



# The Socio Economic Impacts of COVID-19 in Burkina Faso

Results from a High Frequency Phone Survey of Households

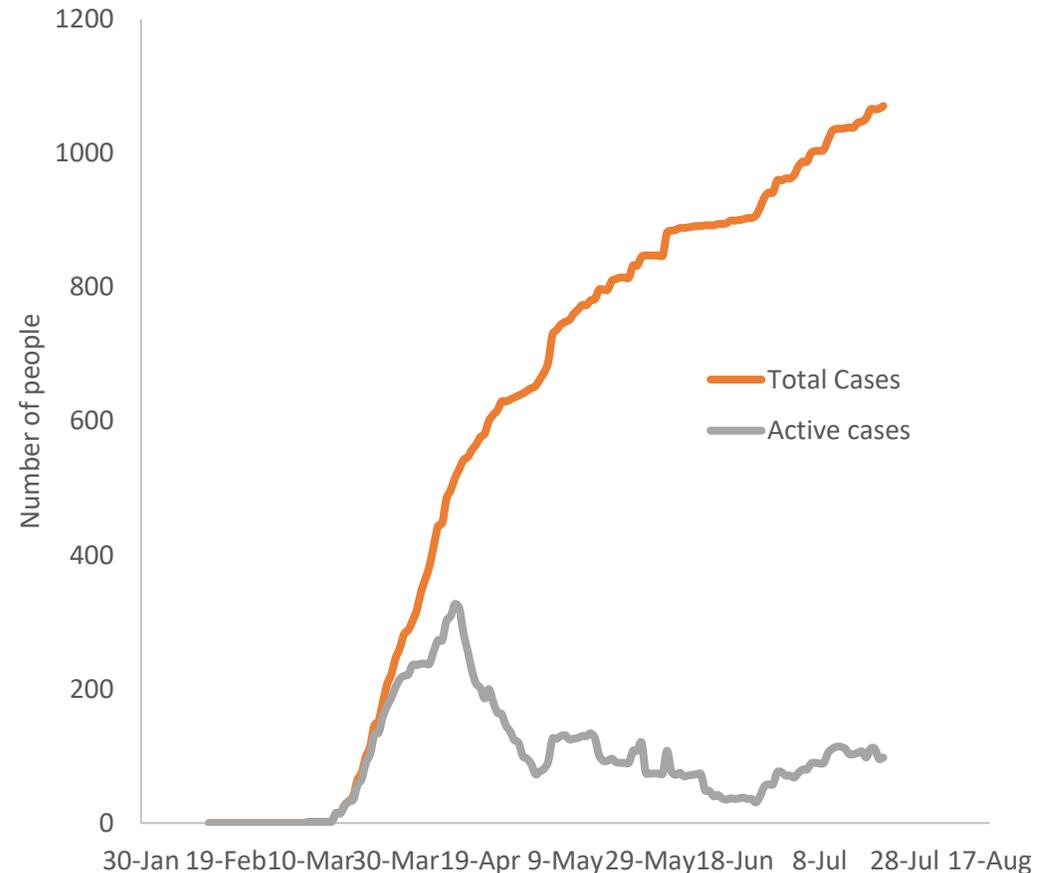
Round 1

August 12, 2020

# Background

- The Covid-19 – a respiratory disease caused by a novel coronavirus – which was detected in Wuhan, China in December 2019 became a pandemic in early March 2020, impacting societies and the economy at a global scale.
- Burkina Faso confirmed the first patient on March 9<sup>th</sup>, 2020.
- As of August 9<sup>th</sup>, 2020, the country has a total of 1,213 confirmed cases.
- Luckily the country experienced only 54 deaths and 995 patient recoveries, as a result, as of August 9<sup>th</sup>, 2020, there are only 164 active cases.

## COVID-19 CASES IN BURKINA-FASO

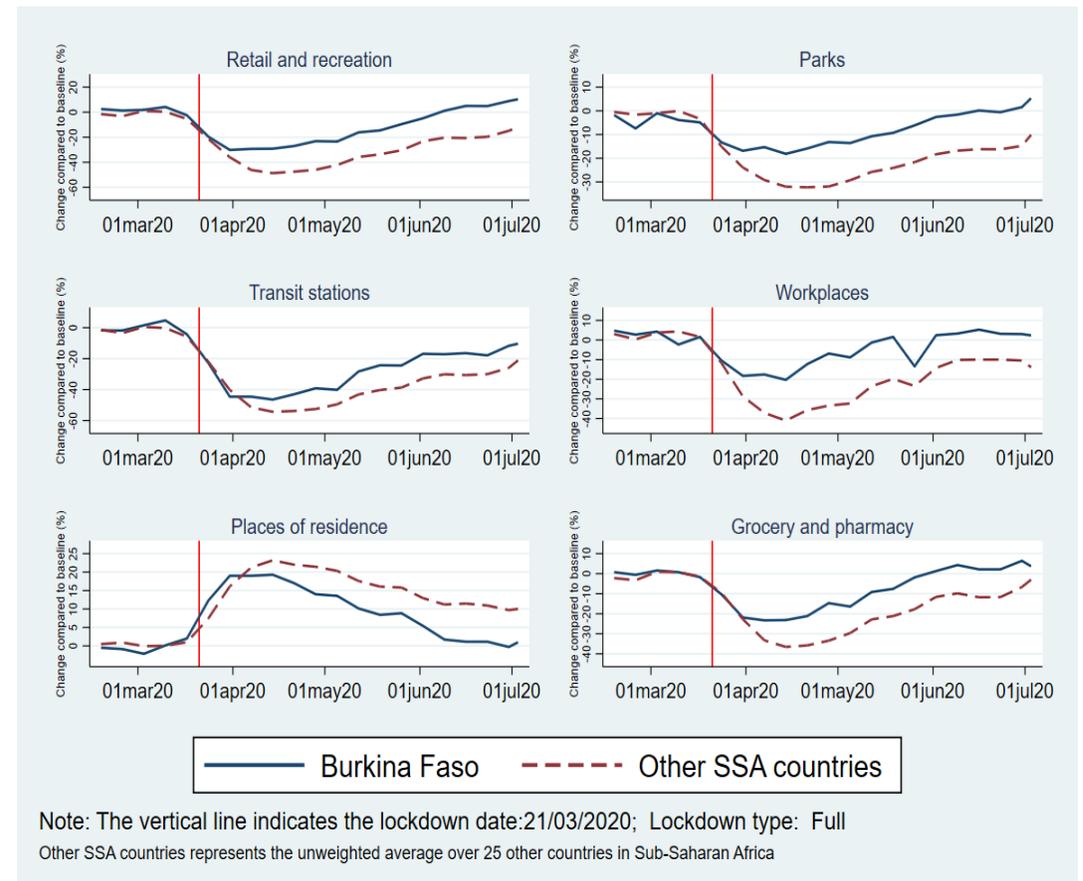


# Background (cont.)

To contain the pandemic, the Government took social distancing measures...

- These measures include:
  - Movement & Visa restrictions
  - Schools closure
  - Health screenings in airports and border crossings

...resulting in limited mobility

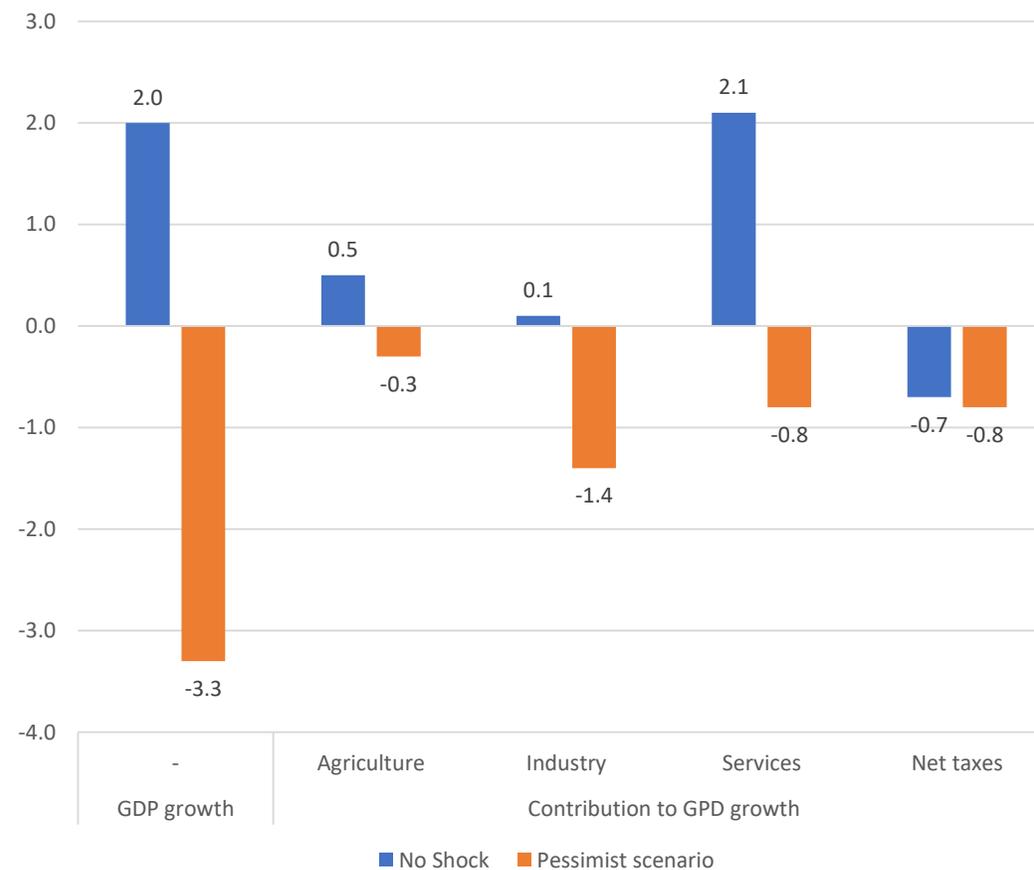


Source: Burkina Faso COVID-19 Mobility Factsheet (David Newhouse et al.; July, 2020)

## Background (cont.)

- Though the human cost of Covid-19 in Burkina-Faso is still limited, the immediate economic cost is likely to be significant.
- The WB is projecting a negative growth due to the COVID-19.
- Beyond the health response, the Authorities are yet to design and implement emergency measures to mitigate socio-economic impact of COVID-19.
- Other countries around the World are taking bold actions such as:
  - Scaling up of existing social protection
  - Providing unemployment benefits
  - tax relief
  - Etc.

**World Bank GDP growth projections in 2020**



Source: World Bank, Economic Update (June 2020)

# Objectives of the High Frequency Phone Survey of Households

- To monitor the socio-economic impacts of the COVID-19 pandemic with a focus on earnings, employment, health, education, food security, as well as coping strategy, including safety nets.
- The survey instrument was designed to be country specific, but also to allow for international comparisons given that the WB has launched similar initiatives in several countries around the World.
- The WB worked jointly with the *Institut National de la Statistique et de la Démographie* (INSD) for the design and implementation of the survey.

# Key Findings (I)

## Knowledge and Behavior

- Majority of respondents have a good knowledge of social distancing and preventive measures that one can adopt to reduce the risk of infection with COVID-19.
- ...and they frequently apply these preventive measures and recommended social behaviors.
- Respondents are not aware of all actions taken by authorities to curb the spread of the virus; only four actions are named by the majority: closure of markets, yaars, restaurants and bars; closure of places of worship; curfew/lockdown; and ban on gathering of 50 people or more.

## Access to food, education and health services

- About **1 in 4** households reports that at some point during covid-19, they were unable to access basic food. Unavailability of staple foods was driving mainly by maize, particularly in the southern part of Burkina Faso. A wide range of reasons prohibited access to food: market closure, price increase, limited stock, and lack of transport means. Transport issues are mainly in Ouagadougou; price issues are more severe for poor households.
- A high proportion (**9 in 10**) of students remain intellectually active during the Covid-19. They are leveraging mainly on ICT (**53.4%**).
- Only **1 in 4** students is in touch with his/her teacher. Despite a need for social distancing, most of those in touch with their teacher are maintaining physical contact, especially those in other urban/rural and the poor. Use of ICT as communication tool is more pronounced in Ouagadougou and for non-poor.
- Since March 16th, **2 in 5** households declared that they needed health service, mainly because of malaria/fever. The vast majority of those who needed health services were able to get treatment, a sign that there was no disruption in the provision of health services. It is important to note that the questionnaire is not very clear, so treatment could include “traditional treatment”, and/or “self-treatment”.
- A combination of supply and demand factors affect ability to access health services when needed; but affordability represents the biggest constraint, especially for the poor.

# Key Findings (II)

## Employment and Income

- Around **10%** of respondents used to work before the Covid-19 outbreak but are not working now. Fear of Covid-19 is the second most important reason for stopping work.
- The economic slowdown due to the COVID-19 has translated in an economywide reduction of income; most employees, non-farm businesses and farm activities experienced a reduction of income.
  - Wage earners who were not able to work as usual were directly affected by reduction of their income as they were not paid.
  - The vast majority of non-farm businesses (**72.5%**) experienced a reduction of income since March 16<sup>th</sup>. Non-farm businesses operating in industry and services were most affected. Closure due to Covid-19 and lack of customer are the main reasons for the lower income of non-farm businesses.
  - Since mid-March, most farmers (**90.1%**) are having difficulties in their activities mainly due to seasonality and Covid-19 related restrictions.
  - Close to half of farmers reports a reduction of prices at which they sale their products. WFP reported in April that food items prices were generally stable despite increase in transport costs. Lower farm gate prices, higher transport costs and stable market prices, point to a possible transmission of increase transport costs to farmers. It means the way COVID affects prices along the value chain will mainly harms farmers (or net producers).
- About **1 in 5** households used to receive remittances from family/friends, and for most, the amount received has reduced since the Covid-19 outbreak.

# The Survey

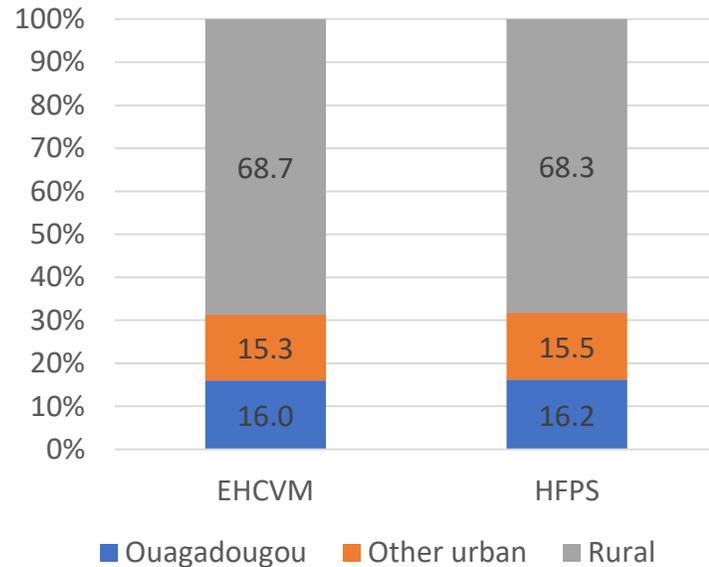
01

# Methodology

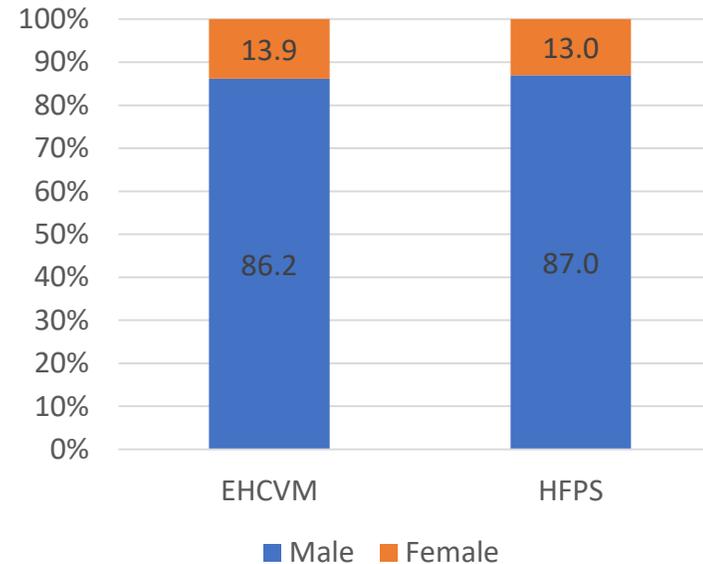
Approach	A phone survey using a sub-sample of the valid household phone numbers (6,877 households out of 7,010 have valid phone numbers) gathered as part of the 2018/19 Harmonized Living Conditions Household Survey (EHCVM).
Sample size	To account for non-response and attrition, 2,500 households were selected out of which 2,062 were contacted; and survey was successfully completed for 1,968 households were fully interviewed during the first round of interviews (82.5% response rate).
Coverage	National, Ouagadougou, other urban, and rural areas.
Survey period	June 9 <sup>th</sup> to July 1 <sup>st</sup> , 2020 (First of 12 Survey Rounds)

The sample distribution of High Frequency Phone Survey (HFPS) is similar to that of the Harmonized Living Conditions Household Survey (EHCVM).

