

Avoiding COVID-19 is not immunity to hardship – aid recipients under economic and social strain



Introduction

Burkina Faso was among a number of African countries spared from the huge coronavirus caseloads of European and North American nations. The government acted quickly, and between mid-March and early June had closed borders, markets and schools, imposed restrictions on gatherings, banned travel between cities and made face masks mandatory. By September's end, there were between 1,211 and 1,717 positive cases in the country,¹ and only three confirmed in Centre-Nord and 29 in the Sahel region.²

In August and September, [Ground Truth Solutions](#) (GTS) surveyed aid recipients to find out whether the global threat of the virus and its local response had changed their views on humanitarian aid. We asked about information access, prevention measures and economic and social impact, aiming to ensure the views of respondents informed the ongoing response.

A team from the [Africa Polling Institute](#) (API) conducted telephone surveys in Mooré, Fulfulde, and French with 400 people in nine communes in the Centre-Nord region. We worked with the REACH Initiative to supplement these interviews with household visits in Kaya (Centre-Nord) and Dori (Sahel). Key informants' answers reflect what they think their communities may feel, believe, or do, while the phone survey answers reflect respondents' own perceptions.

For more information on our COVID-19 activities, please visit [our website](#).

This project is financed by:


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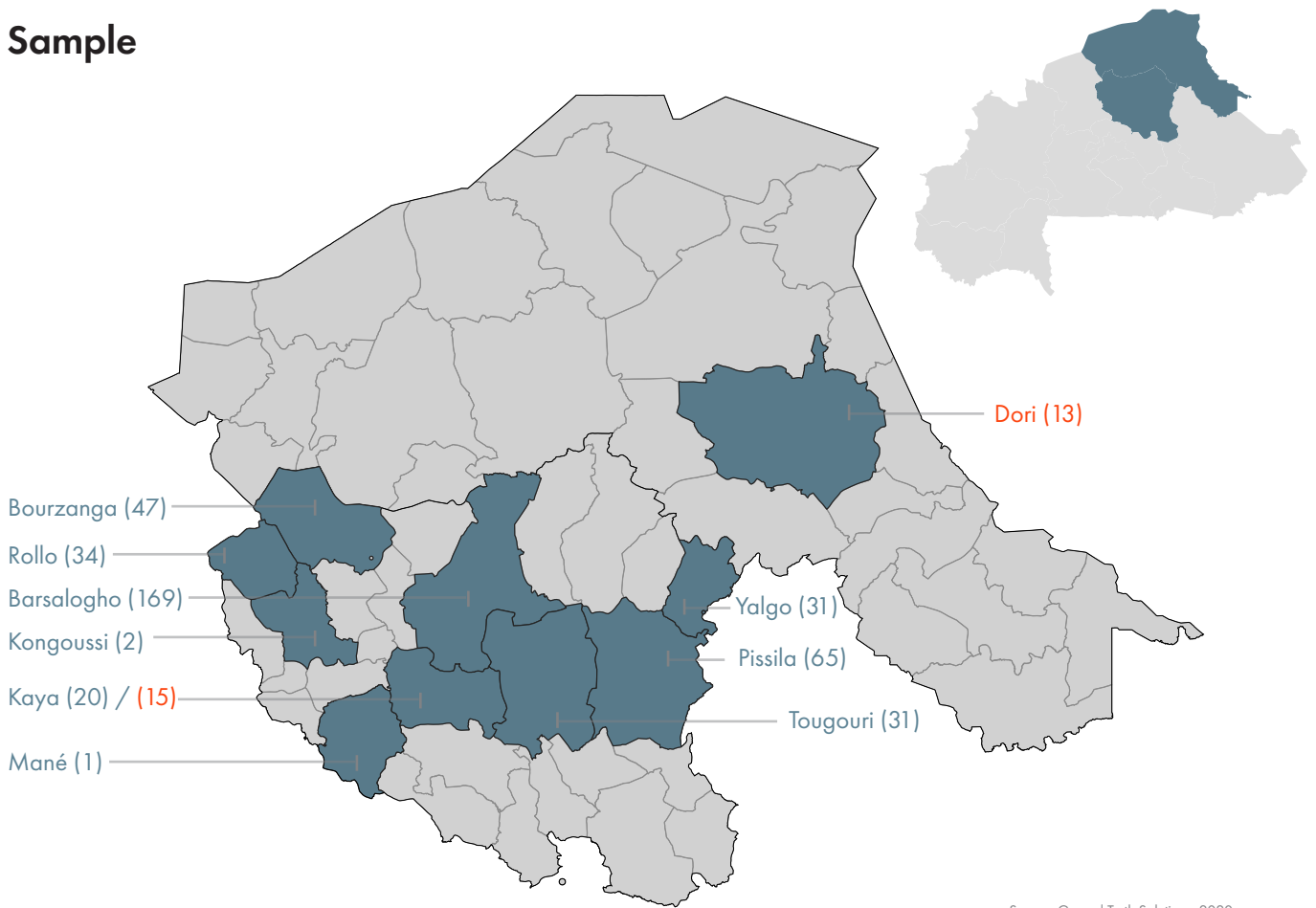
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¹ "Burkina Faso Situation," WHO, accessed on 20 October 2020, [link](#).

