, when it comes to COVID-19, uncontrolled live interactive broadcasts contribute to spreading false information through listeners' comments.

Since these radio stations do not always have hosts or journalists who are qualified in information processing, these incorrect communications and rumors spread in such a way that the radio stations are unable to deal with them.

Interviewees displayed awareness of the negative effects of rumors and misinformation. *"We believe that the spread of false information has gained ground in recent times. This is worrying, as it may contribute to further aggravating the already troubled situation".* **Mixed Sikasso IDP Focus Group.** The community does not usually verify communications from trusted individuals or sources such as parents, religious and community ●●●

Table 6. Respondents' perceptions of the communications they receive
Please give us your scoring from **1** (not at all) à **5** (always) to the following statements
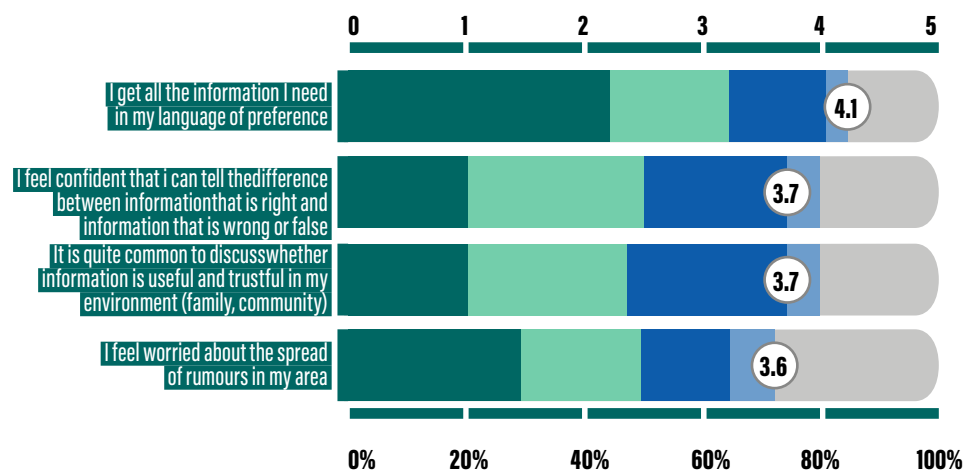
Source: Internews 2020

●●● leaders, and NGOs. In addition to this, the community acknowledges that it does not feel the need to systematically verify the information received. Received communications are shared, unverified and unprocessed, with family and friends.

The community believes that access to information is very important. However, poor media coverage in remote areas and regions is a major barrier to information access. In fact, many community radio stations have limited geographical coverage due to the lack of

> **"We don't have time to search for information; we don't know where to access the information we need"**

transmitter power. In addition to this, the multiplication of radio stations interferes with the signals of those radio stations that have a short range. Lack of or inadequate communication facilities (e.g., limited range of antennas, poor internet connection, outdated equipment), limited information content on current affairs relevant to displaced communities, lack of time available within communities to 'listen' or search for information are also barriers to accessing information. *"We don't have time to search for information; we don't know where to access the information we need."* **Mopti religious leader.**

The government is unable to disseminate information to remote villages and hamlets without the support of community radio stations. Communities also have limited financial means to access accurate information. According to some, there are political, cultural and/or traditional barriers to accessing

information and most women, due to household chores, don't have time to search for information. The majority do not know where to access the information they need. Displaced communities are more preoccupied with working to meet their basic needs than searching for information about *"a disease that many don't even believe exists."* The dire conditions in which they live do not allow them the time to search for information *"We believe that we are the category of people who need information the most"* **Men's Sikasso IDP Focus Group.** The cost of communication also appears to be an important factor that limits displaced populations' access to information. In fact, investing in communication (telephone, internet, radio, etc.) is not a priority for the displaced. The priority is, above all, daily survival. In light of this, it is important that the information be as accessible as possible and easy to understand in order to attract the attention of displaced communities. ●

4.4. FOCUS ON VULNERABLE GROUPS

Those who took part in the qualitative survey unanimously agreed that, as a result of armed conflicts, internally displaced populations are the most vulnerable segment of the population. Financial and health insecurity, dependence on humanitarian aid and exposure to various hazards are the factors that make this segment vulnerable. However, discussions about vulnerability in the community differ from those among religious and community leaders. In fact, most community and religious leaders maintain that within their community, they do not know of any vulnerable groups with specific obstacles to information access since radios are accessible on many devices. For them, the problem is not access to information, but rather access to good information, i.e., accurate and verifiable information. *"I don't see any community limitations to information access. I think there is actually an abundance of information. In my opinion,* *the issue is not with information access, but rather with the quality of the information"* **Sikasso community leader interview.**

However, focus group discussions highlight certain categories of people who have difficulty accessing information. Among them are prisoners serving their sentences, women and girls who are domestic servants, young people, especially herders ages 10 to 24 years old, migrants, and the elderly. Women have difficulty accessing information due to their daily activities (getting water, childcare, searching for food aid, etc.). Therefore, communication strategies must include a preliminary analysis of women's daily activities in order to adjust the schedule for broadcasting messages. As for the young herders, they are located far from the community and are absent during group conver-sations and other communication activities. These vulnerable groups face specific obstacles in terms of information access, namely a lack of time to devote to searching for information and the fact that they are under-informed due to certain issues, such as the lack of funds to buy telephone credits and inexperience with new technologies, such as the Internet. Illiteracy among women and the elderly is also a major obstacle. *"The 10 to 24-year-old herders have no access to information because they lead the animals to pasture and return very tired at night and are never well-informed"* **Mixed focus group Mopti IDP.** ●
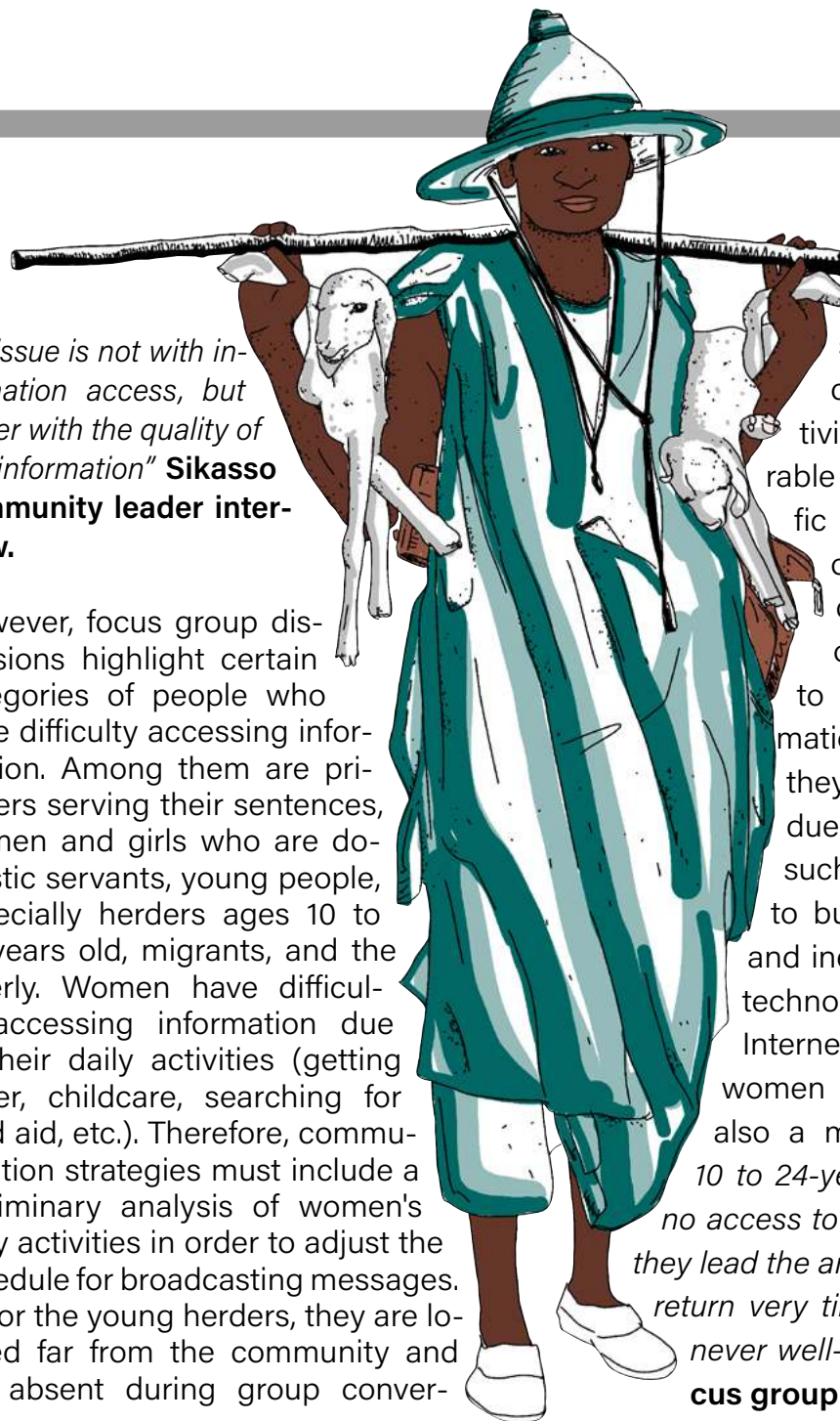
(how individual and communities interact with the information ecosystem and what do they do with the information they access)