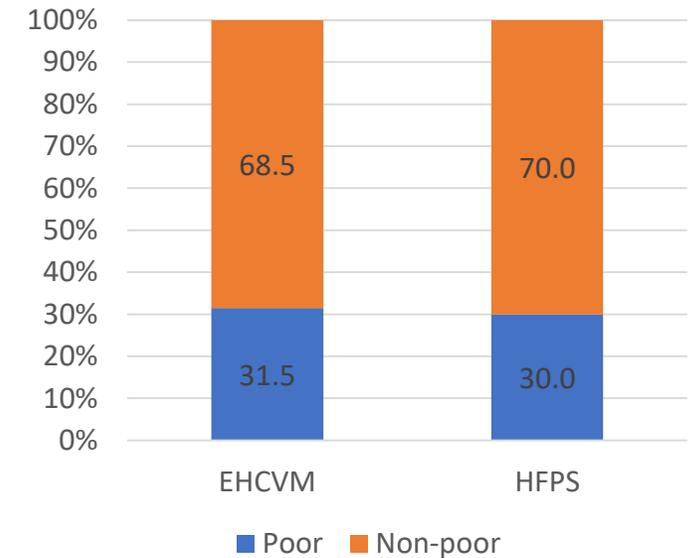
**Sample households by location**



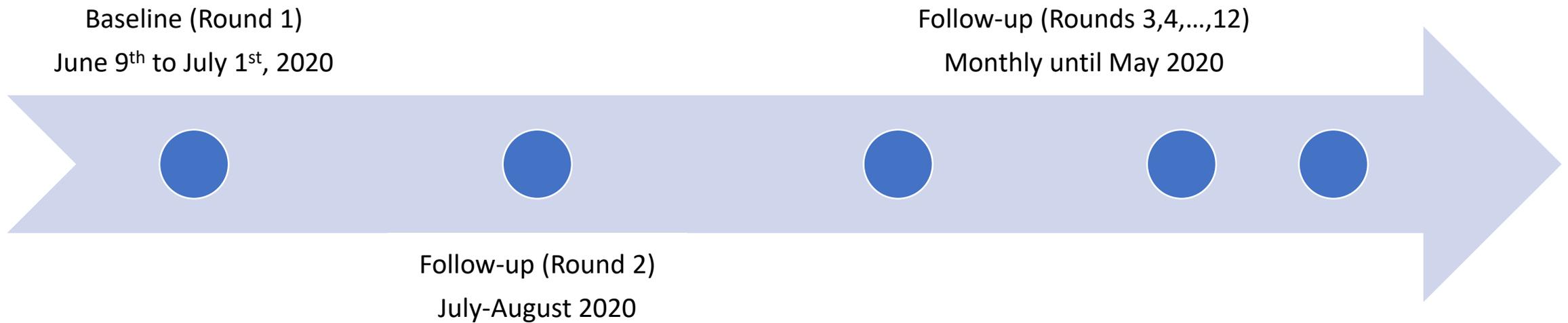
**Sample households by household head gender**



**Sample households by poverty status**



# Implementation plan

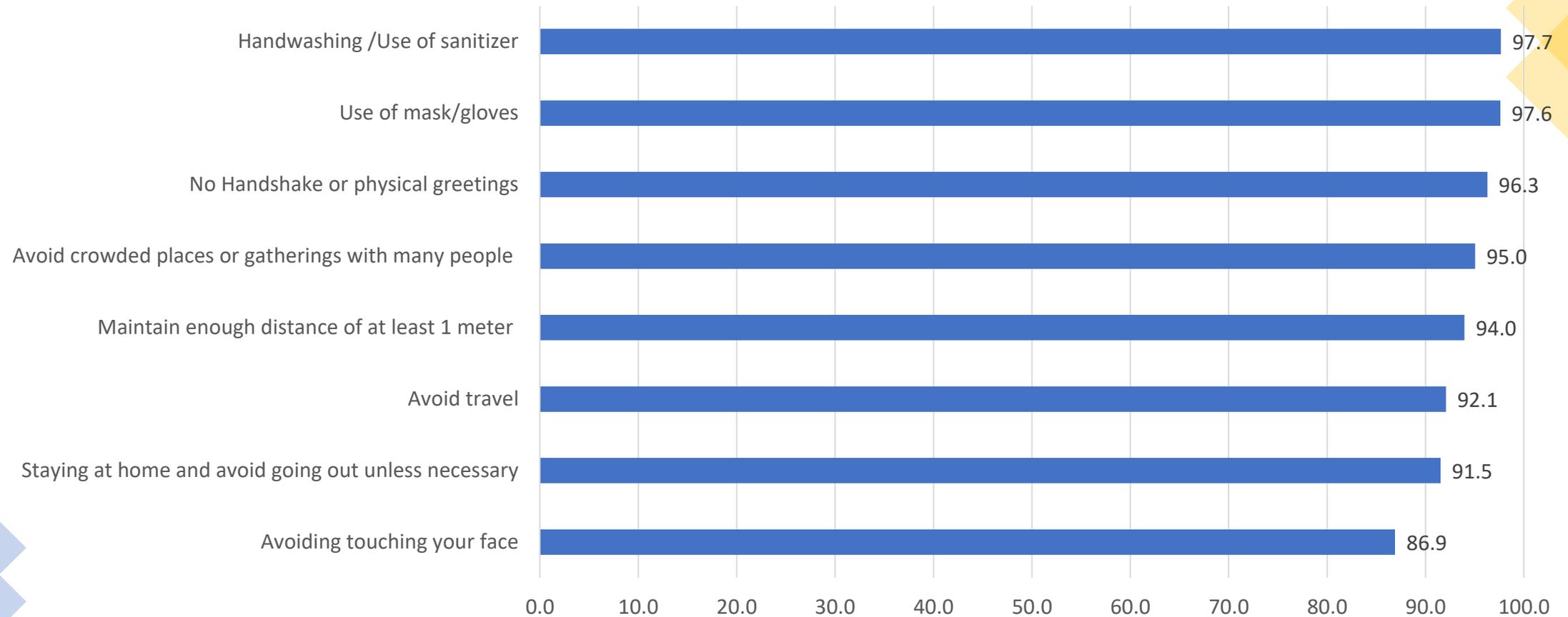


# Knowledge & Behavior

# 02

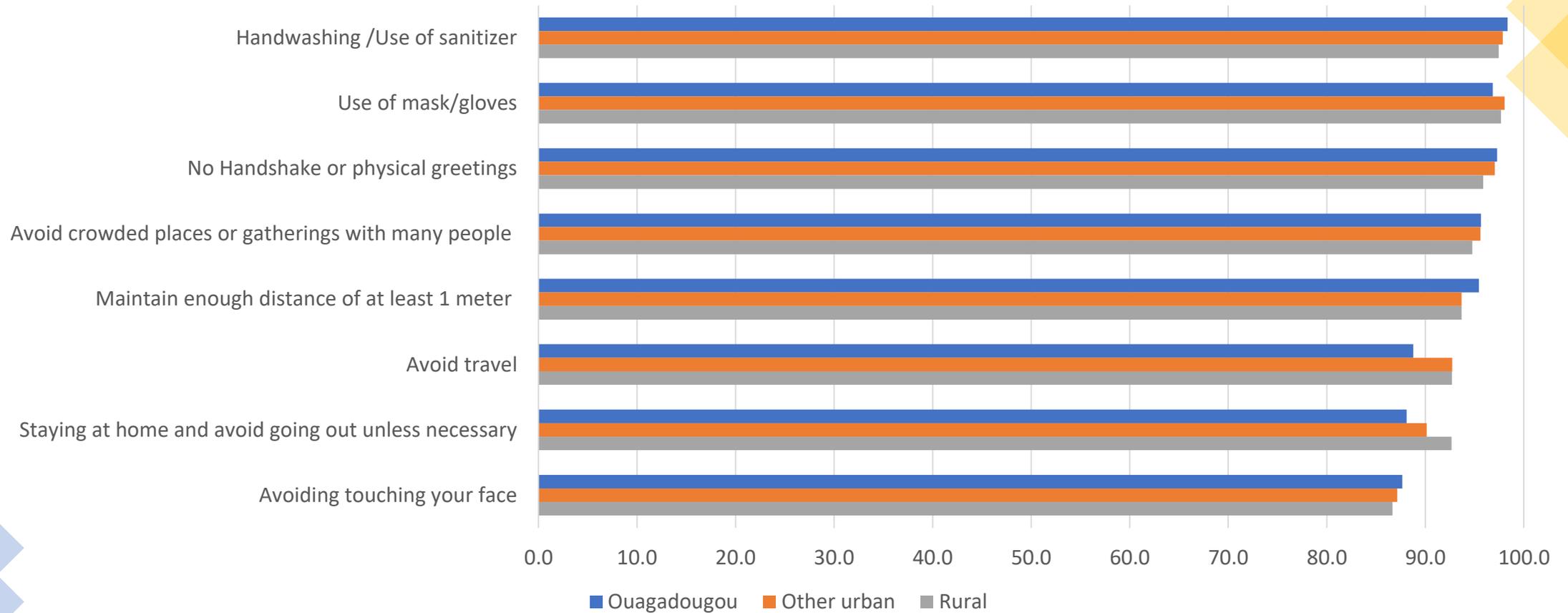
# Majority of respondents have good knowledge of preventive measures & recommended social behaviors

***“What steps can you take to reduce the risk of infection with coronavirus?”***



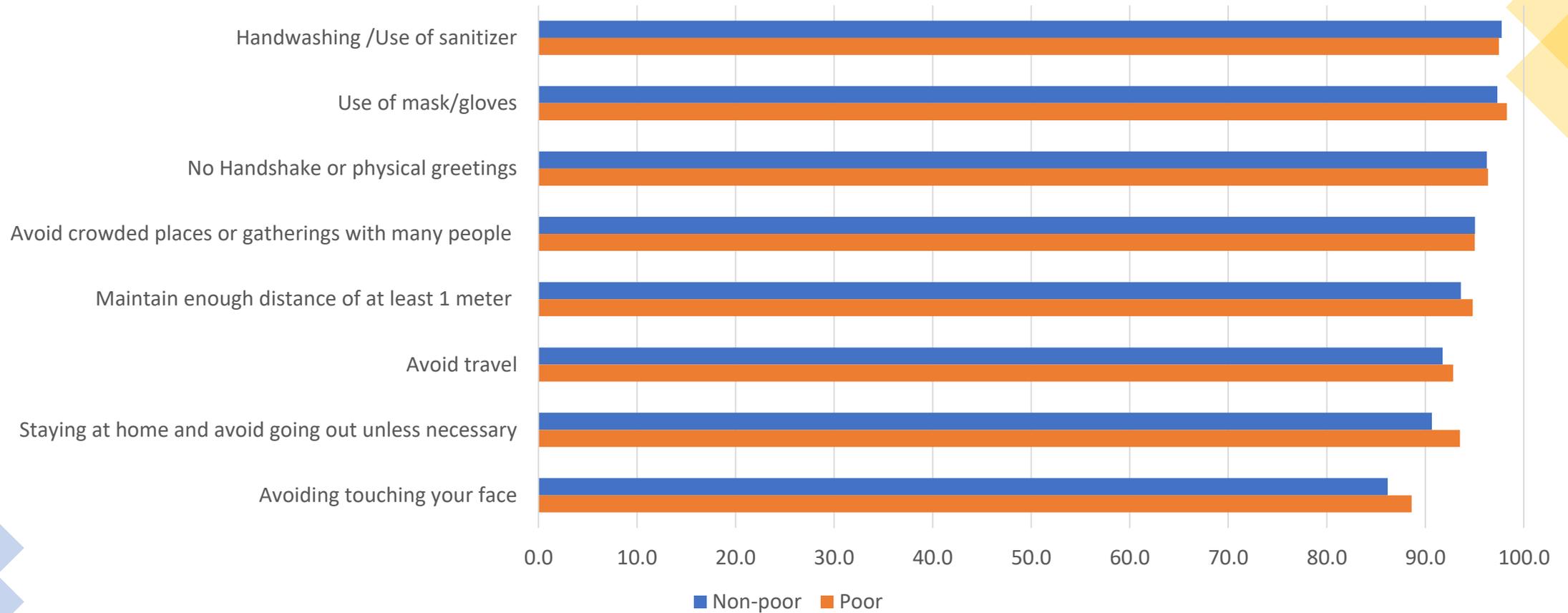
....with little differences by location

***“What steps can you take to reduce the risk of infection with coronavirus?”***



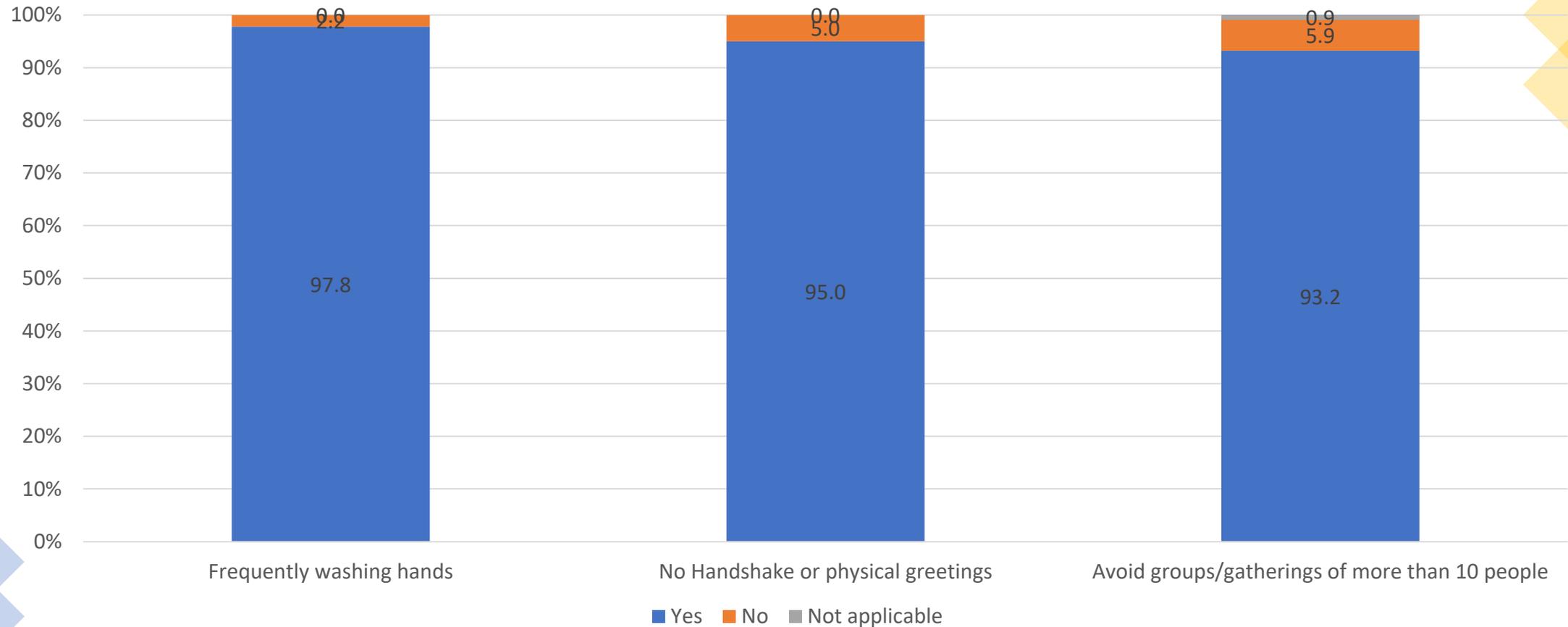
....with little differences across welfare distribution

***“What steps can you take to reduce the risk of infection with coronavirus?”***



...and they frequently apply these preventive measures & recommended social behaviors.

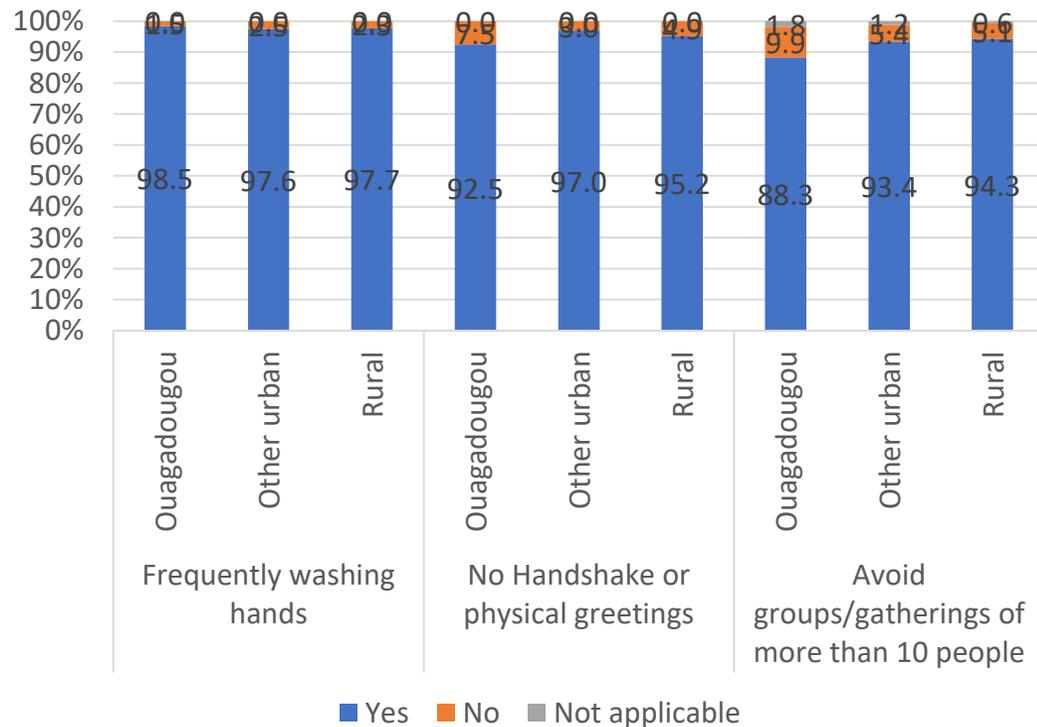
***“Since March 09, 2020, are you applying any of the following preventive measures or social behavior?”***



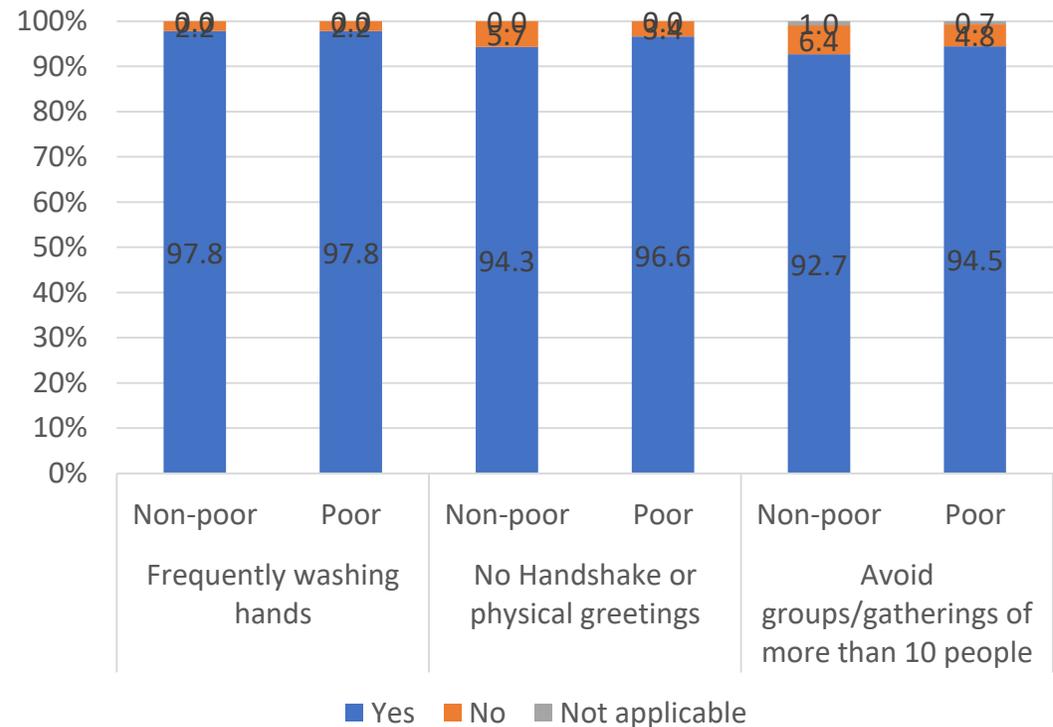
# ...with very little difference across location and poverty status.