² "Situation Analysis Report, Period: June-September 2020," iMMAP and Data Friendly Space, (in French), [link](#).

Sample





400 telephone surveys

Gender

-  189 Women (47%)
-  211 Men (53%)

Population category





-  323 Host community members (81%)
-  77 Internally displaced persons (19%)

28 face-to-face surveys with key informants





Gender

-  10 Women (36%)
-  18 Men (64%)

13 Key informants in Dori

-  4 Leaders of internally displaced person groups
-  4 Religious leaders
-  4 Leaders of a women's association
-  1 Emir*

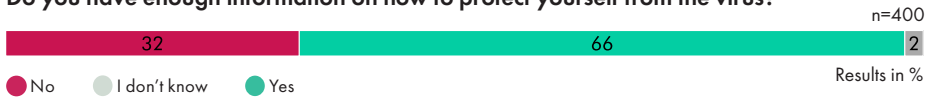
15 Key informants in Kaya

-  5 Leaders of internally displaced person groups
-  4 Religious leaders
-  5 Leaders of a women's association
-  1 Neighbourhood leader

* An Emir is a traditional leader who coordinates village leaders' work.

Information

Do you have enough information on how to protect yourself from the virus?



A robust national information-sharing strategy was launched at the onset of the virus in Burkina Faso. The Ministry of Health produced short videos (in French, Moore and Dioula) about symptoms and preventative measures, and included interviews with COVID-19 patients and medical professionals to address stigma and false information. The 35 35 hotline to the Health Emergency Response Operations Centre (CORUS) was also advertised. Fondation Hirondelle quickly found that most people were aware of the Coronavirus, indicating that these efforts were working.³

While the majority of respondents to our telephone survey also think they have enough information on how to protect themselves against the virus, it's likely that they have more access to information than other people who receive aid but do not have phones. Women (57%) feel less informed than men (74%) and people living in Namentenga province feel less informed (53%) than residents of Bam (67%) and Sanmatenga (69%).

What do you need more information on in relation to COVID-19?* (n=400)



63%

How to protect myself from the virus/preventative measures (251)



43%

How to identify COVID-19 symptoms (171)



23%

How to access reliable information (91)

Despite seemingly high awareness, 63% of respondents say they want more information on how to protect themselves from the virus, especially from the government, indicating that even those feeling confident about their level of information still want more. This does not necessarily point to gaps in information sharing – Fondation Hirondelle's study notes that information about preventative measures (91%) was the primary type of information that their respondents received⁴ – but rather a recognition that the situation is evolving and information and dialogue must keep up. Women (21%) and people aged over 51 (21%) want information on how and where to ask questions.