5.1. TRUST

Displaced communities trust various sources for information related to COVID-19. The most frequently mentioned are the NGOs who work at displaced person sites, religious leaders, healthcare workers, and natural caregivers. *"We trust the information that comes from the imams, village chiefs, and national television because there are testimonies on TV".* **IDP Ségou Women's focus group** A second category of trusted information sources includes the village chiefs. For the community in general, official sources associated with the government (such as healthcare workers) inspire the most confidence. One of the most striking observations to emerge from this analysis is the profound trust in official sources and religious leaders and the weak reference to friends and family as sources of information on COVID-19. This observation may be explained by the fact that COVID-19 is a new disease, and not everyone really understands it well yet. Consequently,

the community tends to trust the sources that appear to have the most accurate information (the government, NGOs, and religious and community leaders). In the displaced person camps, as well as in the general Malian community, religious leaders benefit from heightened trust and credibility. This may also explain the deep trust expressed toward religious leaders in the dissemination of information on COVID-19. The chart below presents the
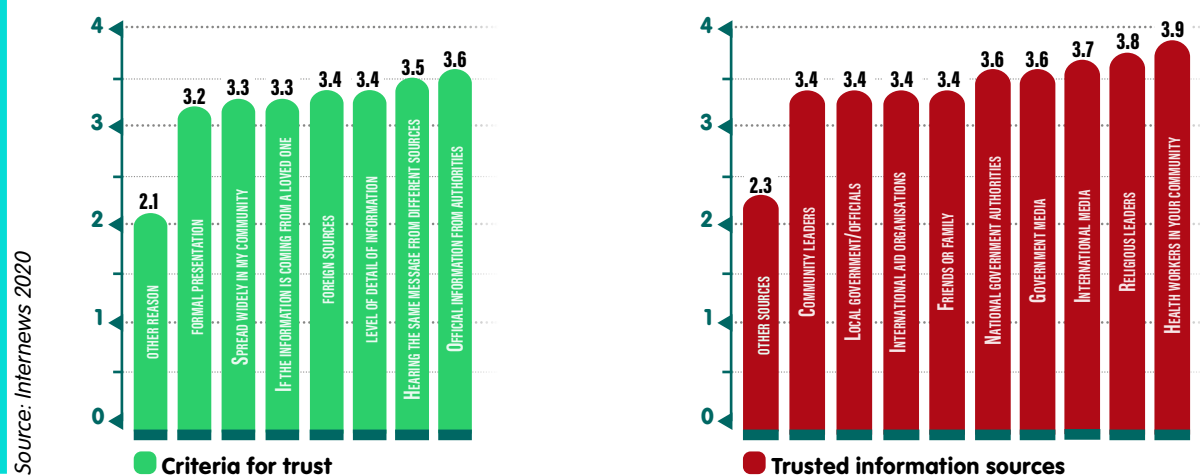
factors or criteria that influence trust in one source over another.

According to qualitative surveys, the displaced population accords greater trust to sources with the following characteristics:
- The source enjoys a good reputation in the given community (with a history of disseminating relevant and accurate information); ●●●

Table 7. Sources of trust and criteria/factors that influence trust in information

Source: Internews 2020

Criteria for trust chart values: OTHER REASON 2.1, FORMAL PRESENTATION 3.2, SPREAD WIDELY IN MY COMMUNITY 3.3, IF THE INFORMATION IS COMING FROM A LOVED ONE 3.3, FOREIGN SOURCES 3.4, LEVEL OF DETAIL OF INFORMATION 3.4, HEARING THE SAME MESSAGE FROM DIFFERENT SOURCES 3.5, OFFICIAL INFORMATION FROM AUTHORITIES 3.6

● **Criteria for trust**

Trusted information sources chart values: OTHER SOURCES 2.3, COMMUNITY LEADERS 3.4, LOCAL GOVERNMENT/OFFICIALS 3.4, INTERNATIONAL AID ORGANISATIONS 3.4, FRIENDS OR FAMILY 3.4, NATIONAL GOVERNMENT AUTHORITIES 3.6, GOVERNMENT MEDIA 3.6, INTERNATIONAL MEDIA 3.7, RELIGIOUS LEADERS 3.8, HEALTH WORKERS IN YOUR COMMUNITY 3.9

● **Trusted information sources**

●●● - The source conveying information must be a person the community knows and trusts (leaders, parents);

- Repetition of the same message, whether it is from the same or a different source, also factors into the community's trust. Displaced communities trust the most widely disseminated messages;

- The information comes from an official (government) source.

Comparing women and men's points of view on the subject reveals little difference. Repetition and the official nature of the information are the two main factors or criteria influencing confidence for both categories. Proximity to the person providing information and transmission in the language of the community also influence the degree of trust. The community tends to trust familiar sources who have a reputation for providing reliable information. Another important factor in trust is consideration of the needs of the displaced community. Sources earn the community's trust if they produce information useful to the specific needs of the community. The sources of trust and factors influencing trust have not changed, even with the emergence of COVID-19. ●●●

●●● The survey tested the capacity of respondents to differentiate between rumors and accurate information by generating eight random messages, of which six were true and two were false. The results show that 74% of respondents answered correctly by stating that the message claiming COVID-19 was created in a Chinese laboratory is false and a rumor. Likewise, 95% of the participants identified that the message suggesting that the new 5G network is a technology intended to infect the population with COVID-19 is false. However, the participants still believe the message that COVID-19 is a disease transmitted by foreigners, with only 51% of them saying the message is a rumor, while 49% think it is true. The following chart provides more details on the participants' ability to differentiate rumors from other messages. ●

> **"I share with friends, colleagues, parents and at the mosque. I often supplement the information I find, in a positive way, before sharing it"**

5.2 TRANSMISSION

The information received from authorities helps to raise awareness among friends, family and the whole community. Sub-themes such as hand-washing, wearing face-masks and distancing measures are known by the community but half-heartedly applied in IDP camps. Information on security (in the original sites), education and citizenship comes from state media, some private media and also social networks. *"I share with friends, colleagues, parents and at the mosque. I often supplement the information I find, in a positive way, before sharing it"* **Interview with a religious leader in Sikasso.** As natural caregivers, community and religious leaders are called upon by humanitarian actors to spread messages through community meetings, preaching, tontines and group discussion. Thus, messages are shared through word-of-mouth within families, friend groups, women's associations like tontines etc."*This information is shared when we meet up with the patron of our association. This meeting allows us to speak about any subject that is in the news."* **Focus group, Bougouni women's association.** The messages are also spread by family members who live outside the camps but who are in regular communication with parents who still live in the camps. These people include immigrants who are within the region or leaving for a different region. ●●●

> **"As far as COVID is concerned, I don't produce information, I don't change information, but I share information about COVID-19 during exchanges of ideas and discussion sessions with my family members, friends, colleagues and neighbors."**

●●● According to those surveyed, there is no group that is more favored than another when it comes to spreading information, even if religious and community leaders seem to be more informed than other members of the community. People may have differences in their ability to access information, but this difference is not created by those spreading the information.

The information received is not deliberately verified or changed. Messages received about COVID-19 are passed on among populations by word-of-mouth, telephone, or WhatsApp voice messages between friends, parents and acquaintances, without deliberate changes in content. Nevertheless, it must be noted that, according to the person who spreads the message's understanding of COVID-19,

the messages can change, but not in a deliberate manner.