*“Since March 09, 2020, are you applying any of the following preventive measures or social behavior?”*

**Some minor differences on handshaking and crowding between urban and rural areas (esp. Ouagadougou)**

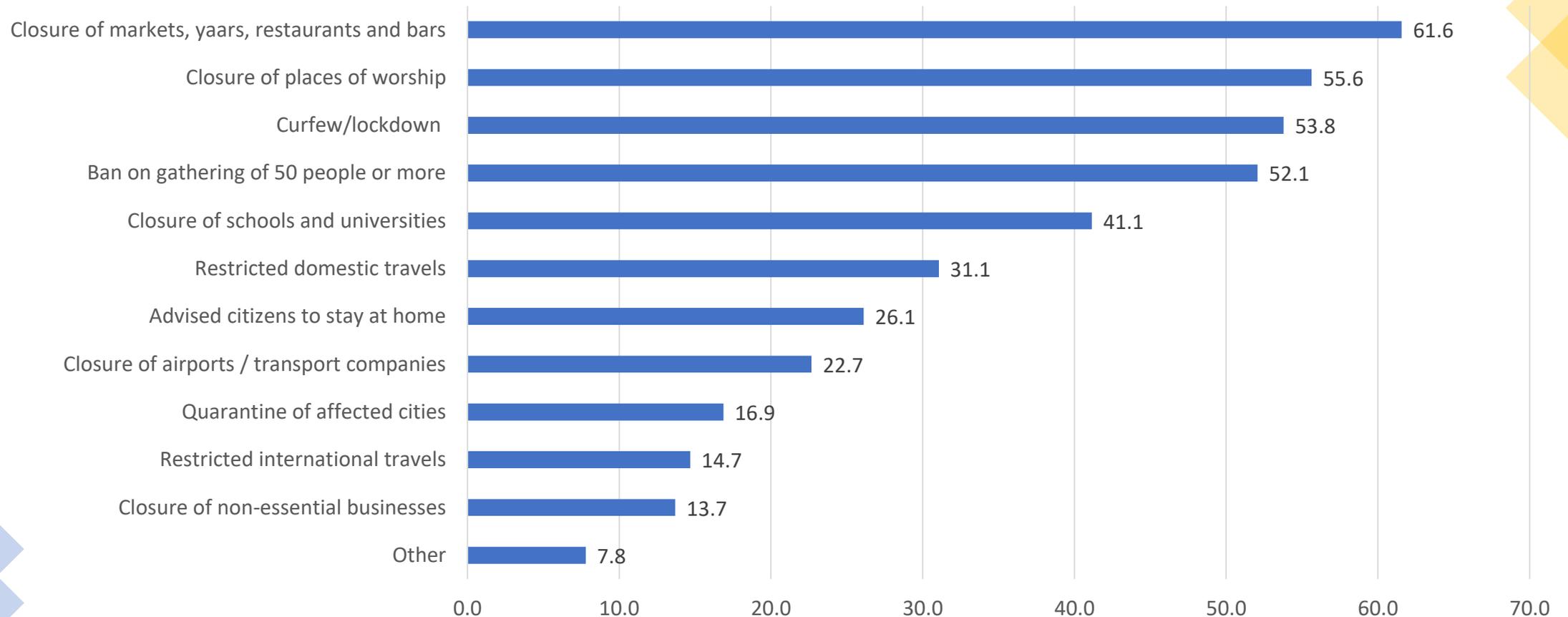


**...Some minor differences on handshaking and crowding as well between poor and non-poor**



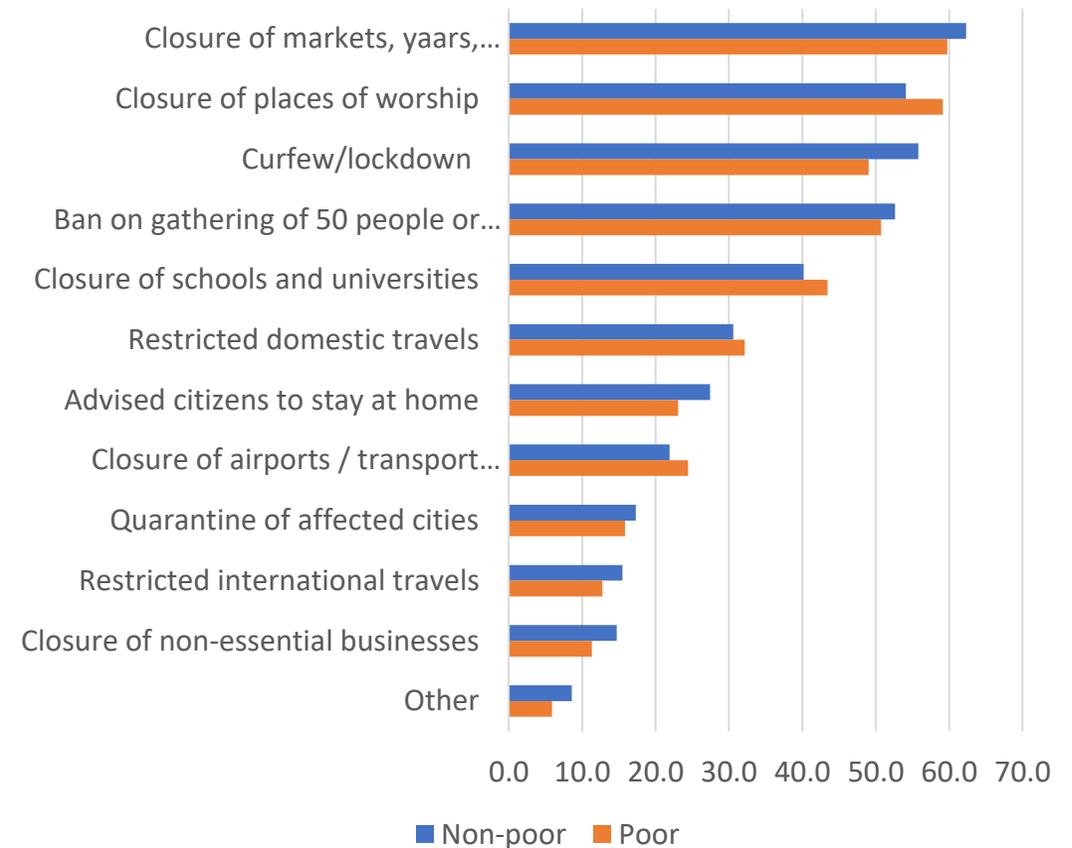
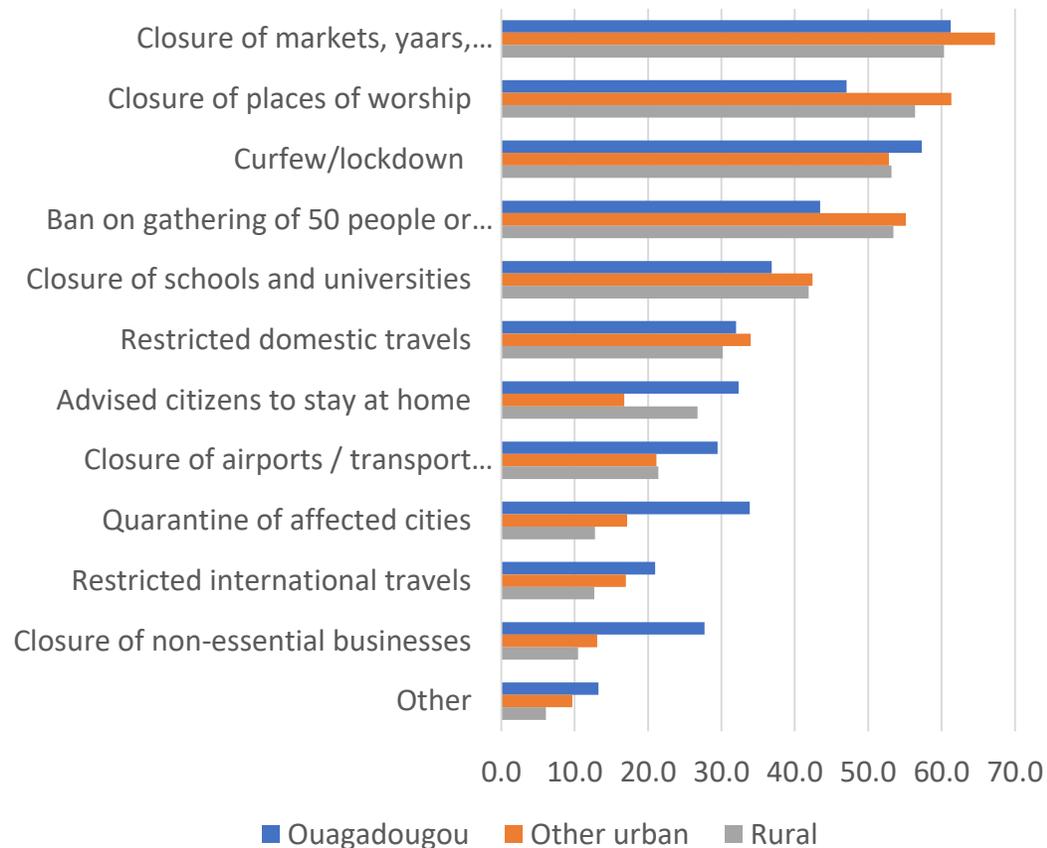
Respondents are not aware of all actions taken by authorities to curb the spread of the virus; only four actions are named by the majority

***“What steps has the government/local authorities taken to curb the spread of the coronavirus in your area?”***



...with some differences across location and poverty status

*“What steps has the government/local authorities taken to curb the spread of the coronavirus in your area?”*

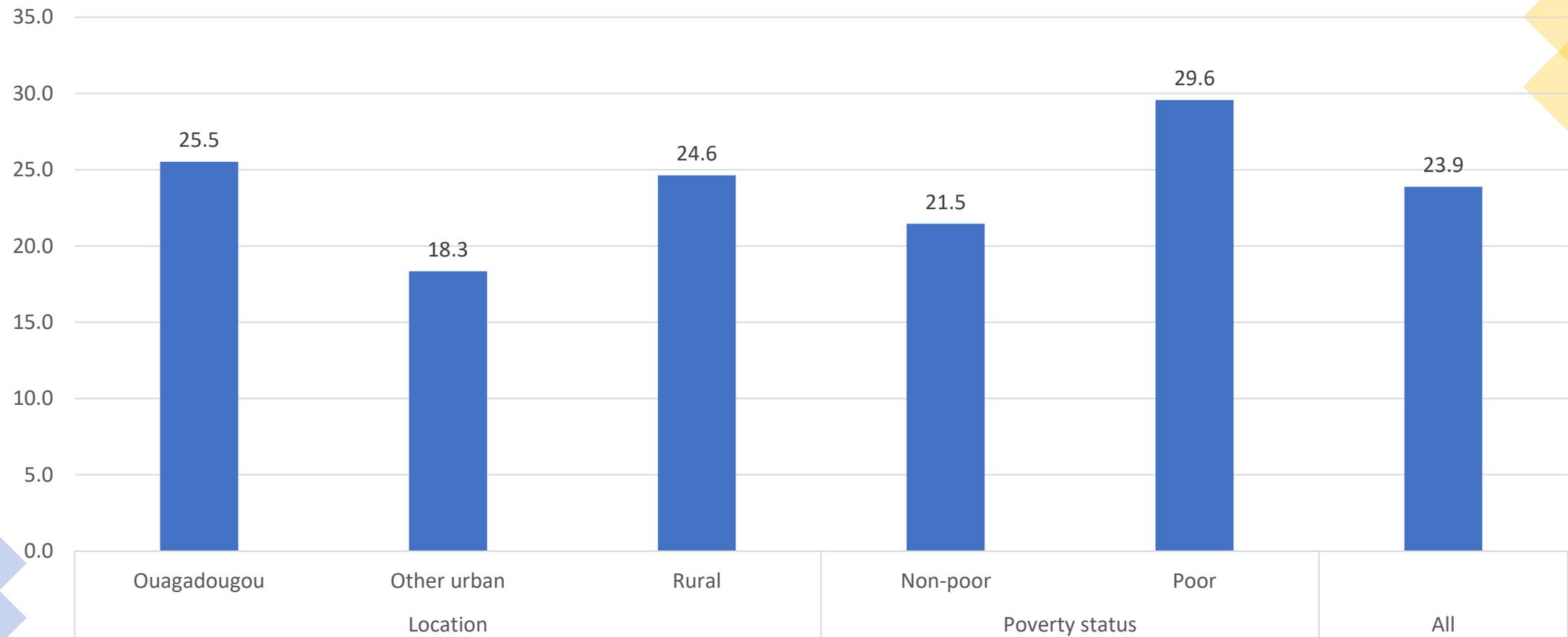


**Access to food  
& Social  
Services**

**03**

# About 1 in 4 households reports that at some point during covid-19, they were unable to access basic food

*“Since march 16, 2020, was your household able to buy staple food ?” (share saying No)*

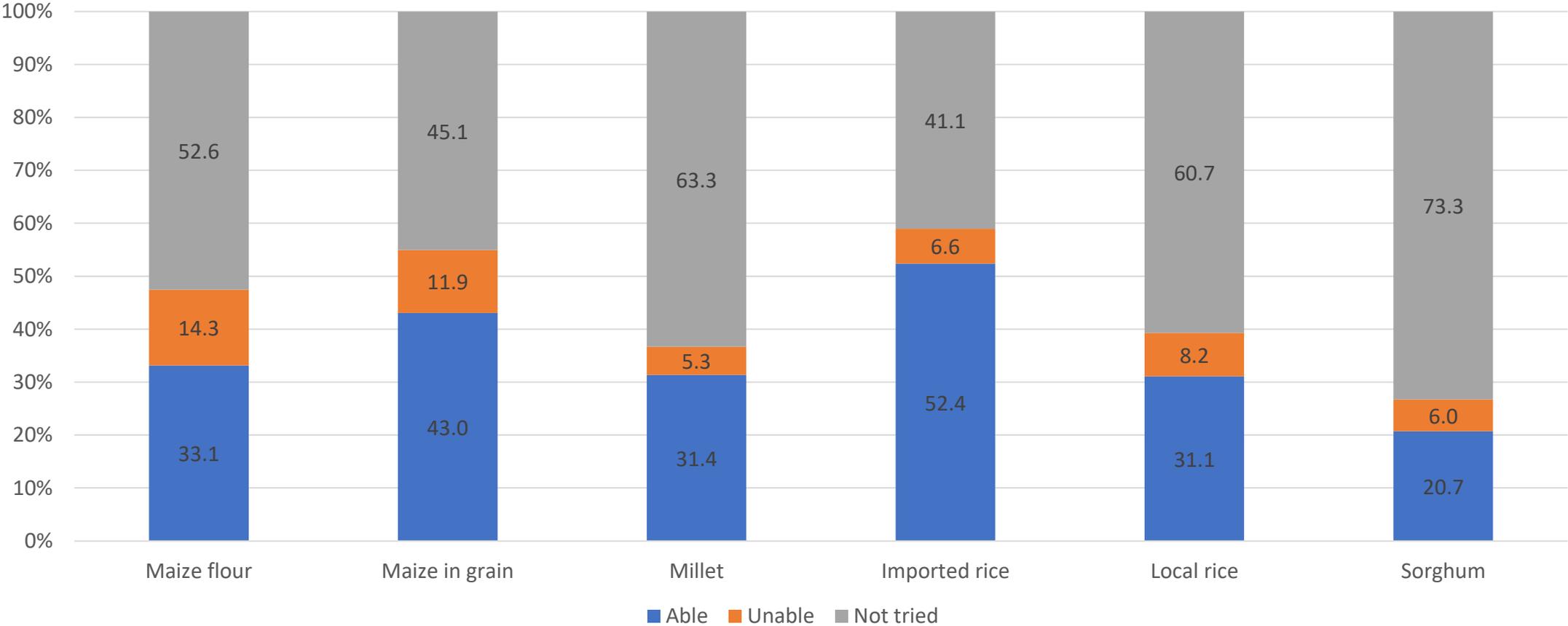


Given the consumption habits, the staple foods considered for this study are:

- For Ouagadougou: Imported rice/Maize in grain/Corn floor
- For other urban areas: Maize in grain / Imported rice /Local rice
- For rural areas: Maize in grain /Sorghum/Millet

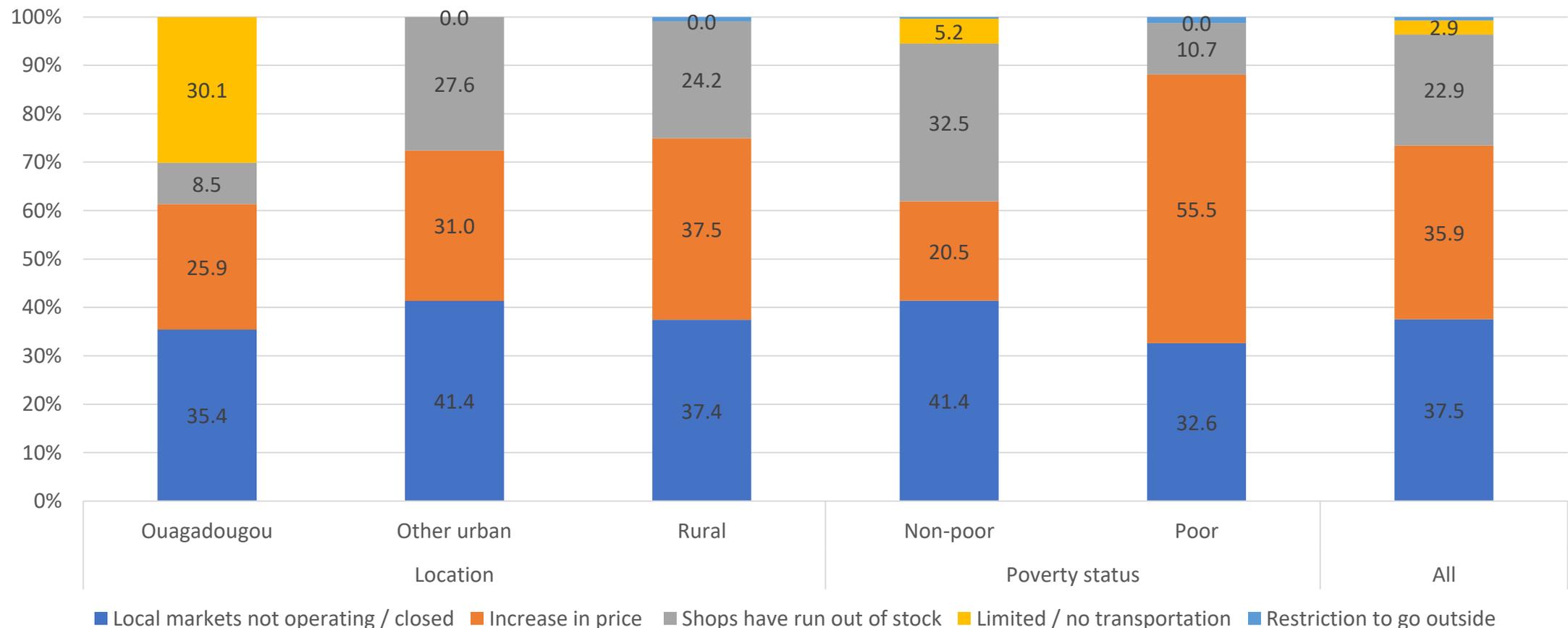
# Unavailability of staple foods was driving mainly by maize (in grain or flour), particularly in the southern part of Burkina Faso