What is your main channel for information on how to protect yourself from COVID-19?*

(n=400)



93%

Radio (373)



61%

Face-to-face (245)



35%

Television (140)

A Fondation Hirondelle study found that people mostly rely on traditional media (radio, television, and newspapers) (92%) and community communication (family and neighbours) (73%).⁵ UNICEF's report on young people's perceptions of COVID-19 also highlights television (51%) and radio (26%).⁶ However, Fondation Hirondelle say that many people think that the media in Burkina Faso hides certain information on COVID-19.⁷

Key informants' perceptions



Most informants in Dori (85%) and Kaya (93%) feel that their communities are sufficiently informed about how to protect themselves from the virus. But just over half of those in Dori (54%) report that their communities need information on how/where to get tested, while the majority in Kaya say that their communities need to know how to identify symptoms (80%).

Across both regions, radio is the most-used information source. In Dori, television (69%) is a close second, while only 13% cite television in Kaya.

³ "Study on internally displaced persons' access to information and on level of information and awareness of the COVID-19 virus", Fondation Hirondelle, June 2020, (in French).

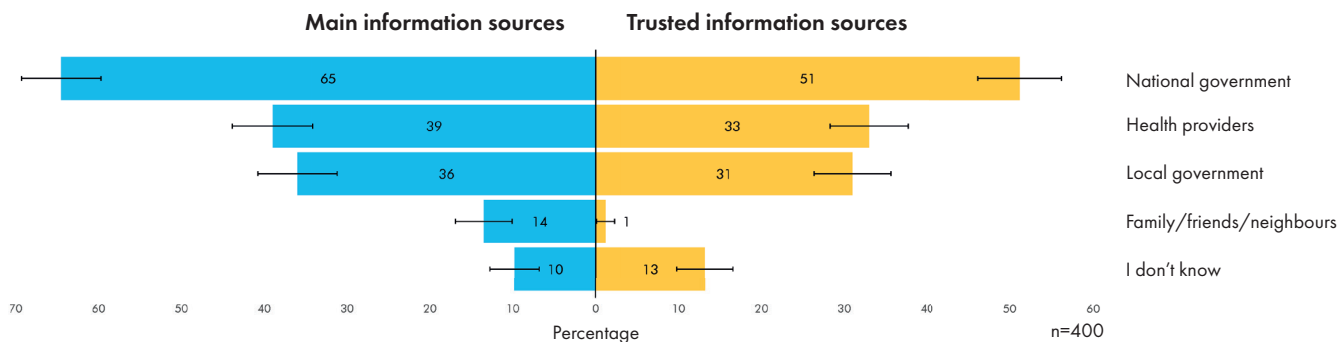
⁴ Ibid.

⁵ Ibid.

⁶ "U-Report Survey: Young people's perceptions of COVID-19", UNICEF, 20 April 2020, (in French), [link](#).

⁷ Study on internally displaced persons' access to information and on level of information."

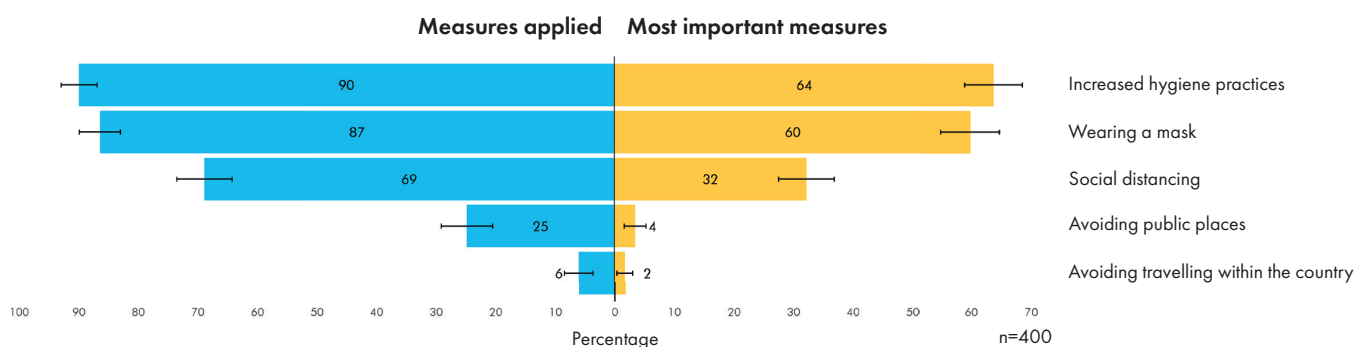
* Percentages do not total 100% because respondents could choose multiple options.