Displaced persons do not feel capable of producing and spreading information about COVID-19. This area is reserved for people who possess the necessary expertise, like health workers and humanitarian NGO workers. *"As far as COVID is concerned, I don't produce information, I don't change information, but I share information about COVID-19 during exchanges of ideas and discussion sessions with my family members, friends, colleagues and neighbors."* **Interview with a Sikasso community leader.** The messages spread by community and religious leaders are not produced by them: they are messages that come from health or humanitarian organization professionals who work in IDP camps.●

5.3 INFLUENCE

When a piece of information comes from a trusted source, its influence is quite high. The influence of religious and community leaders comes from their social legitimacy. These religious leaders are also the source of help for people in distress for various reasons. This legitimacy is reinforced by the important role that these leaders play in the organization and support of people in IDP camps. Their influence is determined by the fact that the community believes in them as sources and is open to apply or follow the instructions and directives given by these leaders. Each of these categories of people who appear to be trusted sources contributes to the well-being of displaced persons by daily support. The confidence thus accorded to these sources seems to be a response to the help and support that these persons give to displaced communities in the course of daily activities. ●●●

●●● It is necessary here to distinguish the influence - in terms of being convinced and wanting to adopt/respect/apply the instruction or advice given - and the actual capability of the person to adopt/respect/apply this instruction and advice in their living environment. This ability could be influenced by other external factors. In the context of COVID-19 in displaced communities, these factors include the inability to apply these instructions or advice in the living environment of displaced persons (unavailability of face masks, a lack of running water and soap, and overcrowding of people, in particular).

For example, it appears that within displaced communities, barrier measures and COVID-19 protection instructions are not respected even if they come from sources that the communities trust. The non-application of sanitary instructions and COVID-19 prevention measures does not call into question the influence of these trusted sources (correlation). This is due to the fact that displaced communities do not have ●●●

●●● the capacity and the necessary resources to apply the barrier measures as laid down in the various prevention messages.
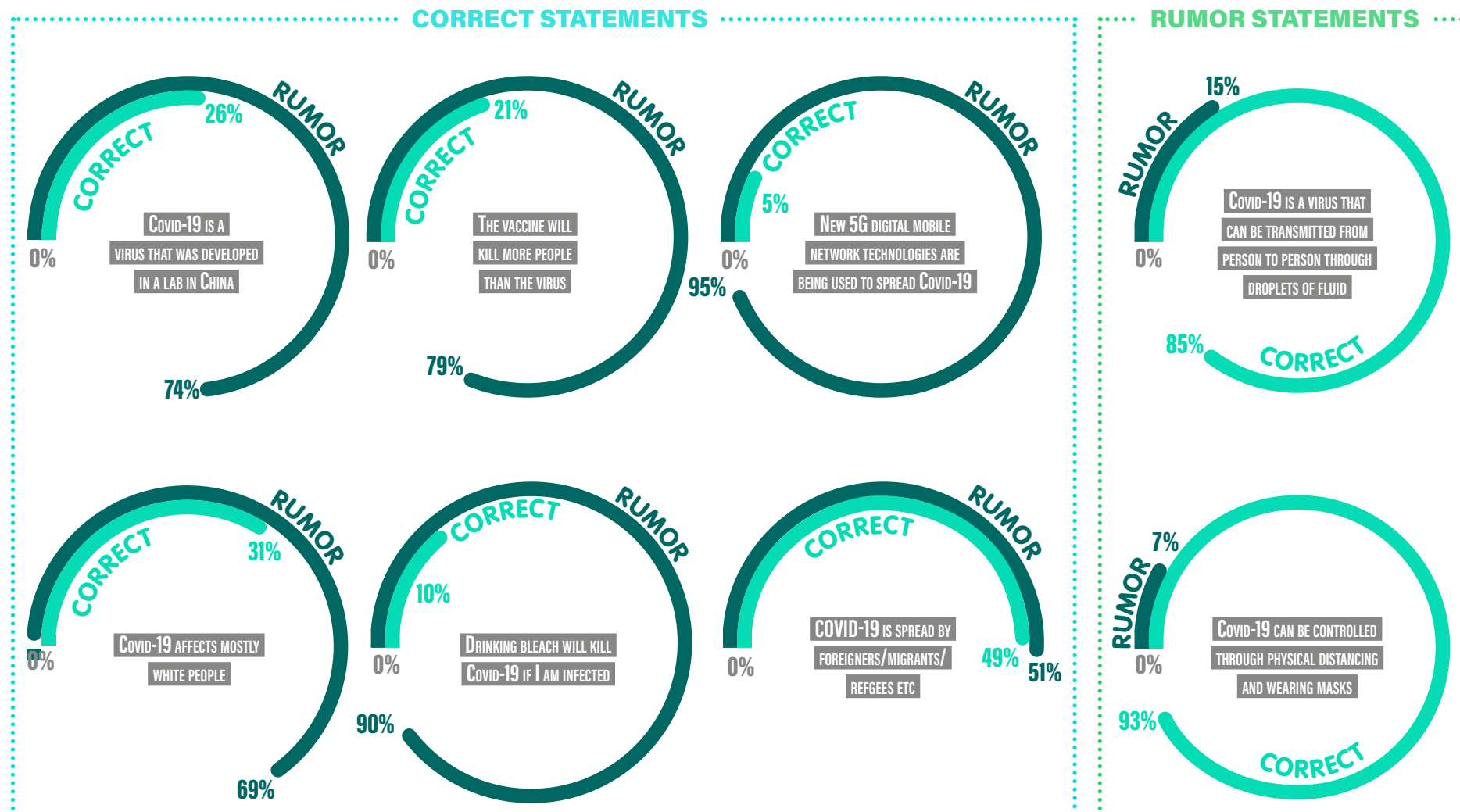
The difficulties in respecting the protection advice and instructions are linked to the precarious living conditions in the IDP camps. In reality it is not possible to respect social distancing in a context where more than 10 people are living in the same tent and eating from the same dish. This inability to apply protection measures is one factor; another is that a section of these communities do not believe in the disease and deny its existence. Despite the dissemination of simple messages and information about COVID-19, some people have still never heard of the disease. Representatives of humanitarian organizations present in the IDP camps confirm that this is the case. This situation calls into question the relevance and appropriateness of the communication strategy of the State, as well as that of the media and humanitarian organizations.

Rumors have a negative influence on how the communities behave in relation to the disease. The 'Rumor Bulletins' developed by the Rooted in Trust project highlight the significant presence of unfounded rumors within the general population. Some rumors come from foreign media, some come from the population's interpretation of information and messages. Others originate in or are produced by the community itself, on the basis of the various pieces of information and knowledge that it has gathered about the disease. The radio also sometimes contributes unintentionally to spreading rumors, through live broadcasts that allow listeners to speak on air about issues relating to COVID-19. Callers may give inaccurate information and rumors, which the radio station may be unable to correct. The rumors spread by word of mouth within the community and develop as they pass from person to person. These rumors have a negative influence on practices and beliefs related to COVID-19. An example of this influence is the growing inclination to reject the vaccine against the disease. The vaccine is perceived as a Western plot against the African population. In the global context, in which different countries are preparing for and beginning the vaccine rollout, these rumors will influence the acceptance of the vaccine by the community. ●

Table 8. Ability to identify rumors, by community

CORRECT STATEMENTS

RUMOR · CORRECT · 26% · 0% · 74%
Covid-19 is a virus that was developed in a lab in China

RUMOR · CORRECT · 21% · 0% · 79%
The vaccine will kill more people than the virus

RUMOR · CORRECT · 5% · 0% · 95%
New 5G digital mobile network technologies are being used to spread Covid-19

RUMOR · CORRECT · 31% · 0% · 69%
Covid-19 affects mostly white people

RUMOR · CORRECT · 10% · 0% · 90%
Drinking bleach will kill Covid-19 if I am infected

RUMOR · CORRECT · 49% · 51% · 0%
COVID-19 is spread by foreigners/migrants/refgees etc

RUMOR STATEMENTS

RUMOR · CORRECT · 15% · 0% · 85%
Covid-19 is a virus that can be transmitted from person to person through droplets of fluid

RUMOR · CORRECT · 7% · 0% · 93%
Covid-19 can be controlled through physical distancing and wearing masks