*“Since march 16, 2020, was your household able to buy staple food ?”*



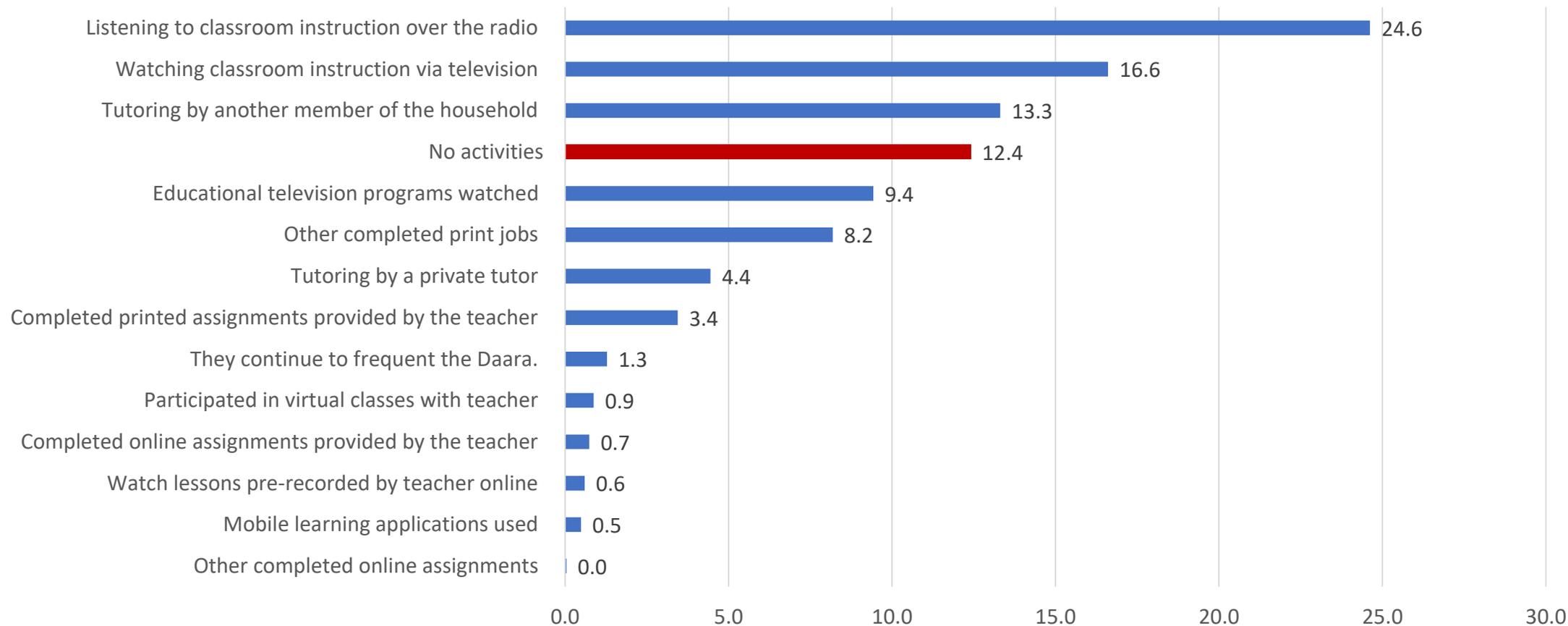
A wide range of reasons prohibited access to food: market closure, price increase, limited stock, and lack of transport means. Transport issues are mainly in Ouagadougou; price issues are more severe for poor households.

***Reasons not being able to access basic food items varied across location and poverty status***



# A high proportion (9 in 10) of students remain intellectually active during the Covid-19. They are leveraging mainly on ICT (53%)

*What types of educational activities have these children who were in school been engaged in since the educational structures were closed?*

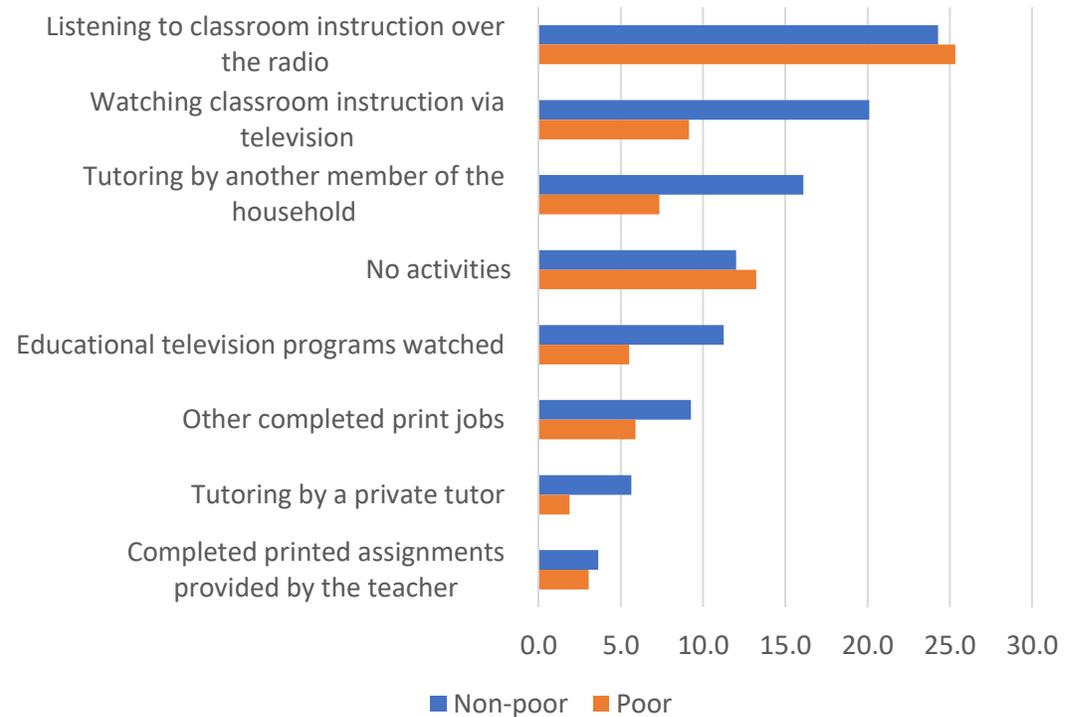
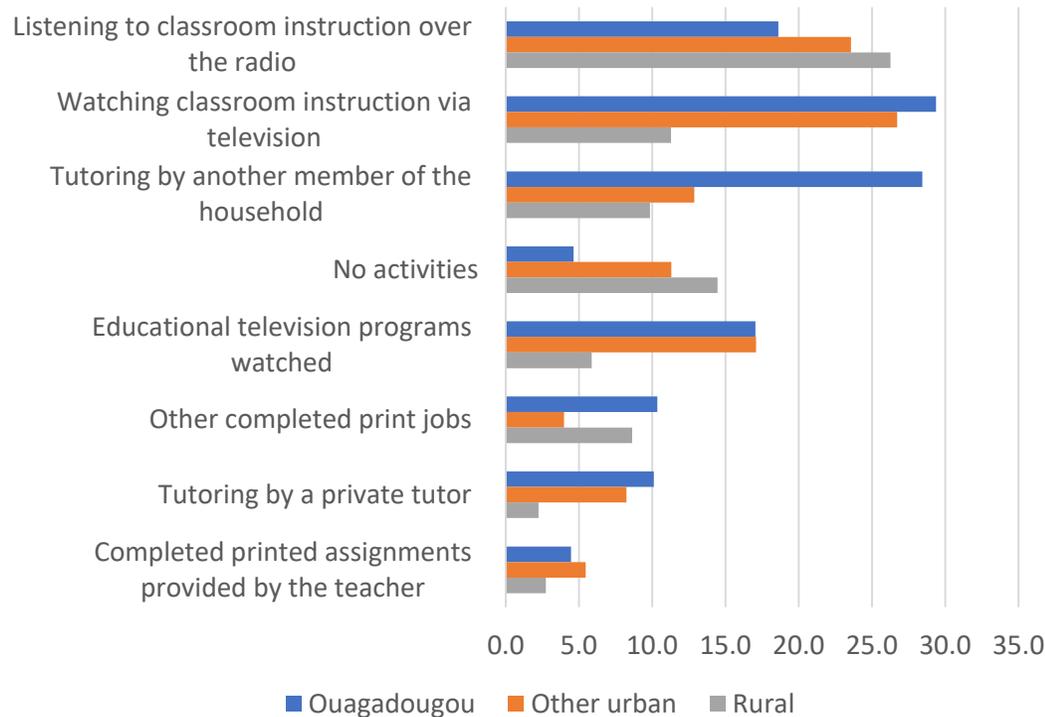


Location and poverty status do matter in the way students engage in learning activities. This can be explained by the spatial pattern of electricity coverage and asset ownership (urban/non-poor people have higher chance to own a TV, while rural/poor people own radio).

***What types of educational activities have these children who were in school been engaged in since the educational structures were closed?***

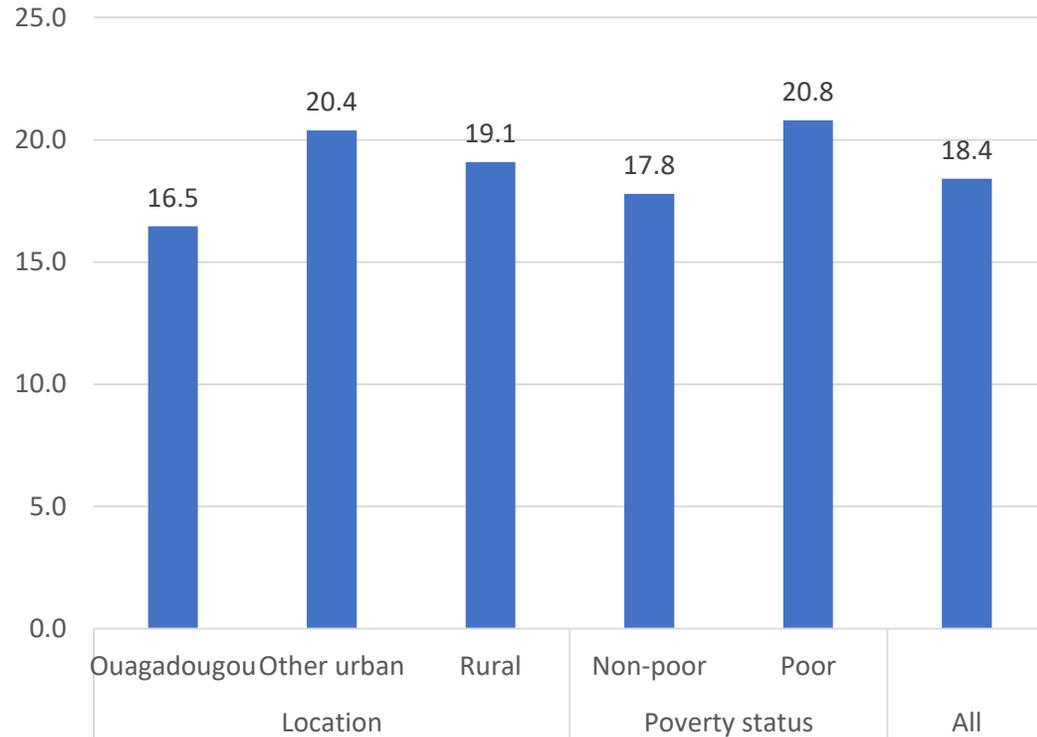
**Those in Ouagadougou are more likely to rely on tutoring by another family member; and those in other urban/rural areas are more likely to do nothing or to rely on radio. The use of TV is more pronounced in urban areas.**

**Non-poor students are more likely to rely on TV, tutoring by another family member, and private tutor.**

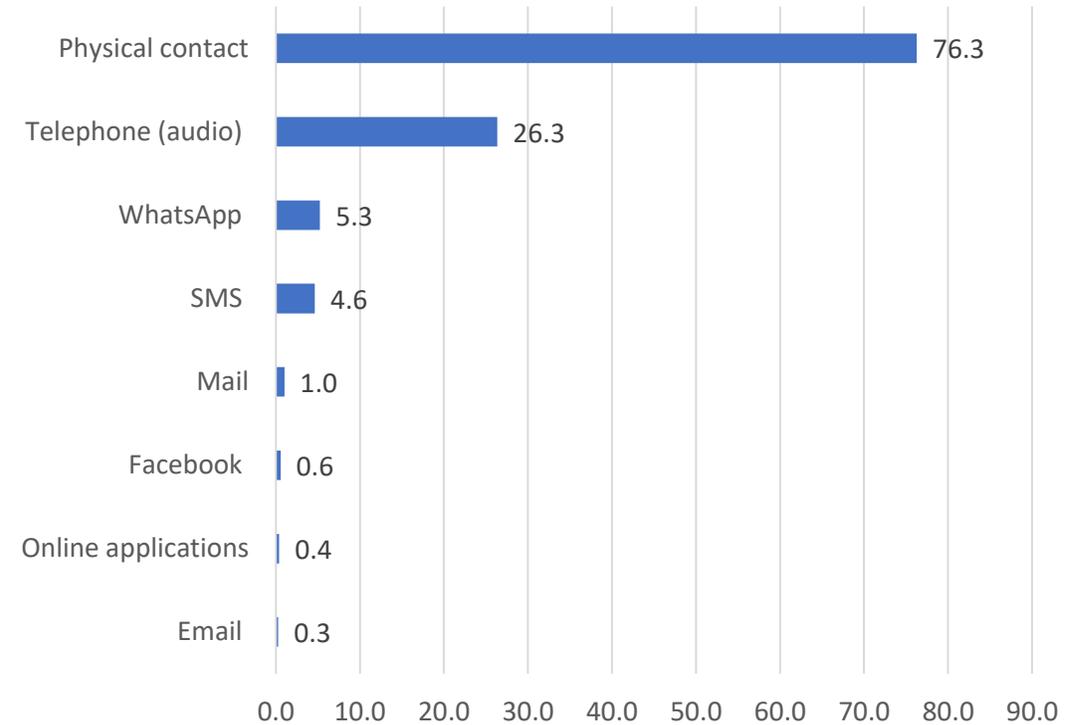


# Only 1 in 4 students is in touch with his/her teacher

**Proportion of students that remain in touch with their teacher**

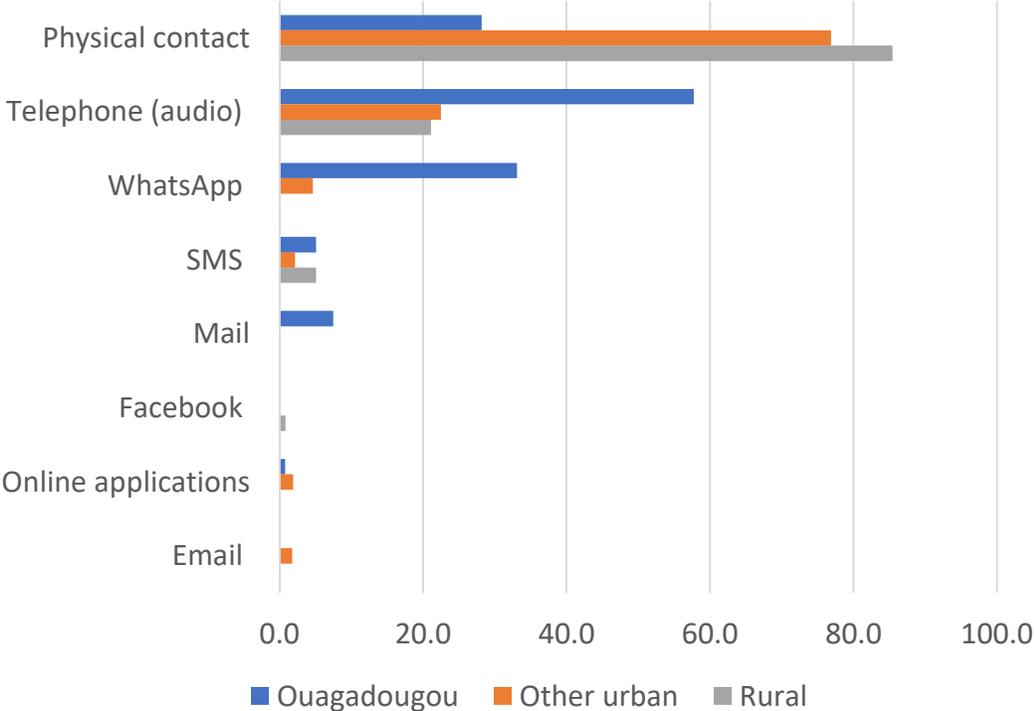


**Despite a need for social distancing, most of those in touch with their teacher are maintaining physical contact**

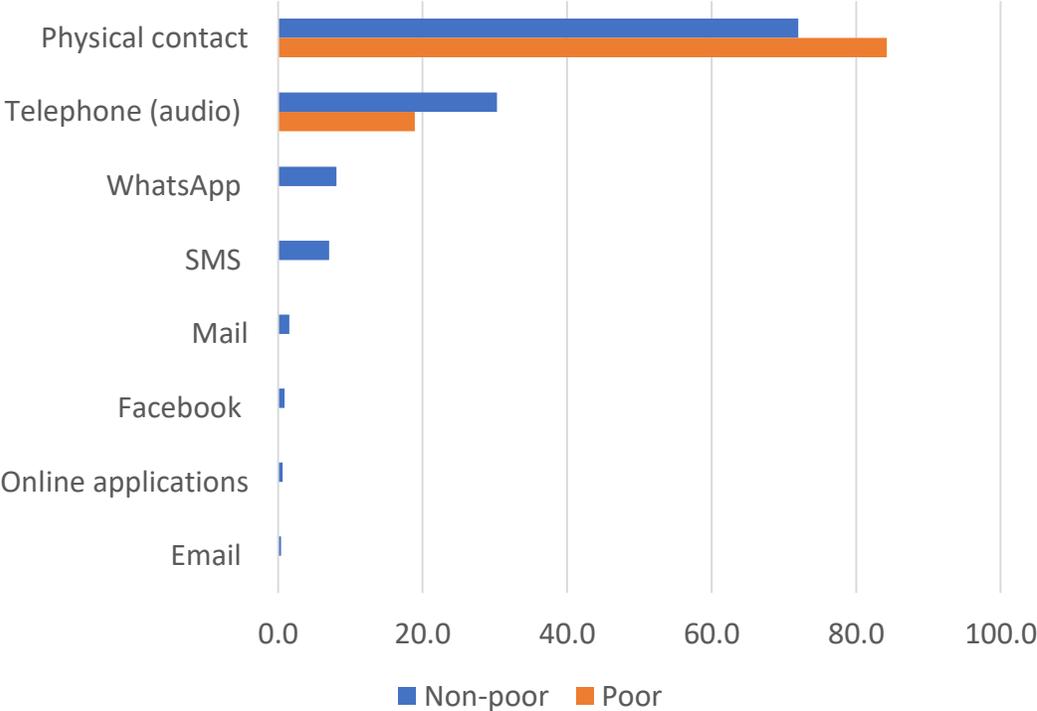


Those is other urban/rural and the poor are more likely to keep physical contact with their teacher. Use of ICT as communication tool is more pronounced in Ouagadougou and for non-poor.