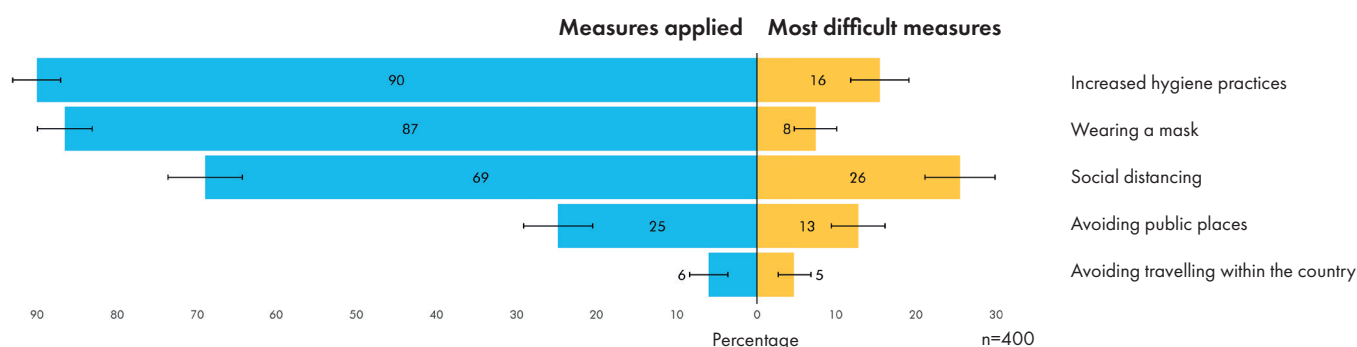
Most respondents (across IDPs and host communities) say that their communities mainly rely on and trust the national government, health providers, and local government for information on how to protect themselves from COVID-19. We expect that with the constant information sharing from government, adherence to the advised measures will stay high.

Very few respondents mention humanitarians (4%), religious groups (3%) and community groups (3%) as trusted information sources.

Measures applied



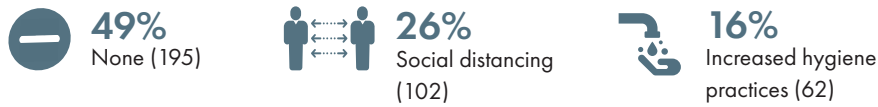
Respondents report that the virus containment measures perceived as most important are also those most widely applied: increased hygiene practices (handwashing, not touching your face, and coughing/sneezing into your elbow or a tissue), wearing a face mask, and social distancing, in line with findings from Fondation Hirondelle and UNICEF.⁸



⁸ This high level of compliance with the measures echoes the Fondation Hirondelle study, which found that 69% of respondents regularly wash their hands. The UNICEF report also highlights that 58% of young people comply with all preventative measures.

* Percentages do not total 100% because respondents could choose multiple options.

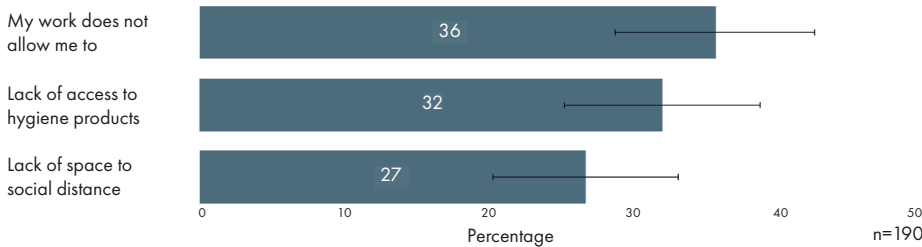
Which of these preventative measures do you find most difficult to do to protect yourself from the virus?* (n=400)



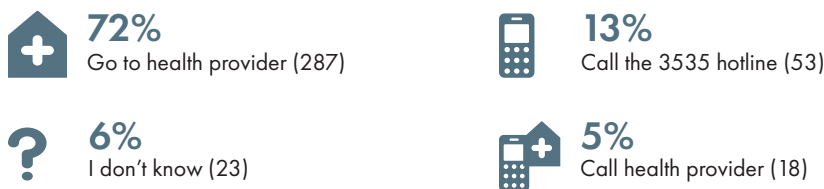
Almost half of respondents do not find it hard to comply with any of the measures. Social distancing seems to cause the most concern, among men (35%) more than women (15%). Men most frequently state that their job prevents them from being able to adhere to the advised measures (43%), which is less of a concern for women (23%) in line with common work practices.