5.4 IMPACT ON KNOWLEDGE, ATTITUDES AND PRACTICES

The results show quite clearly that knowledge about COVID-19 has improved. In fact, 100% of people interviewed were able to cite two or three prevention measures against COVID-19, and 62% of them were able to talk about at least two things that they had learned about COVID-19 in the last month. *"The main change for me, is the fear that the disease has created. Now, we are afraid to do everything that we have been doing for centuries (greeting one another, drinking or eating from the same cup.) But this fear does not prevent us from living as before, because in the end, no one really knows anything about this disease,"* **Interview with a Tombouctou community leader.** COVID-19 has brought about changes to daily life since the start of the pandemic. These changes concern, first of all, knowledge about the existence of a new disease that can affect everyone, whatever their age. The information given about the disease has created a climate of fear and mistrust among the IDP populations. There have been many messages, coming from different sources, about the disease and prevention measures. Although these measures have not been applied systematically, for various reasons, the

"Yes, because the information sources and channels fit with the programs linked to COVID-19. They encourage the use of prevention measures. These measures have led me to adopt some new habits in my life"

The changes recommended by the various messages giving information about COVID-19 are at odds with day-to-day practices in the IDP camps

messages have brought attention to new forms of behavior such as mask wearing and daily hand washing. These behaviors are encouraged by humanitarian organizations, which provide masks and hand washing stations. *"Yes, because the information sources and channels fit with the programs linked to COVID-19. They encourage the use of prevention measures. These measures have led me to adopt some new habits in my life"* **Interview with a Ségou religious leader.** Women are more likely to believe in COVID-19 than men. Consequently, ●●●

●●● women are more likely than men to say that they follow prevention measures. Of those who say they do not believe in COVID-19, the majority are adult men who say that they have not experienced changes to their daily lives, in general, this year. According to these people, the information and messages received about COVID-19 have not led to any major changes in their daily lives.

This research reveals that the general knowledge of IDP populations about the disease has improved. Information is circulated within these populations but does not translate into visible behavior change, for a number of reasons. First, many people deny the existence of the disease. Since these people do not believe in the disease, they do not change their behavior. Second, **the changes recommended by the various messages giving information about COVID-19 are at odds with day-to-day practices in the IDP camps.** According to a humanitarian organization, it is almost impossible for the IDP populations to

> **"Can you imagine? wearing these really thick masks in this heat is really hard. I have a box of masks at home but no one in the family wants to wear them. I have to admit that I myself, as head of the family, I don't wear it."**

apply any of the recommended behaviors. Mask wearing is incompatible with the high temperatures in the camps, where the internally displaced persons live under plastic tents. Moreover, the only masks available are those that humanitarian organizations occasionally distribute.

"Can you imagine? wearing these really thick masks in this heat is really hard. I have a box of masks at home but no one in the family wants to wear them. I have to admit that I myself , as head of the family , I don't wear it." **Focus group interview with a male IDP, Tombouctou.** Hand washing, which requires water to be available, is also difficult to put into practice as these populations struggle to obtain enough water to meet their basic needs (drinking, washing, laundry, etc.). It is due to these various difficulties that internally displaced populations say that the recommended behaviors are not suitable and cannot be followed.

The majority of people interviewed spoke of changes to their daily lives that were a result, essentially, of their status as internally displaced persons or refugees, rather than of COVID-19. In fact, restriction of movement as well as job changes, eating habits or even humanitarian aid dependency have been mentioned as significant adjustments taking place in their lives.●

6.1. NATIONAL COVID-19 RESPONSE PLAN

On March 20, the Government launched a six-month national action plan for the prevention of and response to the disease. The plan expired in August 2020. The new COVID-19 plan is not yet in place. During the COVID-19 pandemic, the Malian Ministry of Health broadcast almost daily reports in French on Facebook and on its Website relative to COVID-19 data, including the number of new cases, deaths and recoveries. **The Government has daily reports broadcast on the radio and on national television; additionally, the Health Ministry provided a COVID-19 hotline.** Like other African countries, Mali is a candidate for purchasing the vaccine against COVID-19. However, the Ministry of Health has not yet established a national vaccination plan. **The National Action Plan to Prevent and Respond to the Coronavirus Disease (COVID-19) costs FFCA 34, 119, 860, 870.** Budget is centered on seven strategic priorities: 1) national coordination, 2) planning and follow-up: follow-up and rapid-intervention teams, 3) prevention and control of infections, 4) control of air and land entry points, 5) national and mobile laboratories, 6) communication and social mobilization, 7) case management. ●●●

NATIONAL COVID-19 RESPONSE PLAN COMMUNICATION STRATEGY

"1. To establish a permanent communication link with the public in order to encourage the development of a public health culture;
2. To broadcast complete information about risk", explain "why" decisions are made, respond to rumors via traditional media, and on social networks (Internet);
3. To coordinate communication between the actors in order to guarantee its coherence;
4. To encourage every citizen to become an actor and to be responsible in the face of risk;
5. Government communication must rely on a strategy integrating the following goals:

- Consider public expression and respond accordingly;
- Favor professional networks for broadcasting information to the public;
- Streamline expert discussions on epidemic risk in uncertain times;
- Establish a permanent communication link with the public in order to promote development of a public health culture."

Source: Mali National COVID-19 Response Plan, March 2020

●●● The effective execution of this action plan, which covered a six-month period (from March to August 2020) has expired, and the new plan has not been completed yet.

Two coordination committees have been formed. They are the Central National Coordination Unit and the Crisis Committee for handling COVID-19 and Crimean-Congo hemorrhagic fever. The former is presided by the Secretary General of the Ministry of Health and Social Affairs. It is composed of the Executive Central Chairmanships of the Department and meets daily to monitor the situation. The Coordination Cell receives daily epidemic information and data from the Crisis Committee. Depending on the development of the epidemic

in the country, the Coordination Cell makes recommendations to the Ministry of Health concerning administrative and technical decisions. The second Coordination Committee is chaired by the Managing Director of the National Public Health Institute (INSP). This Crisis Committee is in charge of providing daily epidemic data and information on the pandemic. The Committee receives technical support from WHO and the country's humanitarian organizations.

The Ministry of Health is also

in charge of mobilization and coordination of humanitarian actors. These humanitarian actors' efforts complement those of the government. It seems that coordination of response actions is poorly organized and lacks human and financial resources. **Multi-level decision making and the creation of multiple, often redundant structures, result in ineffective coordination of the State's actions.** Humanitarian partners' actions are uncoordinated. Poor collaboration and lack of significant communication are evident among ●●●

●●● these actors. **Interventions are therefore executed in a context where each partner intervenes according to its own available means and policies.** Planned communication actions within the National Plan include broadcasting awareness messages on radio and television; implementing an awareness information system and user awareness via airport TV screens, press points, publication of the COVID-19 newsletter. But implementation of the communication strategy is ineffective.

Research has also given rise to a first stage towards an assessment of the network's mapping of the public organizations, which asks informers for the main interaction nodes during the pandemic according to the National COVID-19 Response Plan. According to responses obtained during the interviews, and as shown in the chart above, **the main interaction nodes of public organizations consist of close interaction between all international organizations,** the media, community representatives and other public organizations. In this regard, the public

organizations consulted show a map of the wide-ranging network, showing close interaction with all main interaction nodes. But it must be noted that those consulted so far, are the best positioned individuals on the regional and national levels, including the COVID Focus Point, CSREF CV Bamako, CSREF Ségou and the Ségou Regional Council.

A closer look at the highest nodes of interaction per respondent reveals that

the Department of Health and Social Development are the only major common stakeholders for respondents. None of the community-related stakeholders (community and religious leaders) and/ or media stakeholders are referred to by all respondents as key stakeholders. **The State and the public services therefore remain the only organizations with a strong interaction with all the other stakeholders.** ●

6.2 HUMANITARIAN ACTORS ACTIVE ON COVID RESPONSE

The WHO is the government's main partner in implementing the COVID-19 response plan. Pandemic prevention and control activities are developed and implemented primarily with technical support from the WHO. However, several actors are intervening in Mali in the response to COVID-19. At the national level, these are mainly the Directorate General of Health, the National Institute of Public Health, the COVID-19 scientific committee, research and analysis laboratories as well as UNICEF, the Red Cross, CDC Africa, Action contre la Faim, Médecins Sans Frontières (MSF), USAID, Save the Children, Plan International, Intrahealth, IOM, Red Cross Canada, Plan International, FHI360, the World Bank, CARE USA, CRS, UNFPA, Red Cross Mali, UNAID, UNESCO, World vision, Education Cannot Wait (ECW), COOPI, Peace One Day, Swisscontact, ChildFund, among others. ●●●

●●● **At the regional and local level, the various NGOs carry out activities in collaboration with the regional health directorates. Several NGOs and national associations are also involved in the response in Mali,** in particular AMSODE, AVS (Living in the Sahel Association) ((AMSS (Malian Association for Survival in the Sahel)), (URTEL (Union of Free Radio and Television)), RECOTRADE (Network of Traditional Communicators for Development)... The list of these NGOs and associations is dynamic and interventions vary by region and depend on the availability of funding.