**Mean of communication with the teacher by location**

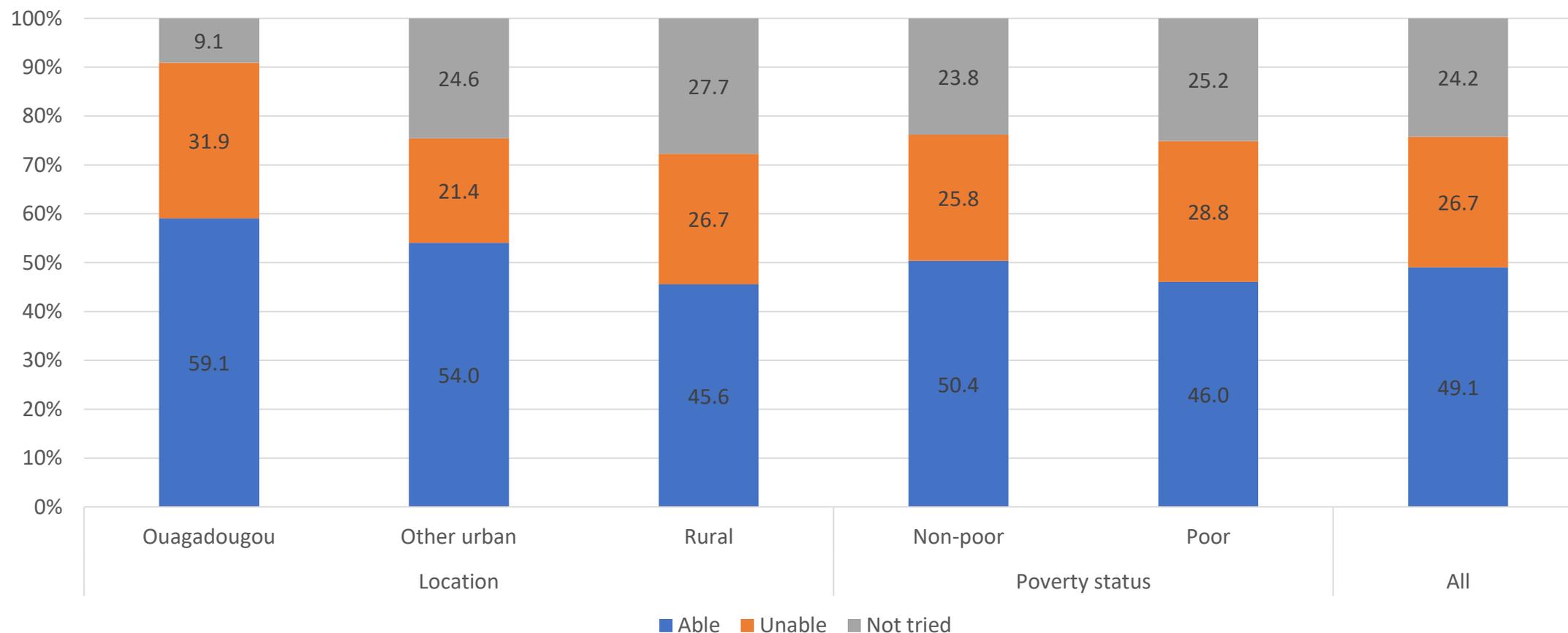


**Mean of communication with the teacher by poverty status**



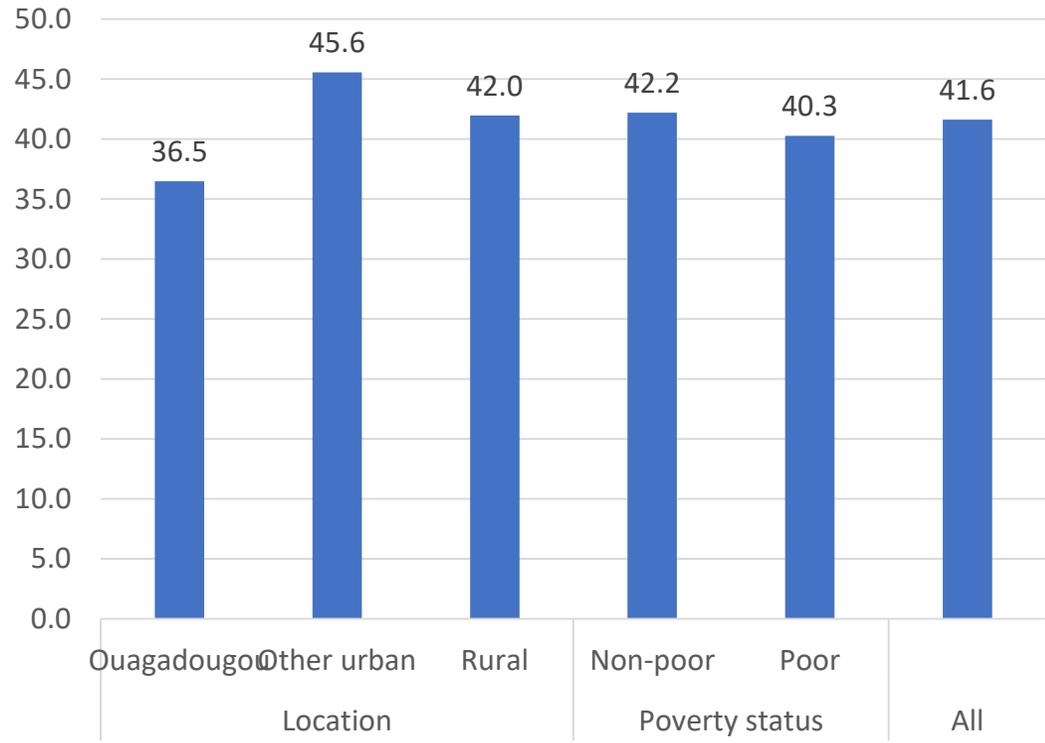
Despite the COVID-19, most households (49.1%) declared that they were able to buy medicine; however 1 in 4 households were unable to do so.

*“Since March 16<sup>th</sup>, was your household able to buy drugs? ”*

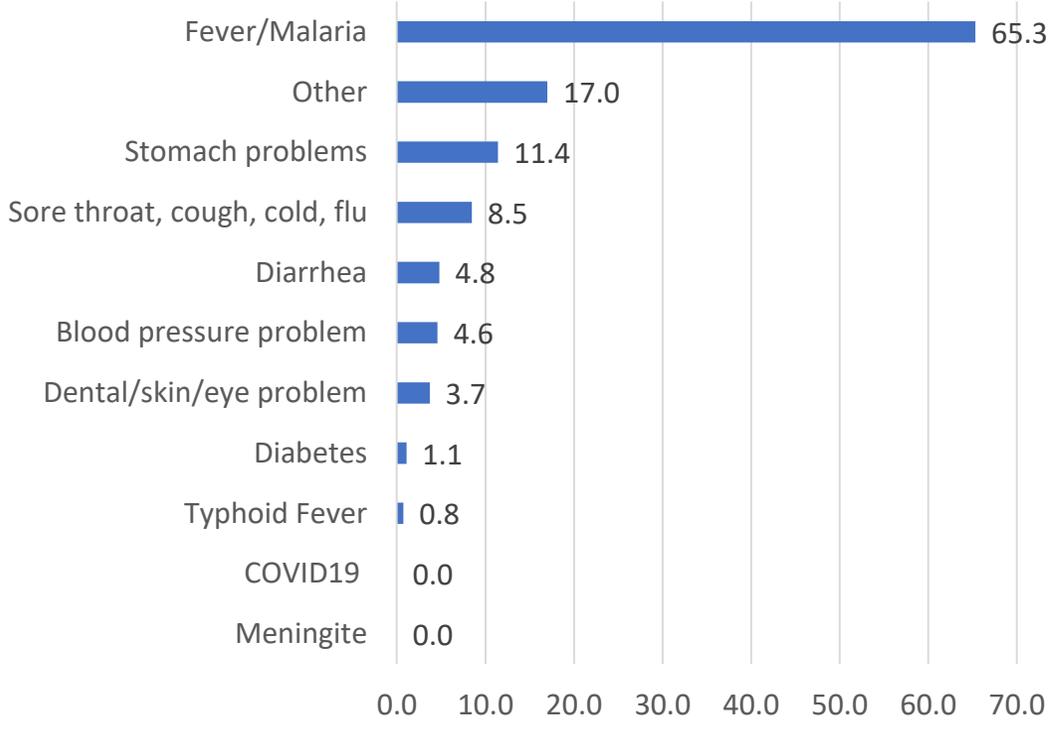


Since March 16<sup>th</sup>, 2 in 5 households declared that they needed health service, mainly because of malaria/fever

**Proportion of households that needed health services**

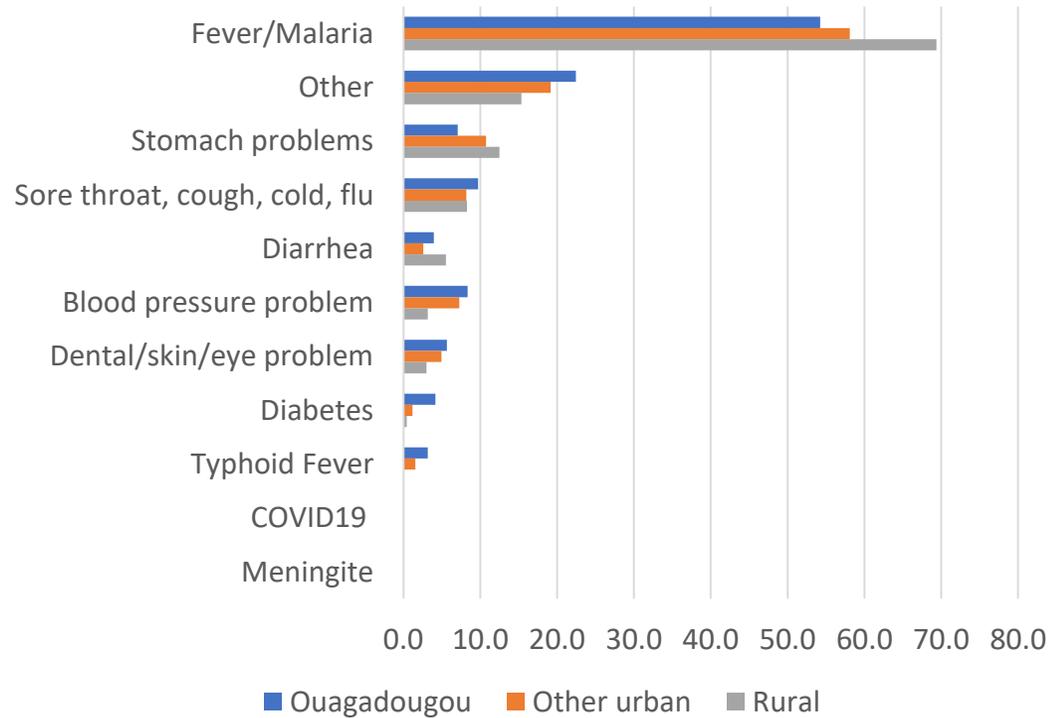


**Main reasons for seeking care**

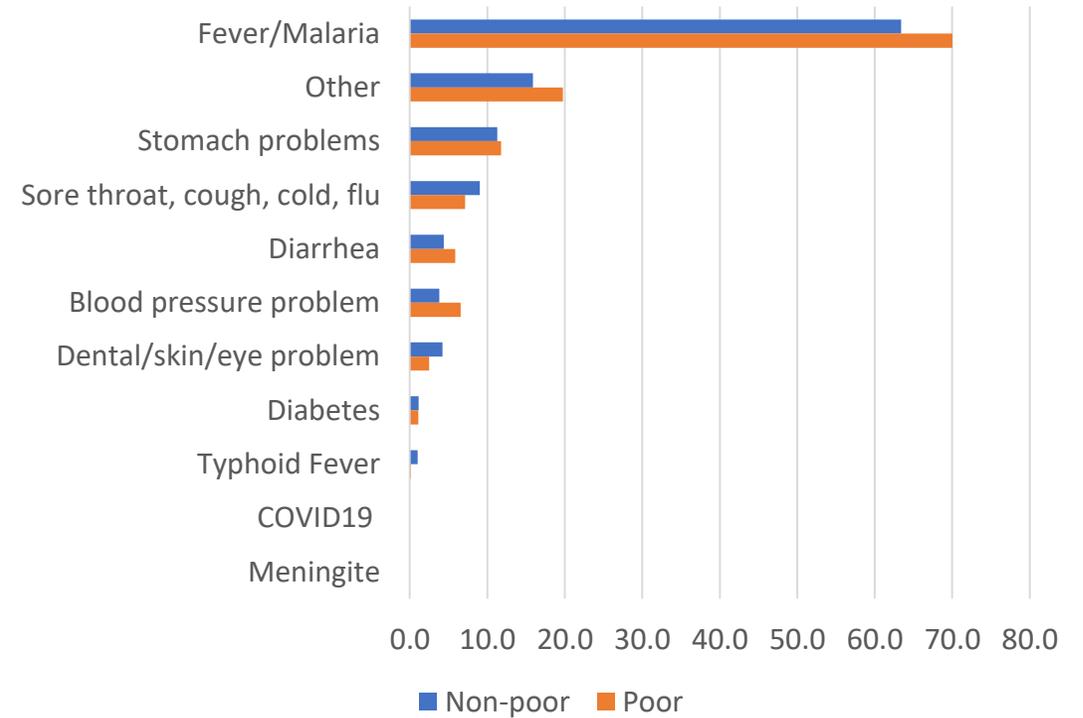


Reason for seeking care is quite similar across location and poverty status, but fever/malaria is slightly more predominant in rural areas

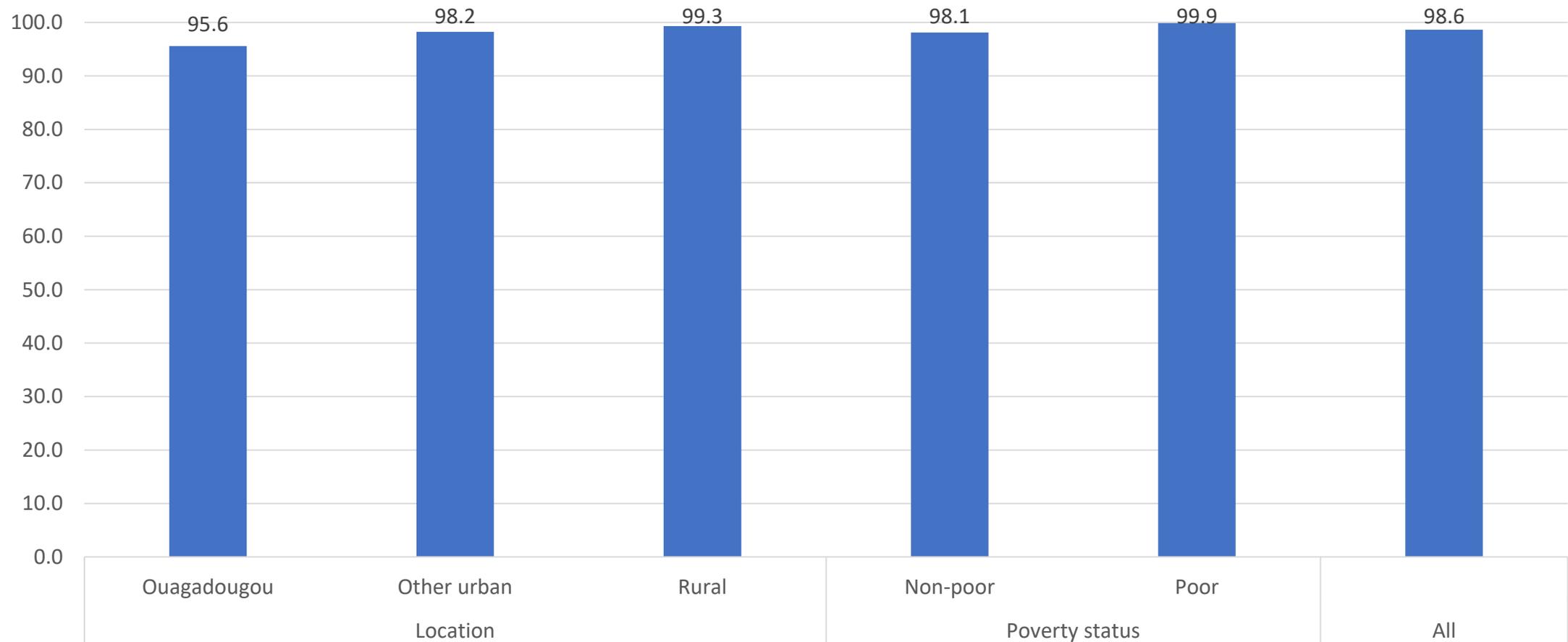
**Reason for seeking care by location**



**Reason for seeking care by poverty status**



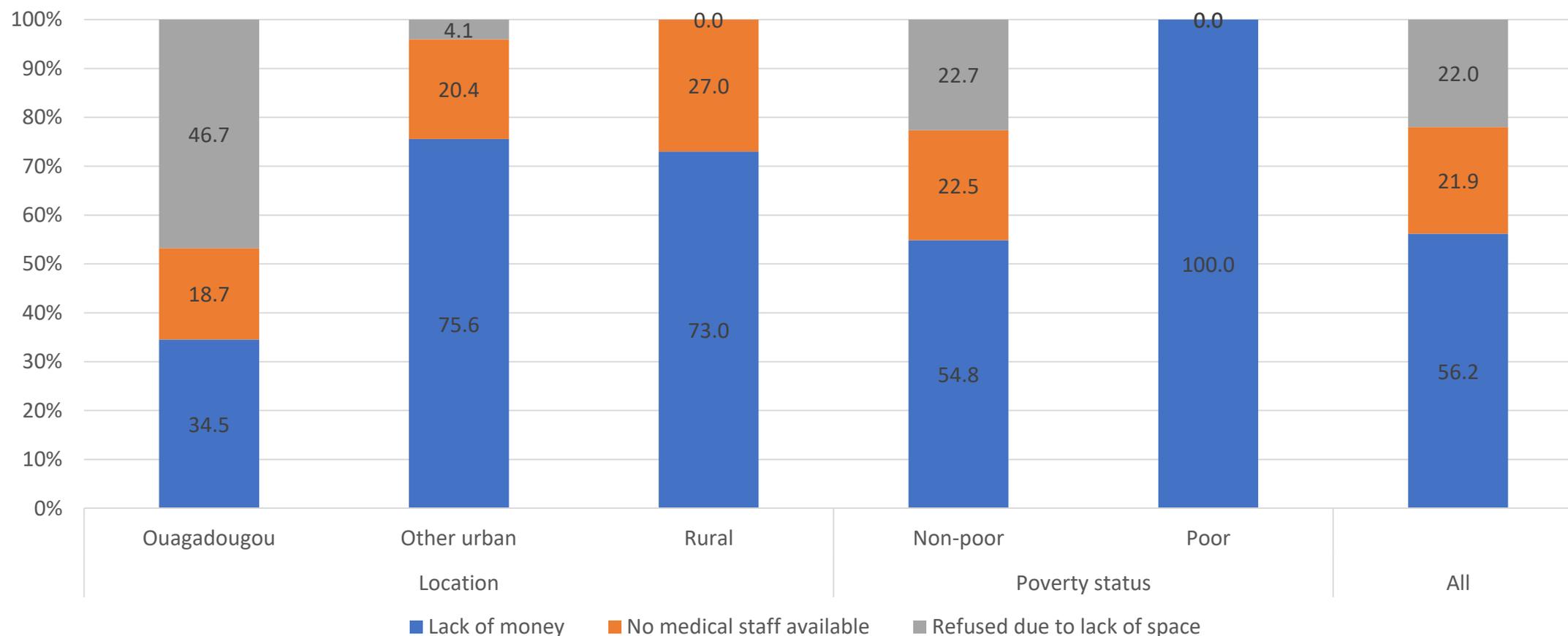
The vast majority of those who needed health services were able to get treatment, a sign that there was no disruption in the provision of health services.