Of course, people who do not have access to enough water may find it difficult to comply with some hygiene practices. According to a REACH report on vulnerabilities to COVID-19 in Kaya, the majority of respondents (93% of IDPs and 67% of non-displaced persons) do not have access to enough water to meet their basic needs, including handwashing.⁹ Those who have access to water may not have soap. According to REACH, half of the people assessed in Centre-Nord mainly wash their hands with just water.¹⁰

Why do you find this measure difficult?*

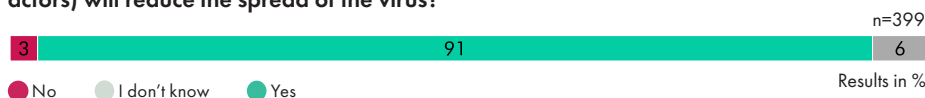


If/when you experience symptoms of COVID-19, what do you think you would do?* (n=400)



Perceptions gathered in our survey echo REACH's report on vulnerabilities in Kaya, in which people say they would go to a health centre, self-isolate, and call the hotline if a household member has COVID-19 symptoms.¹¹ These actions are in line with government health advice whereby the Burkinabé community is encouraged to get free testing if they experience Coronavirus symptoms and self-isolate if they test positive. Messaging also encouraged people to continue going to health centres for non-COVID-19 health issues while respecting mask and sanitation measures.

Overall, do you believe the measures that have been introduced in your country (by various actors) will reduce the spread of the virus?*



Men feel slightly more positively (96%) than women (85%) about whether the measures introduced in Burkina Faso will reduce the spread of the virus. 12% of women stated that they do not know if the measures will reduce the spread.

Key informants' perceptions

In Dori and Kaya, people say that increased hygiene practices, wearing a mask, and social distancing are widespread in their communities.

With high prices and limited availability, people say that accessing soap and water is difficult. The majority (69%) of key informants in Dori report a shortage of masks. They also say they are not used to wearing masks, which make breathing difficult. In Kaya, though, only 33% report such difficulty.

Over half (54%) of key informants in Kaya and 67% in Dori report that their communities have difficulty complying with social distancing.

"Masks prevent you from breathing properly." – Leader of a women's association in Dori, 13 August 2020

Key informants in Dori have mixed views on what they think their community members would do if they experienced COVID-19 symptoms: 40% believe they would call their health provider (5); 23% that they would go to a health provider (3); 23% that they would call the hotline (3); and 15% that they would self-isolate (2).

In Kaya, 60% of key informants think that members of their community would call the hotline (9), and 20% that they would call their health provider (3).

⁹ "Vulnerabilities to COVID-19 and impact of preventative measures: Burkina Faso Centre-Nord region, city of Kaya", REACH, May 2020 (in French), [link](#).

¹⁰ "Assessment of the humanitarian situation in the tri-border area: Burkina Faso – Centre-Nord region", REACH, June 2020 (in French), [link](#).

¹¹ "Vulnerabilities to COVID-19 and impact of preventative measures: Burkina Faso Centre-Nord region."

* Percentages do not total 100% because respondents could choose multiple options.

Economic impact

How has your ability to meet your basic needs changed since the virus started spreading in Burkina Faso?

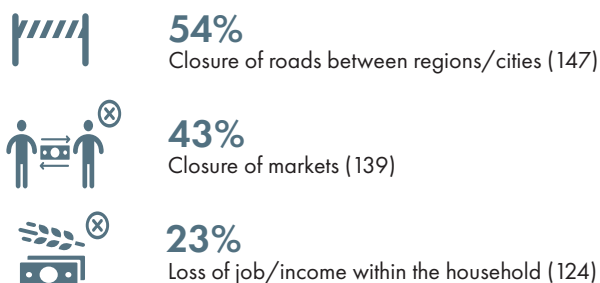


Men (72%) are slightly more likely to say their ability to meet their basic needs has worsened than women (65%), and IDPs are more likely to say so (75%) than host community members (67%).