The coordination of all interventions in the national response to COVID-19 is led by the National Institute of Public Health under the leadership of Professor Akory Ag Iknane. The COVID-19 crisis committee is the framework for coordination and exchange between the various partners in the response. The committee met every day at the start of the pandemic to analyze the situation and propose recommendations to be implemented by the partners. As the disease progresses, the committee meets once a week. It should be noted that the interventions of the various partners are not perfectly coordinated due to a lack of monitoring and an effective coordination mechanism on the part of the Ministry of Health.

The mapping of interactions between media actors involved in the response is shown schematically below. It shows that the actors involved in the response mostly interact with the state media (the Office of Radio and Television of Mali). These partners emphasize communication and the state media appears to them as the main channel of communication. The media associations which are supposed to bring together all media organizations do not emerge as a key or relevant actor in the context of communication on COVID-19 even though they are the main and the only stakeholder common to all media respondents. This reflects a lack of interaction and connection between media associations and public communication agencies. This could affect the effective and efficient flow of information to the public. **Religious leaders and the Ministry of Health who appear to be important and reliable sources of information do not seem to interact strongly with other actors. The qualitative survey also shows limited interaction between private and community media and public bodies, especially the Ministry of Health and Social Development.**
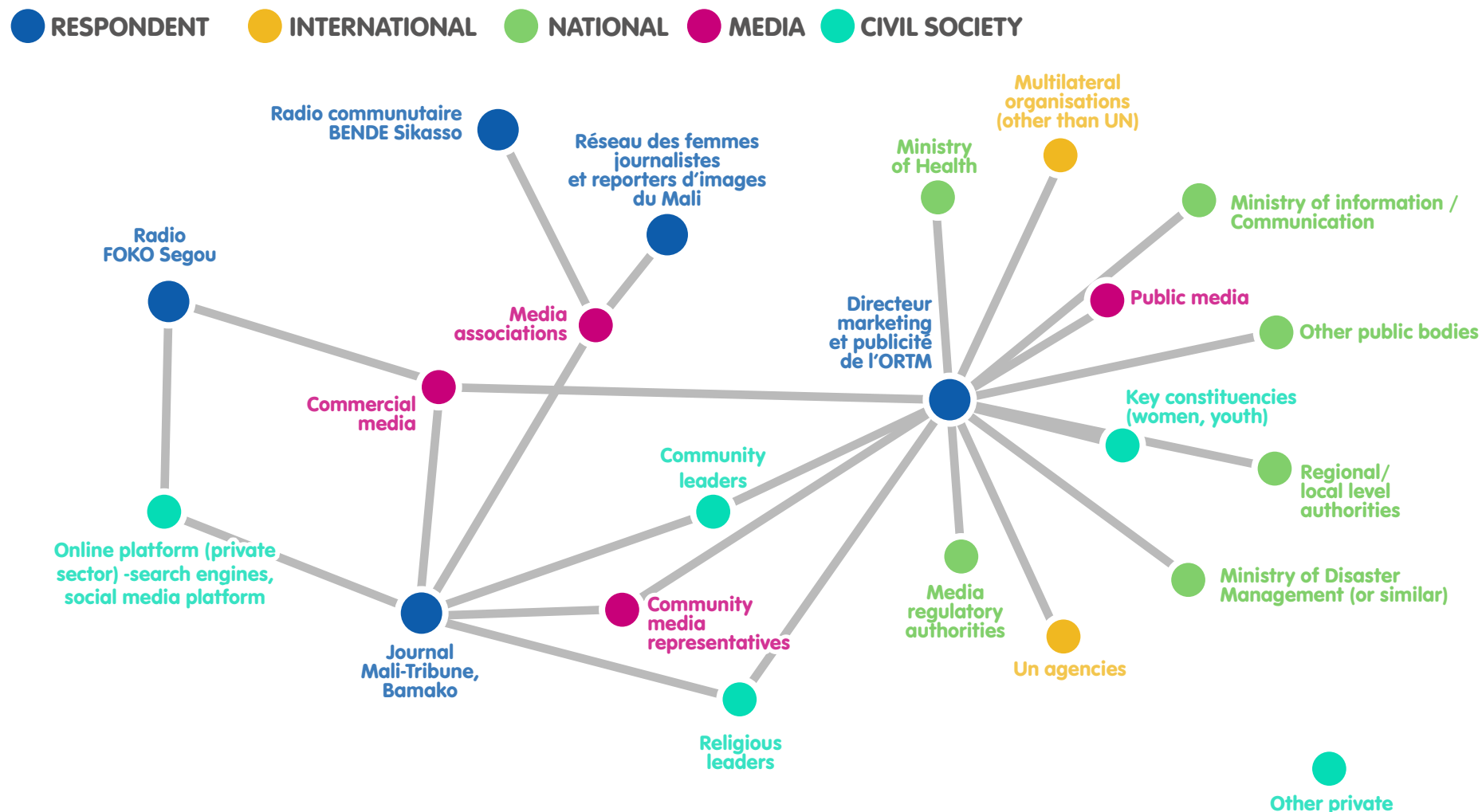
Interviews with media players confirm this lack of connection between public authorities and media players, especially at the community level. **Community media actors do not feel sufficiently involved in the response to COVID-19** and add that the communication component of the national response plan to COVID-19 mainly focuses on the national public media (national radio and television). ●

Table 9. Carte visuelle des parties prenantes de médias
(nodes with scored interaction over 3 in a scale from 1 to 5)

Source: Internews 2020

- **RESPONDENT**
- **INTERNATIONAL**
- **NATIONAL**
- **MEDIA**
- **CIVIL SOCIETY**

Radio communutaire BENDE Sikasso

Réseau des femmes journalistes et reporters d'images du Mali

Multilateral organisations (other than UN)

Ministry of Health

Ministry of information / Communication

Radio FOKO Segou

Media associations

Directeur marketing et publicité de l'ORTM

Public media

Other public bodies

Commercial media

Key constituencies (women, youth)

Community leaders

Regional/ local level authorities

Online platform (private sector) -search engines, social media platform

Journal Mali-Tribune, Bamako

Community media representatives

Media regulatory authorities

Un agencies

Ministry of Disaster Management (or similar)

Religious leaders

Other private

6.3. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

The general coordination of communication on COVID-19 in Mali is the responsibility of the Ministry of Health. A communication commission has been set up within the crisis committee to coordinate the development of communication messages about the pandemic; this commission is also responsible for training actors in traditional and non-traditional communication on key messages as well as validating the various messages developed by response partners.** To date, the communication commission has not worked and the meetings are not regular due to a lack of coordination at the central level (Ministry of Health). Thus, communication between the partners takes place mainly through the various meetings (crisis committee and clusters). In principle, all messages concerning COVID-19 must be submitted

and validated by the communication commission of the crisis committee. **The Mali Radio and Television Office (ORTM) is the preferred channel for government and Ministry of Health communications on the pandemic. The Ministry of Health prepares a weekly newsletter (SITREP) on the pandemic and this is shared with all actors and partners in the response.**

The main subject addressed by the government communications focuses on health. The sub-themes include social distancing, protective measures and other COVID-19 prevention methods. The messages are broadcast in French, and often in other languages, on various media platforms. At the start of the pandemic, some of the government messages concerned the serious economic impact of the disease, as well as the measures taken to mitigate this impact. Educational, social or other impacts related to the psychological support of patients and their families are seldom mentioned in the communication messages broadcast by the government.

According to the qualitative survey, there are no messages specifically developed and intended for displaced communities. As a result, the specific needs of displaced communities are not taken into account in communication activities or in the messages developed. The displaced communities receive the same health messages as the general community and these messages focus on disease prevention, barrier measures and other preventative actions. General messages on education, safety, social cohesion, politics, sports, leisure activities and community news are also broadcast.