*Note: Questionnaire not very clear, so treatment could include “traditional treatment”, and/or “self-treatment”*

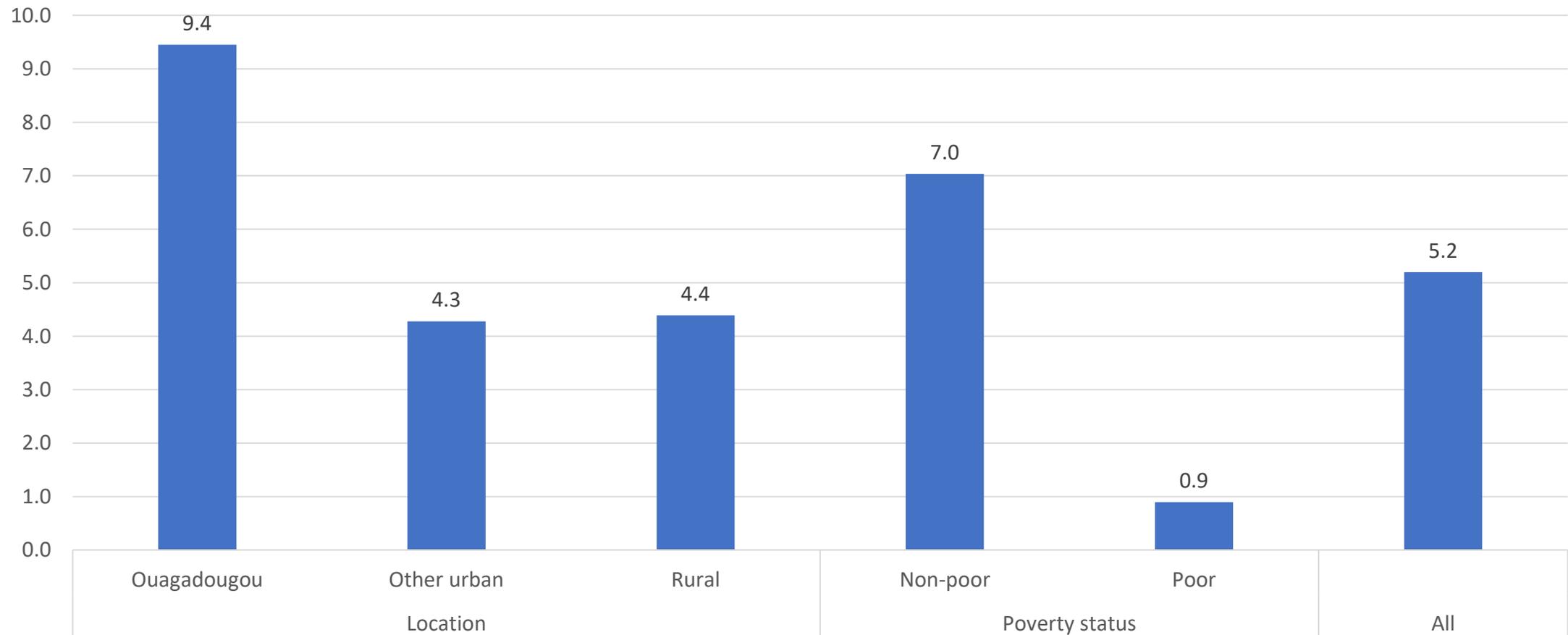
A combination of supply and demand factors affect ability to access health services when needed; but affordability represents the biggest constraint, especially for the poor

***Why were you or the household member unable to access medical treatment?***



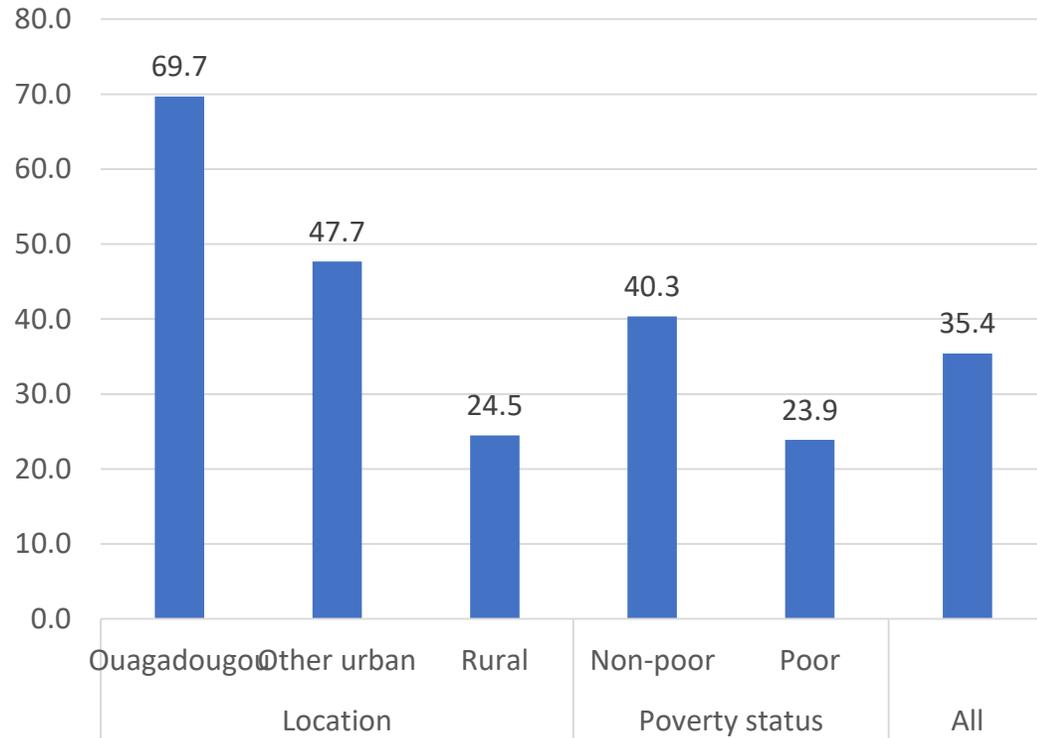
Coverage of health insurance remains very low, with only **1 in 20** (6.6 percent) of households that are registered

*Is your household registered with the CMU (universal health coverage) or with a mutual health insurance company?*

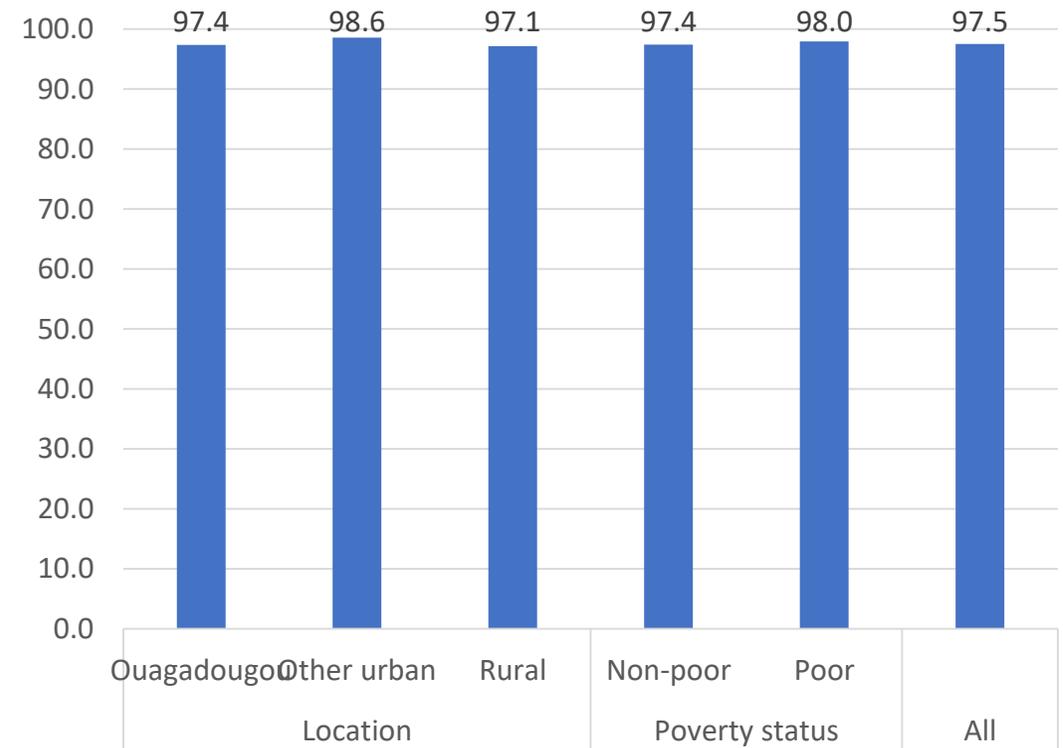


Since March 16<sup>th</sup>, 2020, about 1 in 3 households needed a financial service; and the service was easily available to them

**Proportion of households that needed to use a financial service**



**Proportion that was able to carry out the desired operation(s)**

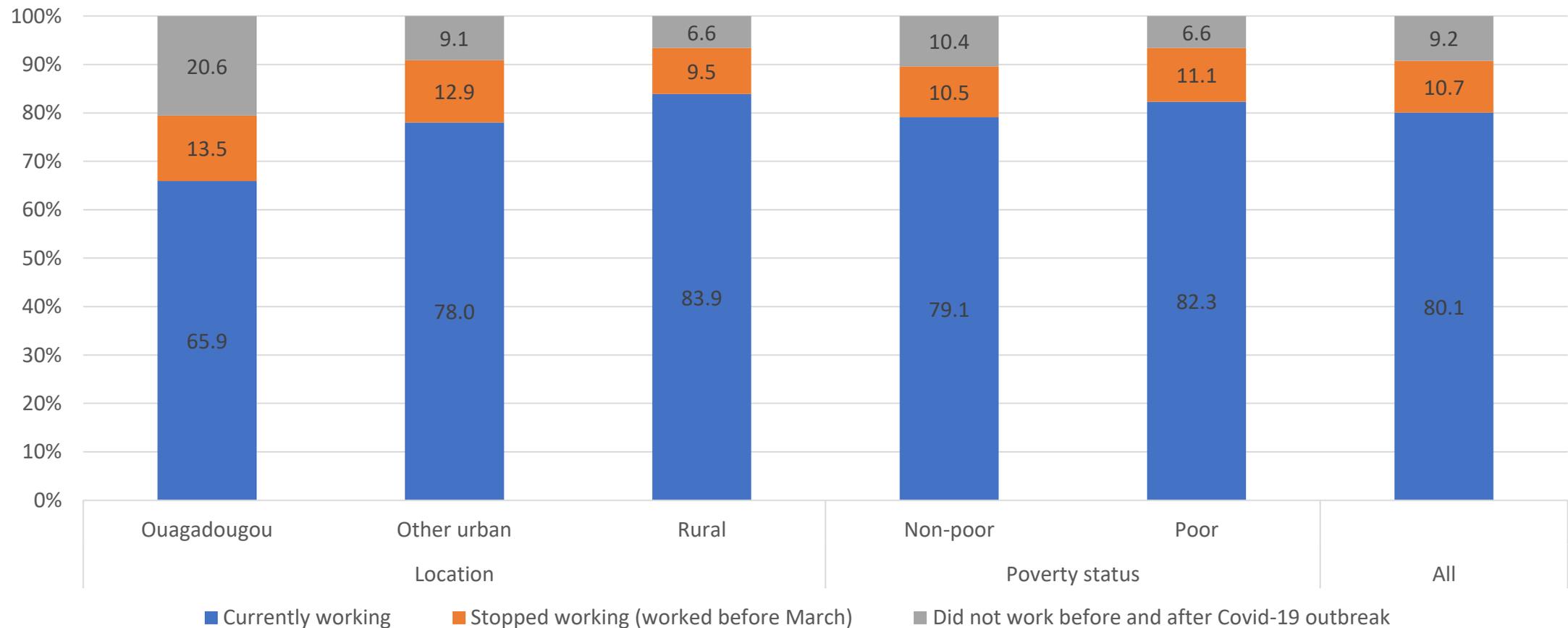


# Employment & Income

# 04

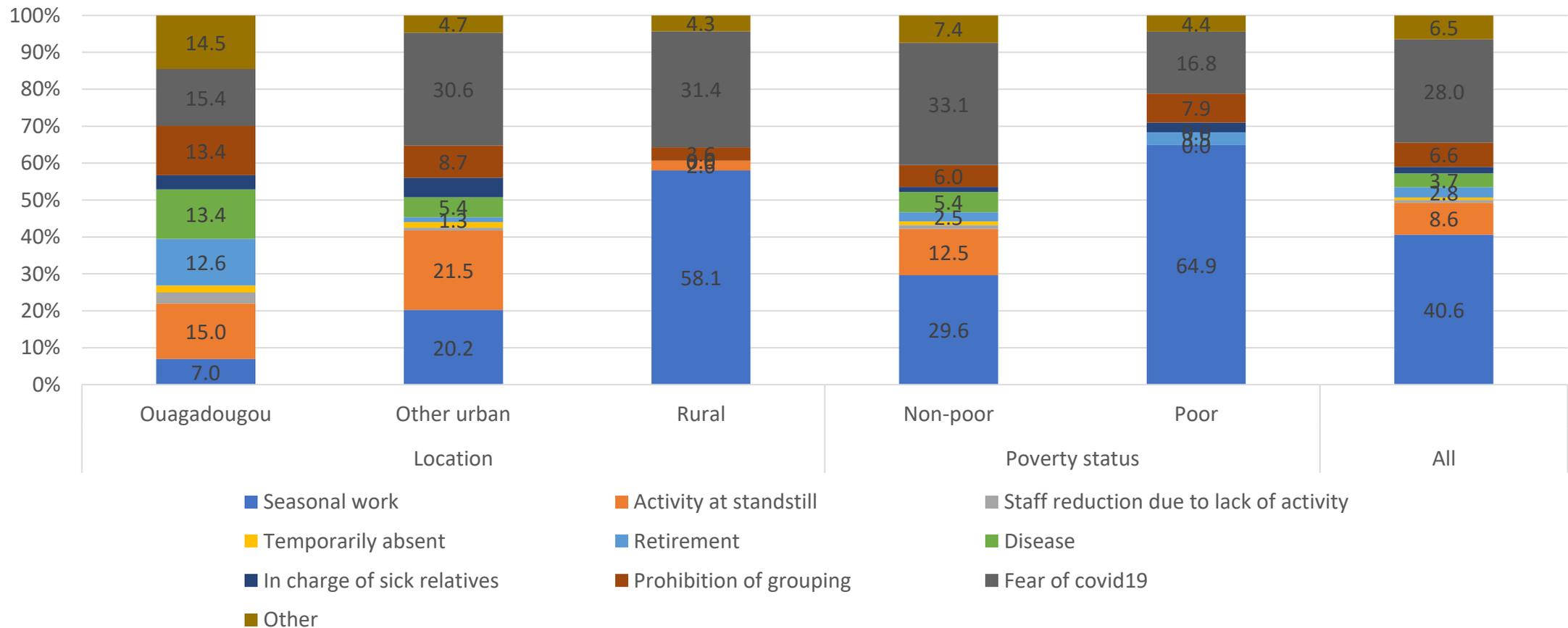
# Around 10 percent of respondents used to work before the Covid-19 outbreak but are not working now

***Labor market situation before and after Covid-19 outbreak***



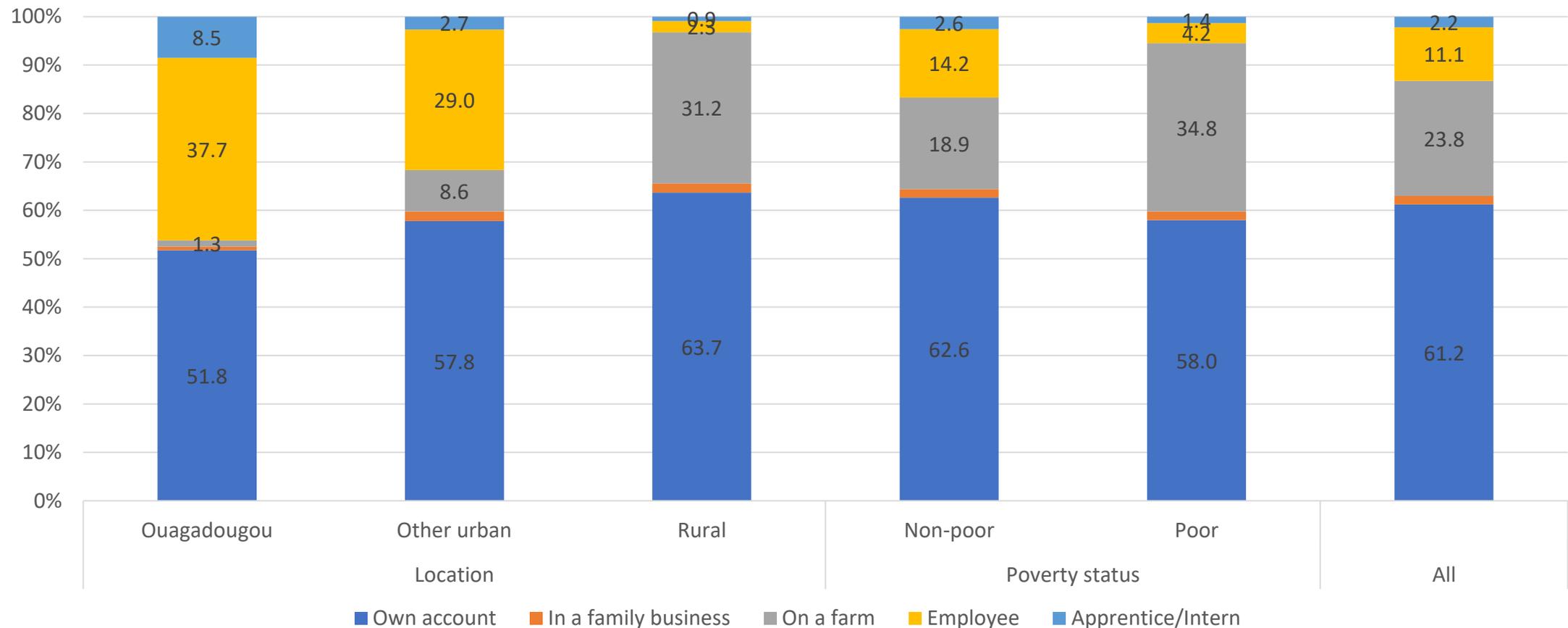
# Fear of Covid-19 is the second most important reason for stopping work