If your ability to meet your basic needs has improved, what factors have contributed? (n=15)

Respondents who feel that they are better able to meet needs give three main reasons: increased aid and services (6), increased community support (5), and the positive impact on shops due to increased demand for certain goods (5).

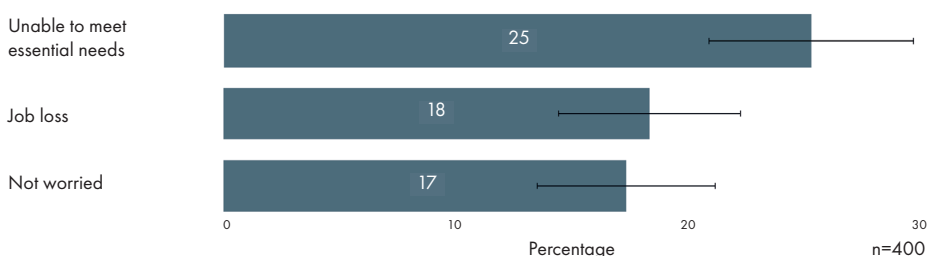
If your ability to meet your basic needs has worsened, what factors have contributed? (n=270)



The restrictions put in place between March and June have now been lifted, but the majority of respondents feel that the closure of markets and roads between cities are still negatively impacting their day-to-day lives. A Norwegian Refugee Council study found that these restrictions severely limited agricultural production and the movement of fresh produce. The resulting reduction in income is still felt today.¹²

At the commune level, people in Kaya are concerned about the closure of national borders (53%) while residents of Rollo (32%) and Tougouri (29%) say increased prices are making their lives difficult.

Currently, what is your main concern regarding how COVID-19 has affected your financial situation?



¹² "Downward Spiral: the economic impact of Covid-19 on refugees and displaced people," Norwegian Refugee Council, [link](#).

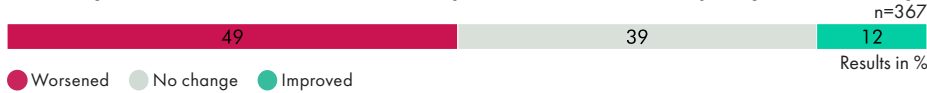
Key informants' perceptions

Key informants in Dori and Kaya report that their communities' ability to meet their basic needs has worsened. In Dori, this is mainly due to a reduction in humanitarian aid (88%), while in Kaya, key informants cite loss of employment (60%).

* Percentages do not total 100% because respondents could choose multiple options.

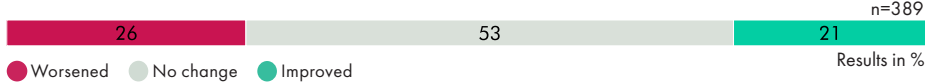
Social impact

How do you feel the COVID-19 crisis has impacted social relationships in your community?



Respondents feel that social distancing (53%) and lack of work/inability to work (43%) have strained social relationships, something of greater concern to IDPs (62%) than host communities (47%). Women are more likely to blame social strain on the lack of work (50%) than men (37%), who in turn mention social distancing (66%) more than women (37%).

How do you feel the COVID-19 crisis has impacted social relationships in your family?



At the family level, significantly more IDPs also state that the crisis has negatively impacted relationships (47%) than host community members (21%). Respondents say a lack of basic resources (food, non-food items, etc.) (55%) and social distancing (40%) are the main reasons for deteriorating family relationships.

Methodology

Participants

The API team of enumerators used a database of cell phone numbers from the Victory Against Malnutrition Plus (ViMPlus) project to randomly call cell phone numbers at the commune level. Everyone in this database received aid in 2019.

The survey targeted host community members and IDPs who receive aid. The final split by population was: 81% host community members, and 19% IDPs. We aimed for a 50:50 gender split. In the end, 47% of respondents were female, and 53% male. All respondents were 18 years old or above.

For the key informant surveys, we surveyed 28 community leaders in Kaya (15) and Dori (13). We targeted key informants who represent or make decisions within their community, such as religious leaders, IDP group leaders, neighbourhood leaders, and leaders of women's associations.