Community participation and engagement are quite low. This absence of community participation is principally caused by denial of the illness, the influence of cultural attitudes and practices, as well as a lack of support and disinterest from the community. Humanitarian organizations play a greater role in community engagement. They provide closer support to affected communities ●●●
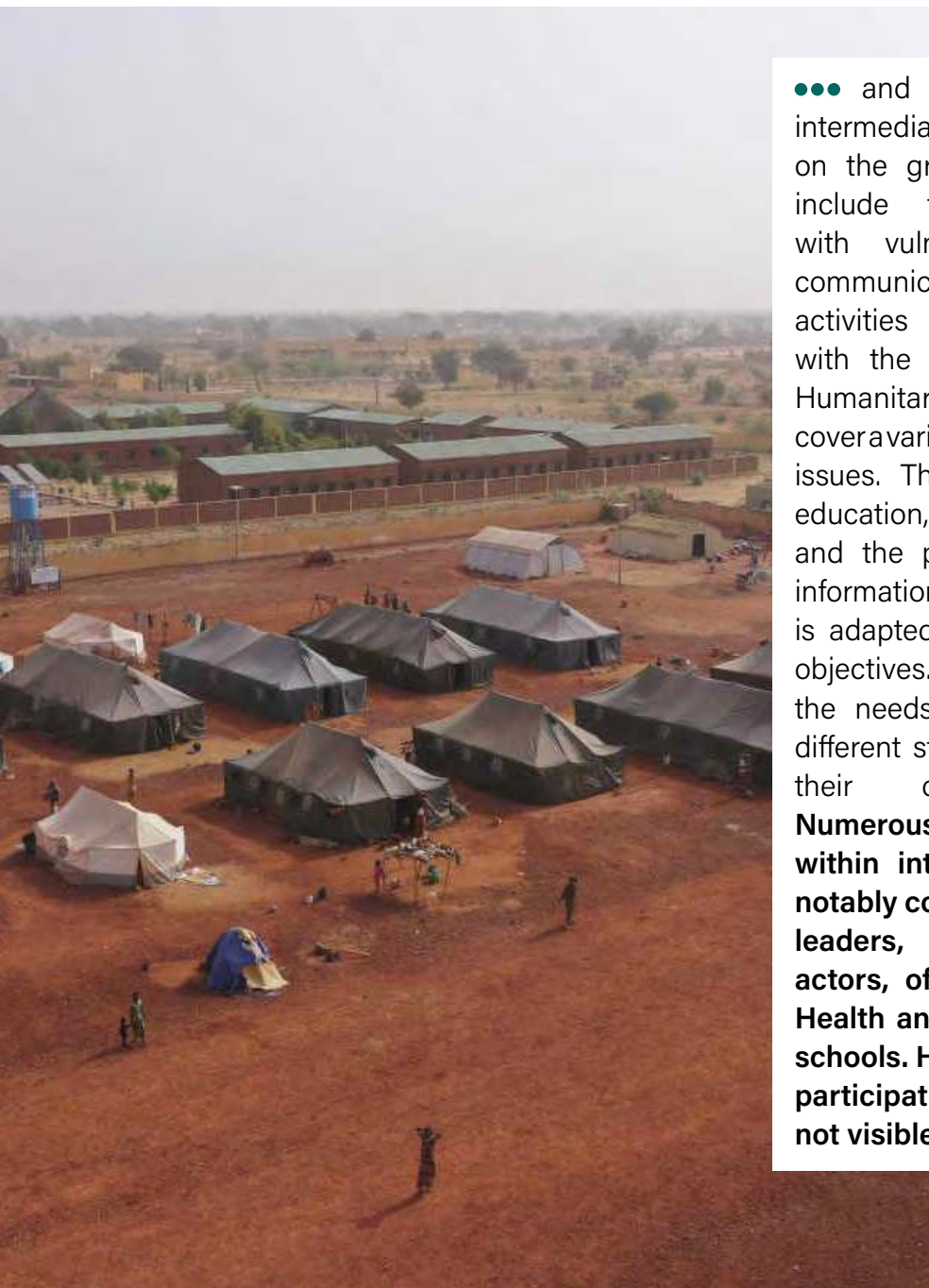
●●● and intervene directly via the intermediary of their field staff working on the ground. Intervention strategies include face-to-face communication with vulnerable population groups, communication during food distribution activities and broadcasting messages with the help of local radio stations. Humanitarian communication activities cover a variety of topics in addition to health issues. These topics include nutrition, education, WASH, food distribution and the prevention of COVID-19. The information intended for communities is adapted according to each partner's objectives. However, the partners explore the needs of the community through different strategies before implementing their communication strategies. **Numerous stakeholders are present within internal displacement camps, notably community directors, religious leaders, humanitarian organization actors, officials from the Ministry of Health and teachers who run primary schools. However the involvement and participation of these stakeholders is not visible.**

Looking at the pilot evaluation mapping the relationships between the humanitarian actors created during field work, the actors who responded to the evaluation showed a more or less extended network between the different clusters, with a sufficiently high level of interaction with public institutions (the Ministry of Health and Social Development), perceived good interaction with community representatives (the community leaders) and also several good nodes of interaction within the international humanitarian cluster (in particular with United Nations' agencies and other multilateral organizations). It should be noted, however, that the interaction averages all score lower than 4 [out of 5] in terms of intensity and that none of the humanitarian organizations consulted qualified their interaction with the media as important. This reflects a potential gap in the relationships and flow of information between the media and humanitarian organizations.

Complementing the average assessment of interactions of humanitarian ●●●

There exist very few common high-intensity nodes of interaction between the humanitarian responders...

●●● organizations per respondent, the chart on the following page gives supplementary information on how the interaction networks are even more limited than indicated by the averages. So, looking at the linear figure of dispersion below, we see that there exist very few common **high-intensity nodes of interaction between the humanitarian responders, showing a fragmented approach to obtaining, comparing and distributing information.** In this respect, only the community directors/leaders are referred to by the majority of respondents as a high node of interaction in this response to COVID-19. It is surprising that no other nodes, such as the United Nations' agencies or even the Ministry of Health, were mentioned by more than two respondents. ●

6.4 RUMOR TRACKING AND COMMUNITY FEEDBACK MECHANISMS

The action plan for the prevention of, and response to, COVID-19 includes putting in place a mechanism for dealing with rumors. The plan also includes broadcasting comprehensive information on risks, explaining the "why" of decision making, responding to rumors, via traditional media and on social networks (Internet), as well as coordinating communication among the participants to insure coherence. The Humanitarian COVID-19 response plan in Mali, drawn-up in August 2020, includes guidelines for dealing effectively with rumors and false information. The plan specifies that working on the management of rumors spread via social media networks [in cooperation with community leaders, traditional communicators, community radio, etc.] can have a strong added value. **In the absence of an up-to-date government response plan, the humanitarian organizations have developed and implemented their response activities independently. The needs of the community are evaluated through routine activities implemented by humanitarian organizations in the internally displaced sites. There is no standard strategy for evaluating them. There is a great need for a clear mechanism for monitoring and managing rumors.** The health cluster and the food safety cluster seem to do the most communicating about COVID-19.

The main problem in checking the accuracy of information is that no clear method has been devised or implemented to check the information communicated in Mali about COVID-19. The participants in the panel of experts confirmed that they were not aware of any mechanism, at the national level, for checking rumors.

Regarding interaction and engagement (see the illustration above) the government agencies are not often in contact with the media (with the exception of the ●●●

Table 10. Principle Nodes of Interactions of Humanitarian Organizations (1 none - 5 high)

		AVG MEDIA
UN agencies	INTERNATIONAL	3.75
Multilateral organisations (other than UN)	INTERNATIONAL	3.75
Countries (other States donors)	INTERNATIONAL	1.00
Other international	INTERNATIONAL	1.50
Ministry of information/Communication	NATIONAL	2.50
Ministry of Health	NATIONAL	3.00
Ministry of Disaster Management (or similar)	NATIONAL	3.50
Other Ministries or executive bodies	NATIONAL	1.00
Regional/local level authorities	NATIONAL	2.25
Media regulatory authorities	NATIONAL	1.50
Other public bodies	NATIONAL	1.00
Community media representatives	MEDIA	2.50
Media associations	MEDIA	1.00
Public media	MEDIA	2.50
Commercial media	MEDIA	2.50
Community leaders	CIVIL SOCIETY	4.00
Religious leaders	CIVIL SOCIETY	2.25
Online platforms (private sector) – search engines	CIVIL SOCIETY	2.50
Key constituencies (women, youth)	CIVIL SOCIETY	2.00

Source: Internews 2020

VERY HIGH ←→ VERY LOW

INTENSITY OF INTERACTION

national media). However, there is a strong interrelation between public and humanitarian organizations. There also appears to be strong interrelation between humanitarian organizations and the communities.