**Reason for not working, for those who stopped working**



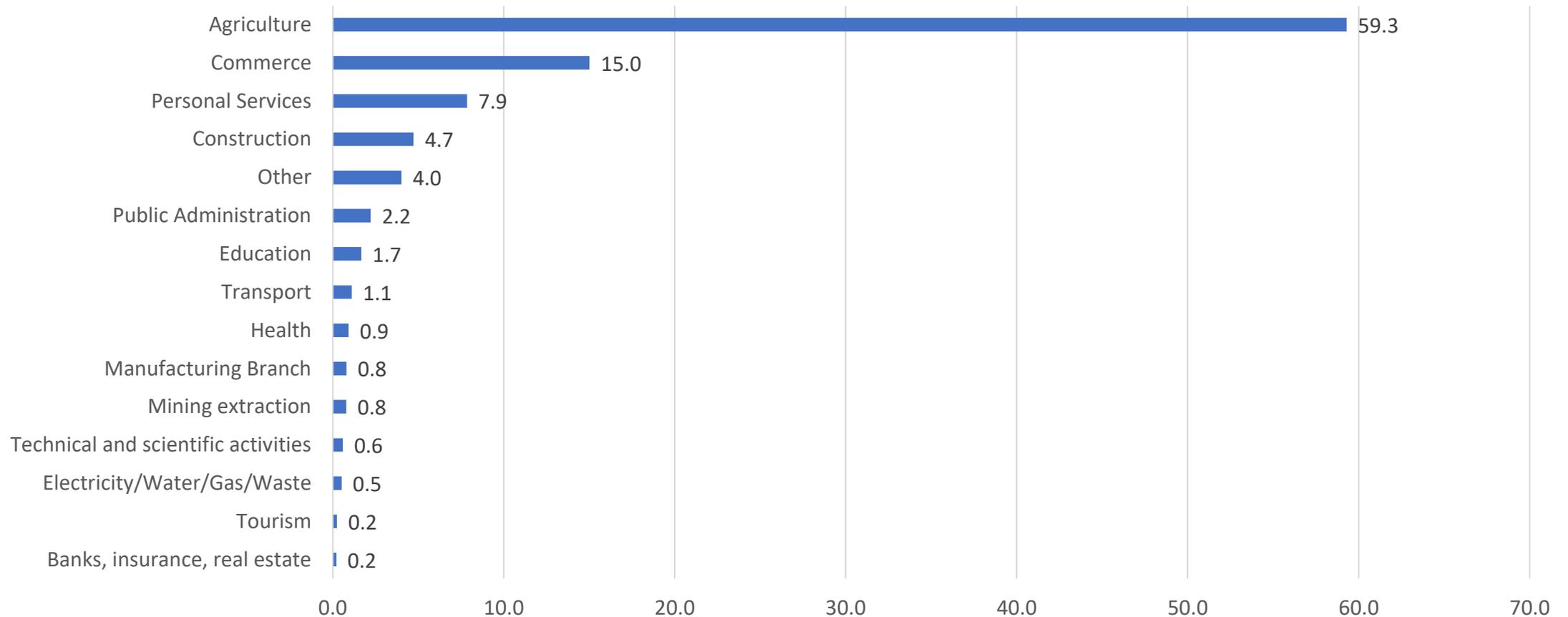
3 in 5 workers are on their own account. However, in urban areas, an important proportion of workers are employees

**Status of occupation for those who are still working despite Covid-19**



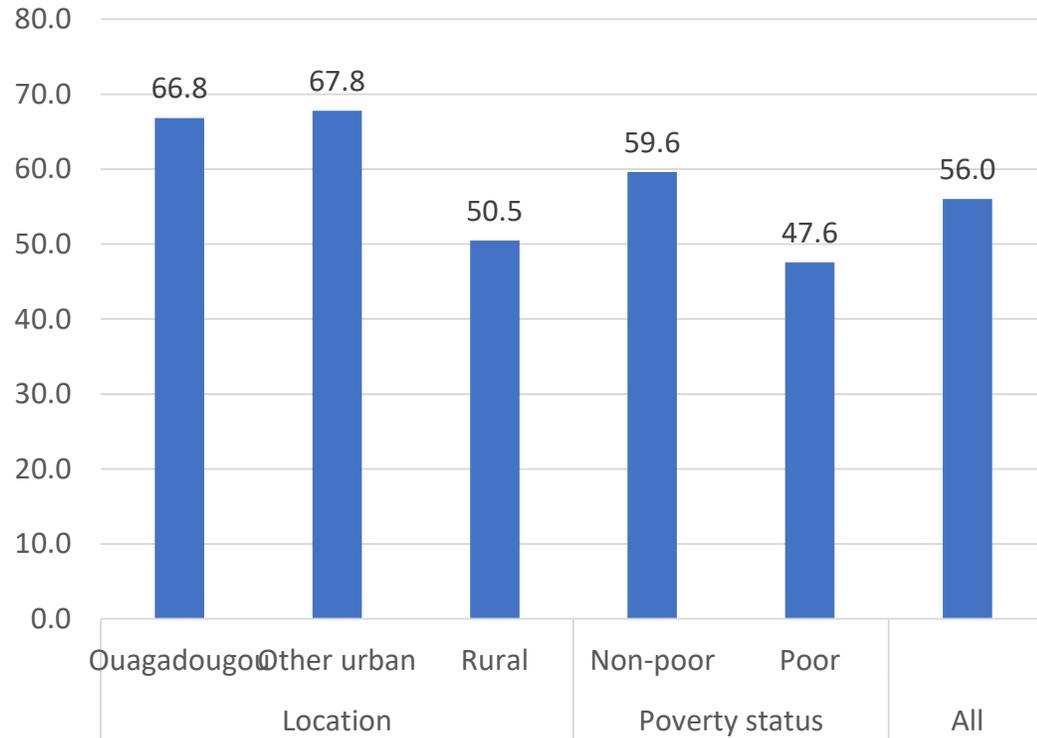
# With 3 in 5 workers, agriculture is by far the most important sector

## *Sector for those who are still working despite Covid-19*

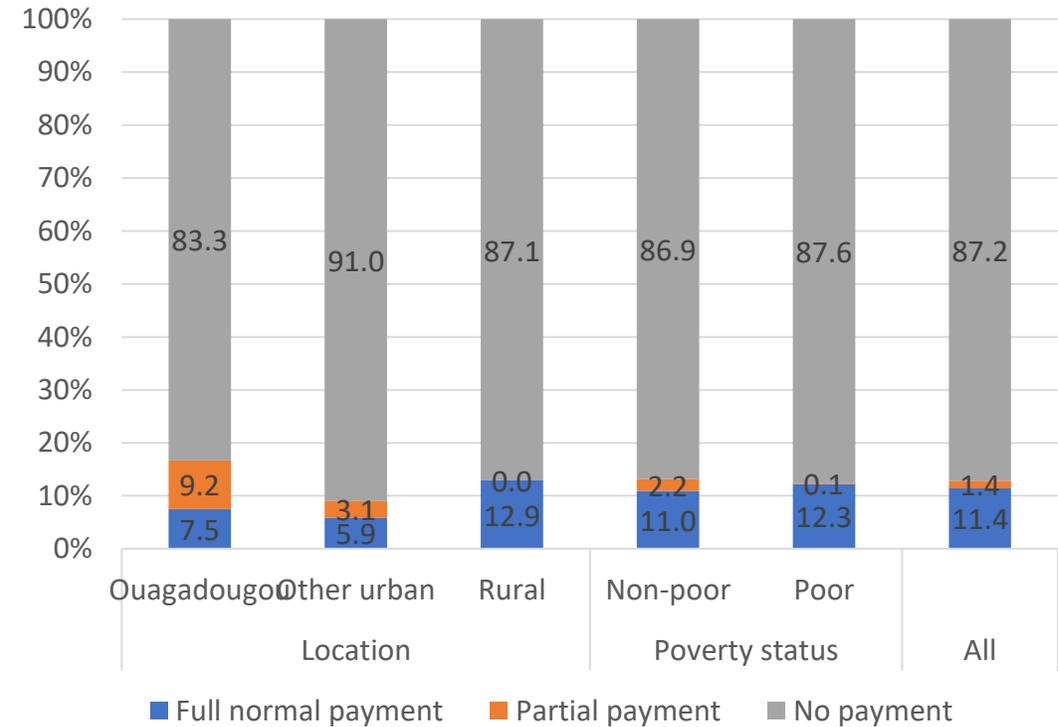


# Wage earners (or Employees) who were not able to work as usual were directly affected by reduction of their income as they were not paid

**Proportion of those who were able to work as usual either from home or at their work place in the last 7 days**

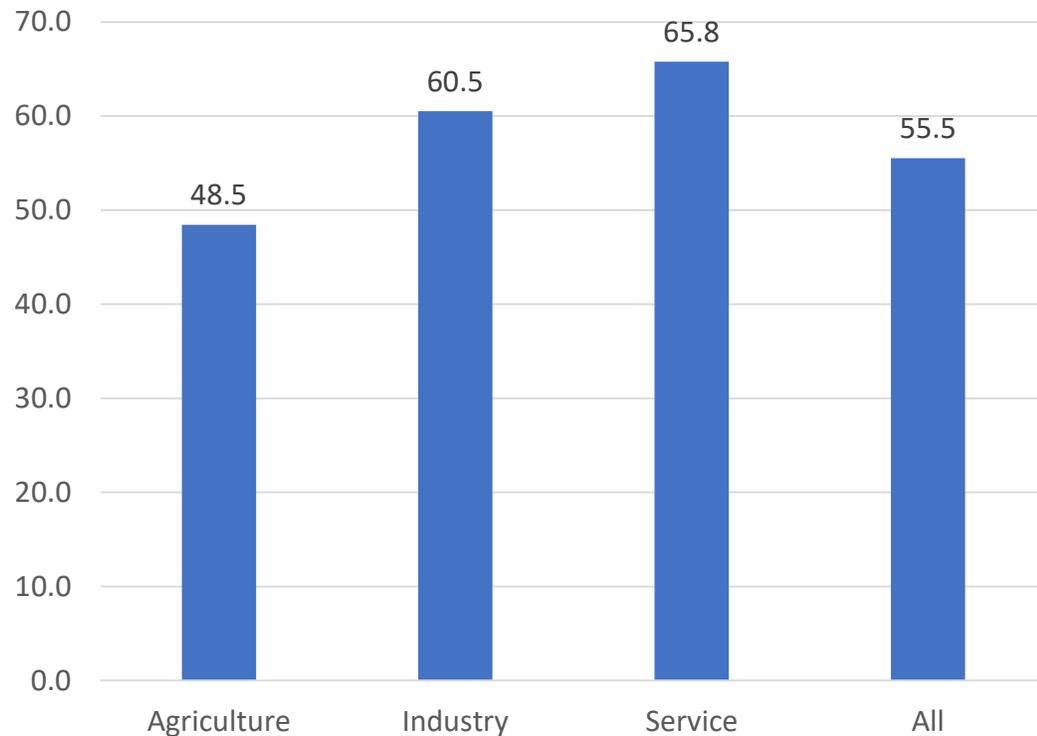


**Although you couldn't work as usual, did you get paid?**

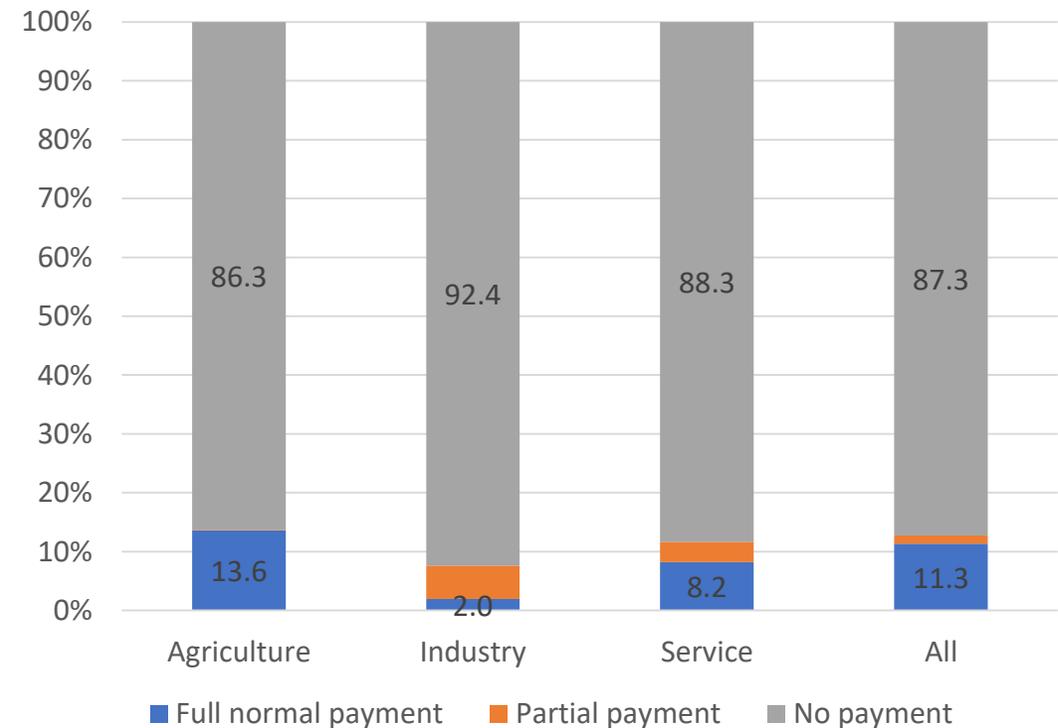


Wage earners in agriculture were less likely to work. This may have large implication for agriculture production in the near future. Payment issues, thus reduction of incomes, affected all sectors

**Proportion of those who were able to work as usual either from home or at their work place in the last 7 days**

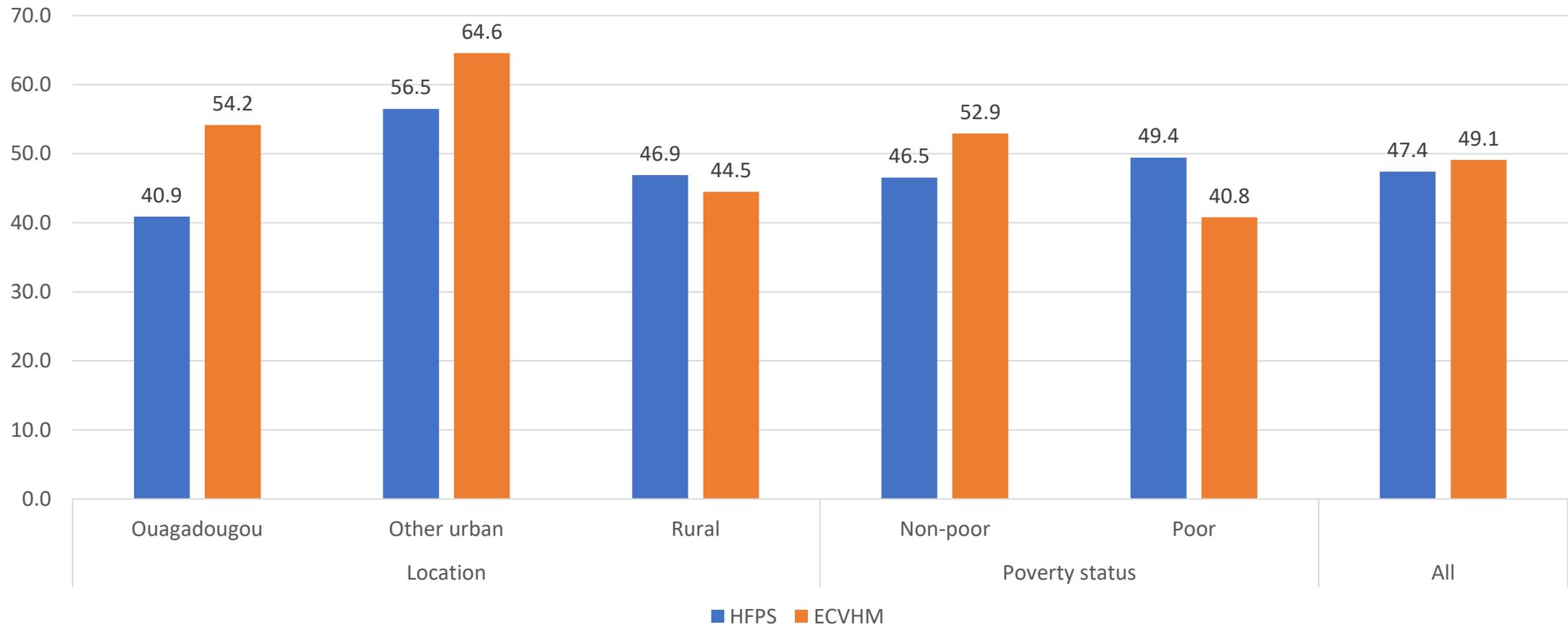


**Although you couldn't work as usual, did you get paid?**



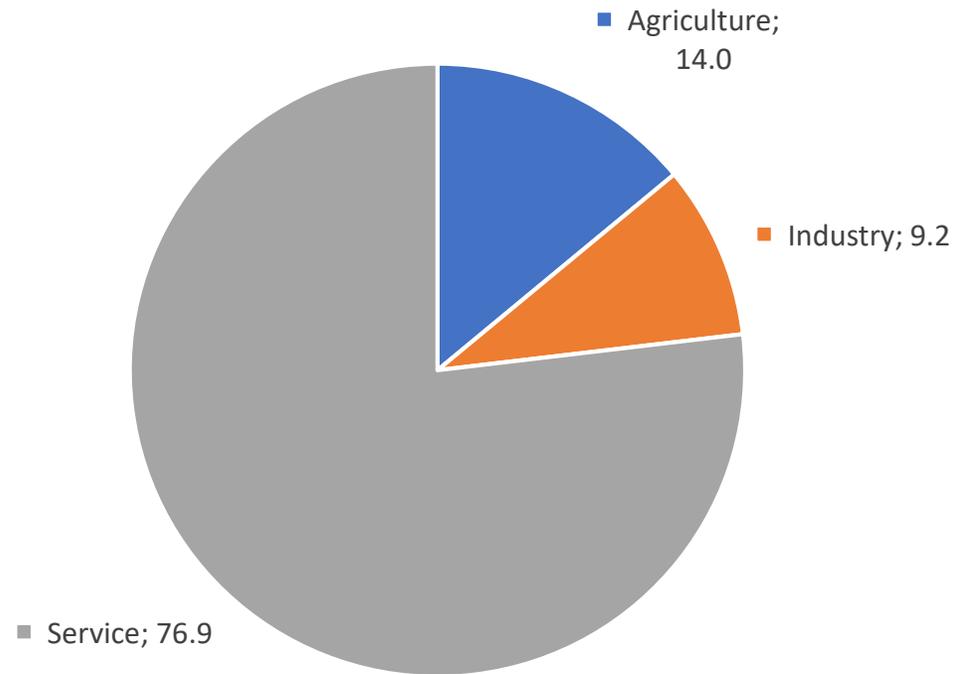
# Entrepreneurship is very high, with half of households owning a non-farm business