Locations

We selected the Centre-Nord region for phone surveys according to the following criteria: 1) the level of assistance provided (number of humanitarian actors working on the front line of the response); 2) the size of the affected population (host communities and displaced persons); and 3) access to a phone number database.

To avoid assessing a single cluster or agency, we selected communes based on the range of humanitarian agencies in the region, using OCHA's operational presence maps.¹³ We chose the following communes: Bourzanga, Rollo, Tougouri, Yalgo, Barsalogo, and Pissila. Given frequent population movements and the nature of our data collection (phone surveys), we also ended up surveying a few respondents in Mané and Kaya.

We chose the communes of Kaya and Dori for key informant surveys because face-to-face surveys in Kaya (Centre-Nord region) provided responses that could be compared with those collected over the phone. In addition, the Sahel region, including the commune of Dori, is one of the areas of Burkina Faso with the highest humanitarian needs. As such, conducting



"People are offended when I want to maintain social distancing." – Man, Pissila, 28 August 2020



"People who touch each other are stigmatised." – IDP group leader, Dori, 11 August 2020

¹³ "Burkina Faso : Présence Opérationnelle," OCHA, 26 February 2020, [link](#).

* Percentages do not total 100% because respondents could choose multiple options.

key informant surveys in this region is in line with Ground Truth Solutions' objective to collect the views of those who are most in need.

Reading this report

For each bar chart, error bars are included to indicate the margin of error at the 95% confidence level. They represent our estimated confidence level, given the sample size. The maximum margin of error for the binary questions is +/- 5 percentage points.

The results are disaggregated (by gender, commune, population, or age) if the data differs greatly from the aggregate result.

This report cites various studies that have already been published on COVID-19 in Burkina Faso. Given the different methodological approaches used in each report, Ground Truth Solutions does not claim that our data and these reports are directly comparable. Instead, our objective is to compare different perspectives to offer a more well-rounded view of the situation.

Data confidentiality

To maintain the respondents' anonymity and guarantee the confidentiality of the information and contact details shared by the humanitarian partners, we store the database of informants securely on the Ground Truth Solutions servers. GTS will only use the informants' contact details as part of its activities in Burkina Faso and will not share them with a third party.

Limitations

At the time of the survey, there were very few COVID-19 cases in the Centre-Nord and Sahel regions. As such, respondents' responses were probably more focused on the restrictions in place against COVID-19 than health-related problems.

Given our primary survey was a phone survey, responses are from people who own or have access to a phone. These respondents represent a small subset of the population receiving aid in the Centre-Nord region.

Other potential limits of phone surveys include: (1) the inability to build a rapport with the respondent, compared with face-to-face surveys, may make respondents less trusting of the enumerator and less at ease to answer honestly; (2) due to the security situation in Burkina Faso, respondents indicated that they are afraid of unknown callers, as such, their fear may have influenced their answers; (3) the phone surveys had to be short to avoid high attrition rates, which means there is a lack of qualitative data; and (4) although we asked respondents to find somewhere private to answer our questions, we could not guarantee that they were alone and, as such, that their responses were not influenced by those around them.

Due to data collection constraints, some groups of key informants may be overrepresented in the key informant surveys. Although the final sample is not representative of the affected populations' perceptions, the data collected reflects the perceptions of key informants in the communes of Kaya and Dori. To overcome the limitation of representativeness, we triangulated key informants' perceptions with our phone survey.

Also, as with any interview, there are risks that respondents do not provide honest answers. In the case of key informants, there may be a variety of reasons why they may overexaggerate or understate their impressions of their communities, either to present them in a more positive light due to social pressure or to present them in a more negative light in the hope they might receive more aid and support. These factors must be taken into account when reading the findings. Once again, to overcome this limitation, we triangulated key informants' perceptions with our phone survey.

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This report is also available in [French](#).

For more information on Ground Truth Solutions' surveys in Burkina Faso, please contact Elise Shea (elise@groundtruthsolutions.org) or Marie-Françoise Sitnam (marie-francoise@groundtruthsolutions.org).

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