6.5 IDENTIFIED GAPS IN INFORMATION NEEDS AND PROGRAMMING

Mali benefits from a high number of stakeholders in response to COVID-19. There are seven active clusters involved in the country. The partners carry out projects in the different regions affected by the pandemic. There is a humanitarian response plan for the country and a national response plan drawn up by the Mali government (the national plan needs to be updated). These plans depict the actions to take, as well as strategies to implement them. In spite of that, there is a lack of coordination of actions ●●●

●●● by humanitarian organizations on the ground. In fact, during various COVID-19 crisis committee meetings of the Ministry of Health, stakeholders and participants mentioned that the Ministry is not always informed of partners' actions. An analysis of bottlenecks in the response, done by humanitarian partners, identified the following gaps:

■ The national response plan of COVID-19 by the Ministry of Health (including the communication component) expired at the end of August 2020;
■ Low involvement in the response effort (for example limited involvement of the community and community stakeholders);
■ Need to identify and use internal human resources in the communities (people who are trusted in the communities) for communication;
■ Widespread use of radios for communication on the disease, although radio does not appear to be the main information channel for internally displaced persons;
■ Poor coordination of messages to raise awareness and to engage the community;
■ Insufficient coordination between humanitarian stakeholders regarding their involvement with IDPs;
■ The denial of COVID-19 by some members of the community;
■ The communication about COVID-19 is limited to the creation and dissemination of audiovisual tools in the media, leaving aside the engagement and involvement of community influencers and social networks;
■ Feedback from the community is largely unappreciated;
■ The local leaders and religious leaders are not sufficiently aware of the means of COVID-19 infection and prevention;
■ Lack of detailed analysis and taking account of the needs, channels and sources of specific information on internally displaced persons before response plans are developed;
■ The actions taken are always urgent responses, whereas the disease is becoming more and more endemic. ●

VII. KEY FINDINGS AND RECOMMENDATIONS –
Towards a healthier information ecosystem

7.1 KEY FINDINGS ON THE INFORMATION LANDSCAPE AND COMMUNITIES' INFORMATION PRACTICES

Rich and diverse information environment:

The main media used by government agencies are radio and television (public and private). The government is mostly using public media for communication about COVID-19. Private media feel excluded from the communication process regarding the national response. Private media is hardly taken into account, which is shown by their difficulty in accessing information on COVID-19, especially at a regional level, and accessing human resources allowing them to do communication activities such as interactive programs. Humanitarian organizations increasingly use community radio and interpersonal communication to communicate messages to the displaced populations.

The voices of displaced communities are hardly listened to in the information arena (two-way communication):

The information arena does not take sufficient account of the needs of displaced communities in how they communicate about COVID-19. Messages are developed and communicated to the community through different channels but feedback from the community is not very apparent. Some media, especially community radio, do features on displaced communities but the messages and the information broadcast need to use feedback from the communities to be more appealing.

Role of community radio in information for displaced persons about COVID-19:

The majority of messages are communicated on community radio, ●●●

●●●

but radio is not always the main source of information for displaced people. The use of radio poses a number of challenges for displaced communities. First of all, radio is a channel that addresses a broader community and little effort is made to adapt the information to displaced persons (format, content, languages). A lot of displaced people do not feel included in the information and announcements broadcast on the radio as they are not always in their native language. Secondly, not everyone has access to radio. Humanitarian organizations donate radios, but these donations do not cover all the displaced populations. Buying a radio and batteries is an extra expense. For the displaced persons interviewed, radio is used more for entertainment than to research general information. In fact, a radio station that plays music and does interactive programs is listened to more than a station that provides

information (especially if the information is not communicated in the languages spoken by displaced persons). Radio is not systematically used for finding COVID-19 information, even though people can get such information by listening to the radio. Once information is received, it is transmitted by word-of-mouth without being verified first, even though interviewees are aware that rumors and false information about the disease exist. Messages are also shared via social media (WhatsApp).

Community stakeholders inspire more confidence in the relaying of information

Displaced persons tend to get their information from local and internal sources and channels. Even though this information is not sourced locally, the information comes from people working at

IDP sites, namely health workers (during routine activities), humanitarian NGOs, caregivers and religious leaders. These people are trusted by the community. Person-to-person and group discussions are where displaced persons receive information about COVID-19. Other people who the communities look to for information are migrants and relatives who stayed back in their home villages. The migrants are Malian, relatives, friends or acquaintances of the internally displaced persons who preferred to go to other regions within or outside the country following the displacement of their families due to conflicts. Most of these young people remain in Mali (in other regions). During their journey, they are confronted with new realities and gain knowledge which is shared with their relatives who remain in displacement camps.●

7.2 KEY FINDINGS ON HUMANITARIAN RESPONSE AND INFORMATION DYNAMICS

Strong presence of humanitarian organizations in COVID-19 communication

The presence of humanitarian organizations (through their numbers and actions) has increased since the beginning of the pandemic and the humanitarian response to COVID-19 was implemented early on. In fact, humanitarian organizations developed communication interventions about the prevention of the disease well before it appeared in Mali. Humanitarian partners rely on and support government efforts in the pandemic response and humanitarian actions are diverse and varied. They include communications about changes in behavior, providing hand-washing equipment, supplying masks and hand sanitizer, food aid for displaced persons,

assistance identifying suspected cases and contact tracing. Humanitarian actors are present in the displacement camps and implement local initiatives.

Poor planning and limited collaboration in the planning and implementation of humanitarian action

Despite this quite visible presence of humanitarian organizations, the response of these organizations is suffering from a lack of coordination, and above all, a lack of synergy and pooling of efforts. This poor coordination of humanitarian action also stems from a lack of coordination at a government level and by the Ministry of Health. Humanitarian organizations intervene in the geographical areas that they oversee or in areas where they have already implemented initiatives in the past. It is also common for many organizations to be present in the same geographical area, due to a lack of coordination and for them to implement the same communication activities or food aid. Because of this, some

These human resources and this local expertise remain under-utilized by humanitarian organizations

geographical areas, such as the middle and the north of the country, have a great deal of humanitarian aid, while others areas are suffering from not enough.

Humanitarian organizations develop communication plans which often don't consider the possibility of pooling efforts together. The plans, tools and the content of communication tools are not always subject to validation by the communication department of the Ministry of Health. In this context, non-standardized messages are broadcast that may cause confusion. Humanitarian organizations communicate and exchange information during cluster meetings or Ministry of Health meetings. ●●●

••• Resources and local expertise under-utilized and under-valued

Within internal displacement camps, there are human resources and relevant local expertise. Natural caregivers and religious leaders are influential and are trusted by the communities. This status positions them with an important role in communication. There are also tradespeople who have the ability to make masks and soap locally, for example, and to thus contribute to the resilience of IDPs. These human resources and this local expertise remain under-utilized by humanitarian organizations. •

7.3 SUMMARY OF RECOMMENDATIONS

At the end of this research on the information ecosystem and on the basis of the various results, some recommendations of key actions are proposed to the various actors involved in the COVID-19 response. The recommendations are organized by types of actors. The recommendations are listed in order of importance. **●●●**

Recommendations for public services (Ministry of Health and other Ministries)

To strengthen COVID-19 communication and make it more efficient, it is recommended that the Ministry of Health increase the involvement of private and community media in communication about COVID-19. These types of media feel excluded from the communication process and their potential is not being fully utilized in the context of the COVID-19 response. More specifically, this means:

■ **Including** specific information about communication for displaced persons (languages, channels, sources) in the national COVID-19 response plan. This information will indicate the most accessible channels and languages for displaced communities by site.

■ **Involve** private media in the development of messages to be broadcast about COVID-19 and share those messages with the wider media, both public et private. These messages will be used as examples for the development of future messages.

■ **Award** specific COVID-19 accreditation to selected media outlets (criteria to be developed) in order to facilitate access to information and data especially at a regional level.

■ **Strengthen** the coordination of outreach activities by including a communications plan and an inclusive communication strategy in the national COVID-19 response plan

●●●

Recommendations for partner organizations and humanitarian agencies

Humanitarian agencies are advised to coordinate their communication interventions with those of the health, media and formal education sectors. There are a number of humanitarian agencies who act in isolation and independently, especially regarding internally displaced persons. This lack of harmonization and coordination leads to missed opportunities for the pooling of efforts. More specifically, this involves:

■ **Strengthening** the pooling of communication efforts with health officials by developing joint information sharing strategies.

■ **Organizing** more regular refresher sessions for journalists focusing on verifying information and communication regarding COVID-19 (emergency communications/journalism during health crises).

Strengthening partnerships with the community by using local expertise to support outreach activities is a strategy recommended by humanitarian agencies. Local resources and expertise already exist within IDPs. Using these resources will improve community involvement and will raise levels of self-esteem among refugees. The implementation of this recommendation will involve:

■ **Identify** the existing natural caregivers among the IPDs and using them as go-betweens.

■ **Identify** and train champions in the community to listen to the views of local people, engage in dialogue, pass on up-to-date information and identify and put forward local solutions.

■ **Strengthen** youth involvement. Involve young people in awareness-raising and communication activities relating to COVID-19 by recruiting mobilization workers and communications officers from among the IDPs themselves.

■ **Identify** the routes taken by internal migrants in order to target the young refugees involved in the immigration process and to organize outreach activities for them.

■ **Develop** bidirectional outreach activities for jailed prisoners and in correctional facilities.

●●●

●●●

Recommendations for media actors

The implementation of a plan for the collection and management of rumors will help debunk disinformation and will rebuild local confidence in messages communicated by the media. This recommendation will be implemented through the following initiatives:

■ **Train** journalists in message and information handling during the recording and broadcasting of live, interactive programs.

■ **Implement** a mechanism for identifying and dealing with rumors.

■ **Develop** strategies for refuting rumors through commercials, news releases and/or news stories.

■ **Invite** local and religious leaders to answer questions from the community on the air.

Develop special programs and programs specifically dedicated to displaced communities to increase trust in the messages communicated and their acceptance of them. The displaced, as "temporary foreigners", will increasingly listen to and seek out channels of information that take both their languages and their specific circumstances into consideration

■ **Employ** and train IDPs as reporters and presenters to build public loyalty and ensure that displaced communities further recognize themselves in radio programs.

■ **Adapt** the content of radio programs using the languages spoken by the displaced persons.

■ **Share** the experiences of people who have been affected by COVID-19

■ **Employ** IDPs as contributors to radio programs personalities with whom people can identify due to their reputation.

Recommendations for the community

Messages developed in the context of communicating about COVID-19 are aimed at different communities. To help ensure that the messages are received, understood and used by communities in general and more specifically by displaced communities, the recommendation is to::

■ **Identify** and listen to community radio stations that are in partnership with humanitarian organizations and which broadcast these messages in local languages.

■ **Create** a synergy between the radio stations and the leaders of these displaced communities.

■ **Use** healthcare workers and humanitarian organizations as a way of verifying rumors circulating about COVID-19.

■ **Check** messages and information as much as possible, before sharing, in order to avoid the dissemination of false information or rumors. ●

ACKNOWLEDGEMENTS AND CREDITS

ANNEXES

List of Key Informants

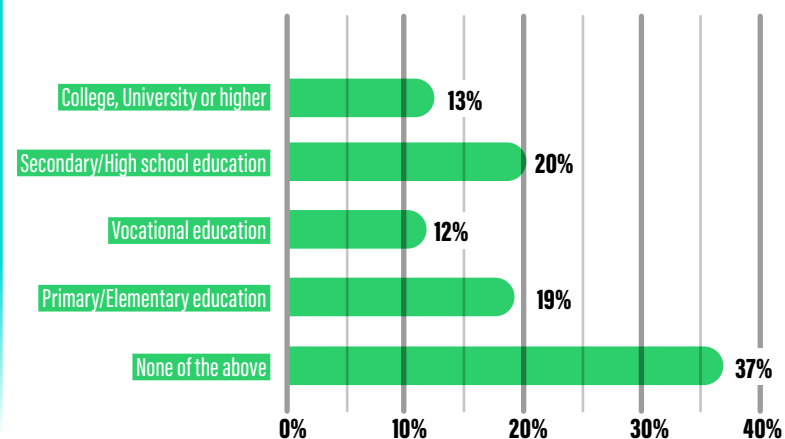|	Name	Position	Gender
Ministry of Health	Pr Akory Ag Iknane	National COVID-19 Response Coordinator,	Male
	NDiaye Hawa Thiam	Focal Point CSREF Commune V, Bamako	Female
Ministry of Communications	Alfousseyni SIDIBE	Communications Officer	Male
Regional authorities	Dr N'Diaye Awa THIAM	Head doctor of the Reference Centre of Commune V, Bamako	Female
	Tiemoko Diarra	Secretary General of the Regional Council, Ségou	Male
	Dr Ousmane TAPO	COVID-19 Focal Point, Ségou	Male
	Zoumana DEMBELE	Doctor at the Regional Hospital of Sikasso	Male
	Ibrahim TRAORE	Doctor in charge of follow-ups and resuscitation at the Regional Hospital, Mopti	Male
Media Sector	Alex Kalambry	Publication Director of the Mali-Tribune newspaper	Male
	Aissata TRAORE	Member of the Network of Women Journalists in Mali	Female
	Siratigui TRAORE	Marketing Director, National Television, Bamako	Male
	Mamoudou S Keita	Private radio reporter Sikasso	Male
Humanitarian organizations	Moussa Abba Diallo	AMSODE President	Male
	Mamadou Bathily	Area Coordinator, EDUCO	Male
	Mahamadou Aboubacar MAIGA	COVID-19 Focal Point, DRC	Male
	Dr Camara Boubacar Sidiki	Nutrition Coordinator, COOPI	Male
CSOs (Civil Society Organizations)	Dramane Traoré	Chairman of the Youth City Council, Ségou	Male
	Ibrahim S Diabaté	Imam, Ségou	Male
	Dramane KEITA,	District Manager, Sikasso	Male
	Amidou Tandiougoula	Member of the Regional Islamic Council, Sikasso	Male
	Bouba Toure	Village Chief, Mopti	Male
	Sabata Yaya	Chairman of the Islamic High Council, Mopti	Male
	Niamoye Alidji	President of CAFO (Women's Organization), Timbuktu	Female
	Mohamed Ag Mita	Koranic teacher	Male
	Yousssouf Mohamed TRAORE	Regional Office for Social Development Timbuktu	Male

Structuring of focus groups

Régions	Sites	Structuration
Bamako	Niamana (1)	Seven (7) men
	Faladie (1)	Seven (7) Women
Segou	Niono (1)	Women's Association, ten (10) people
Sikasso	Sikasso (1)	Mixed, eight (8), Men and women
	Bougouni (1)	A women's association (10)
Mopti	Mopti (1)	Mixed, eight (8), Men and women
Tombouctou	Tombouctou (2)	Eight (8) Men
		Eight (8) Women

Age (All participants)

Total

- 15-24
- 25-34
- 35+
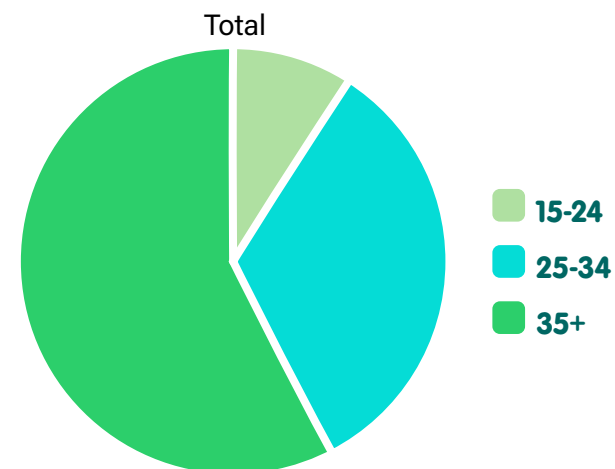
Education of participants

Level of education: All participants

College, University or higher	13%
Secondary/High school education	20%
Vocational education	12%
Primary/Elementary education	19%
None of the above	37%

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MALI - FEBRUARY, 2021