***Ownership of non-farm businesses by location and poverty status***

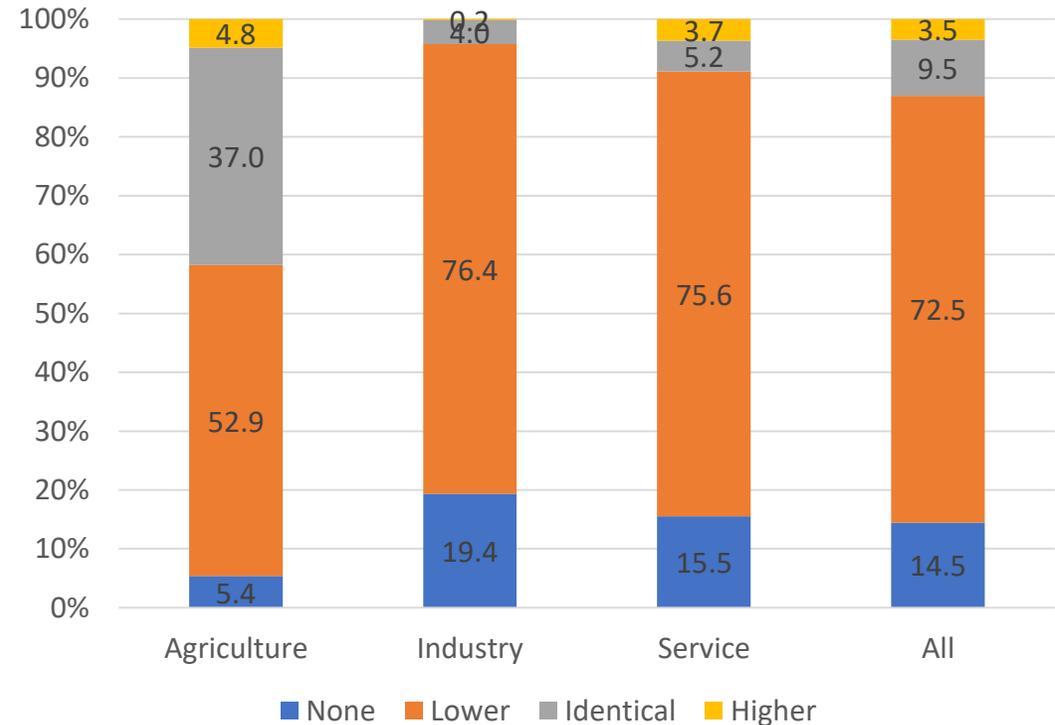


Non-farm business: about 3 in 4 non-farm businesses are in services; the vast majority experienced a reduction of income since March 16<sup>th</sup>, especially those in industry and services

**Distribution of non-farm businesses by sector**

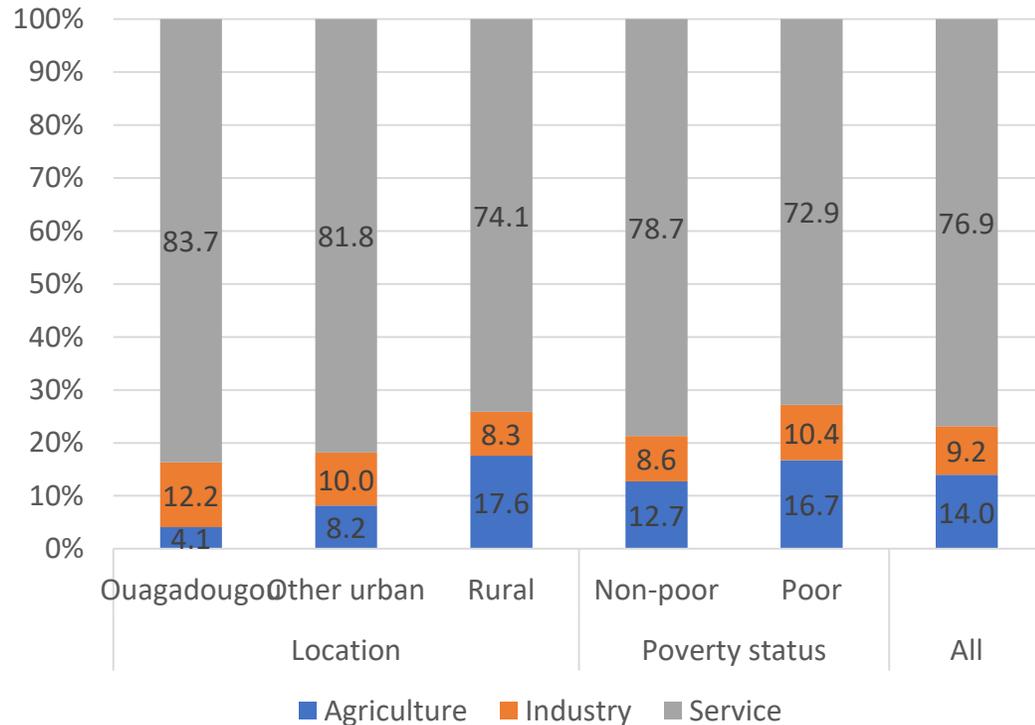


**Evolution of non-farm businesses income since March 16<sup>th</sup>**

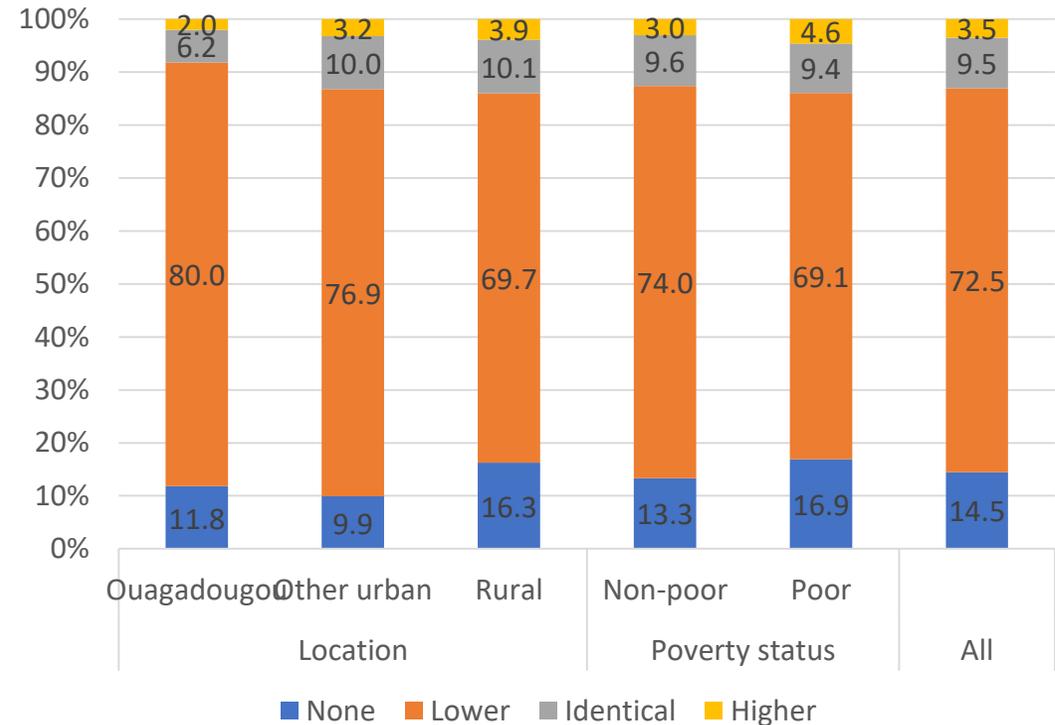


# Non-farm business: Differences across location and poverty status are minors.

**Distribution of non-farm businesses by sector, location, and poverty status**

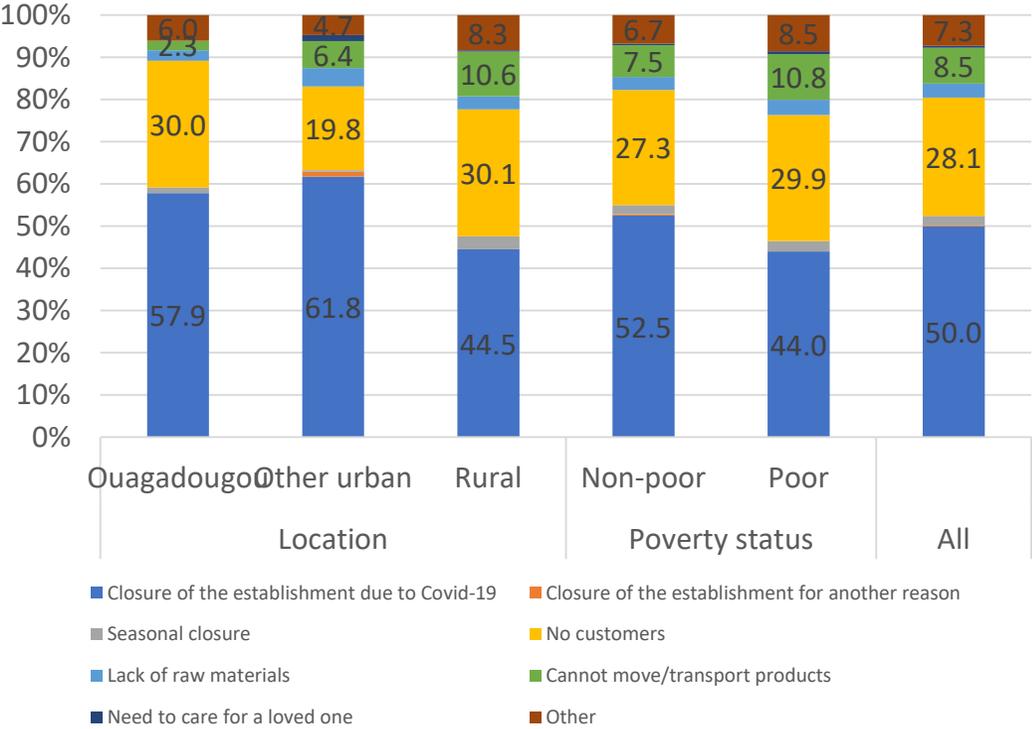


**Evolution of non-farm income since March 16<sup>th</sup> by sector, location, and poverty status**

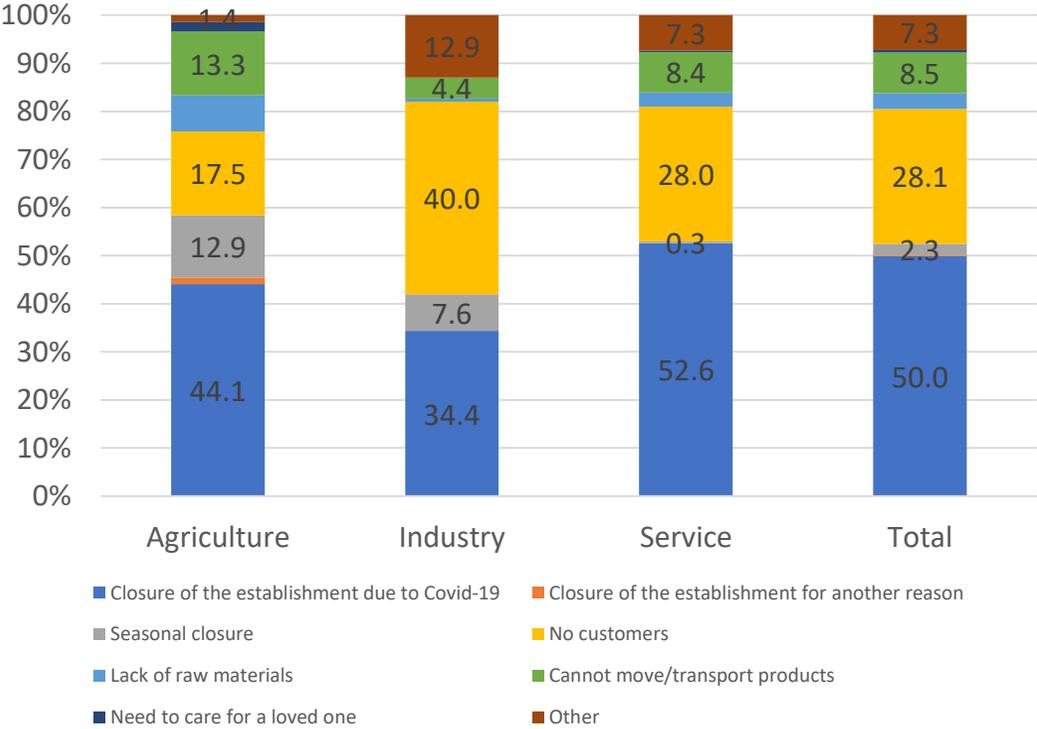


# Closure due to Covid-19 and lack of customers are the main reasons for the lower income of non-farm businesses

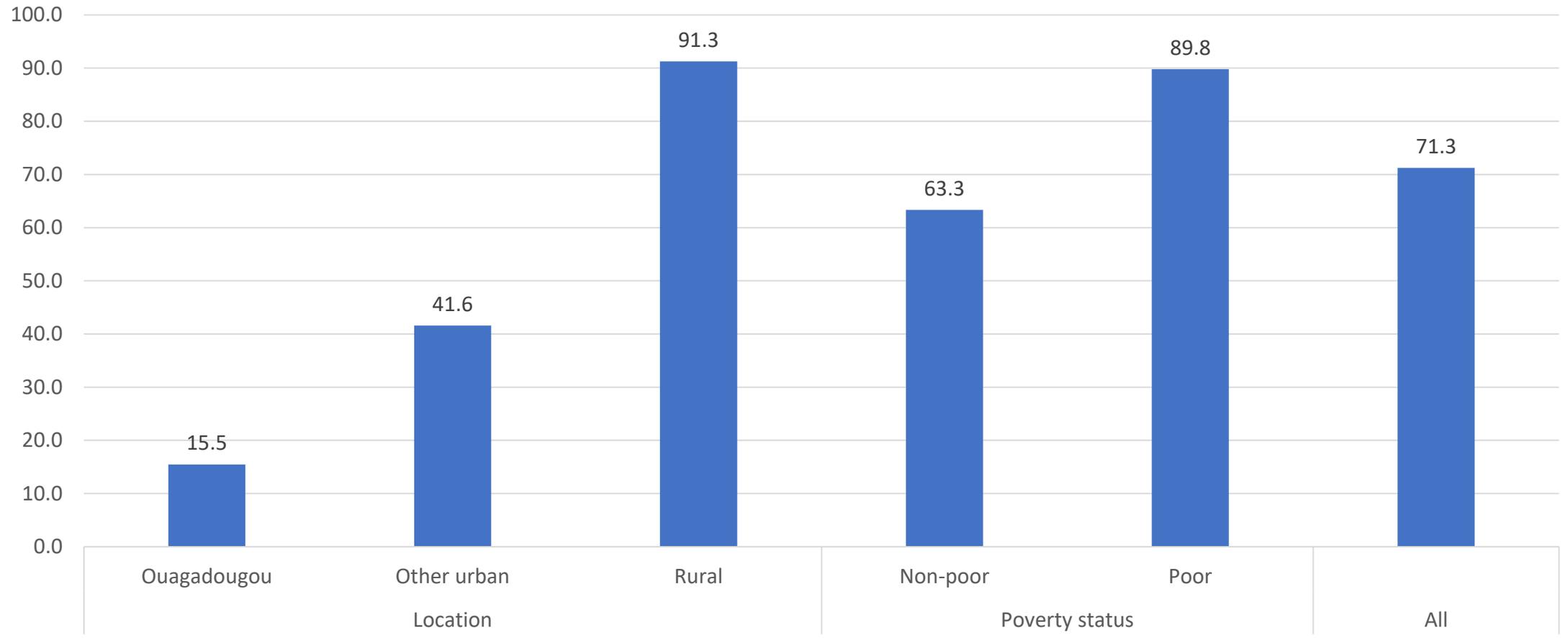
### Reason for having lower income by location and poverty status



### Reason for having lower income by sector

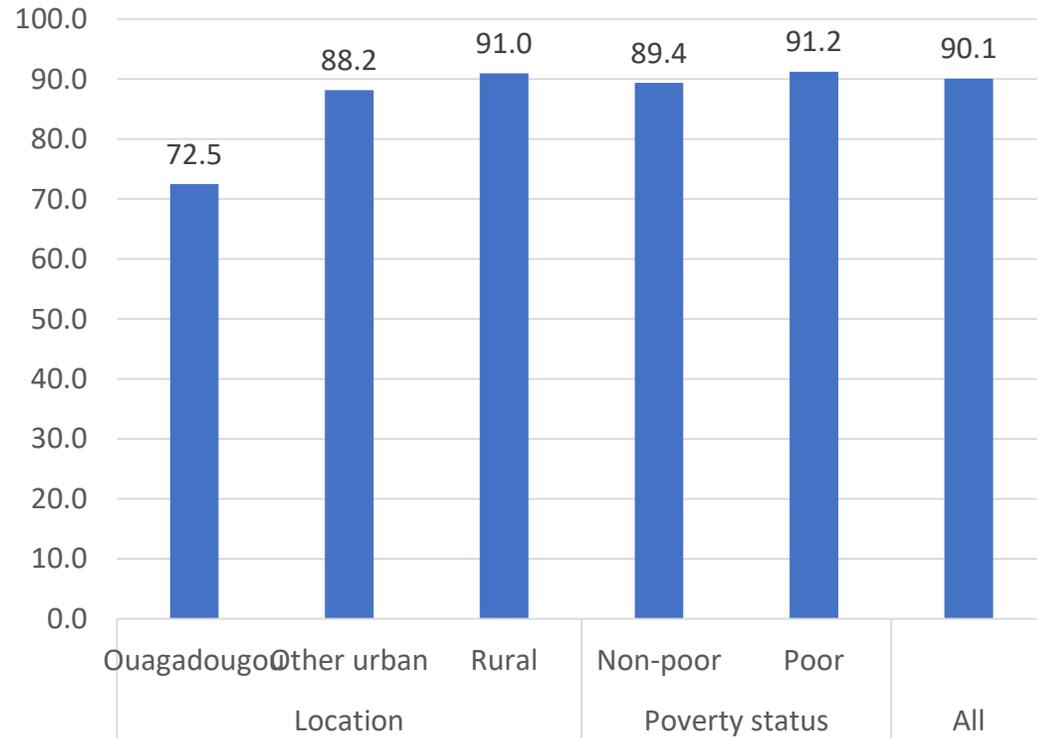


Farms: about 3 in 4 households are involved in agricultural activities; agriculture is mainly concentrated among poor and rural areas

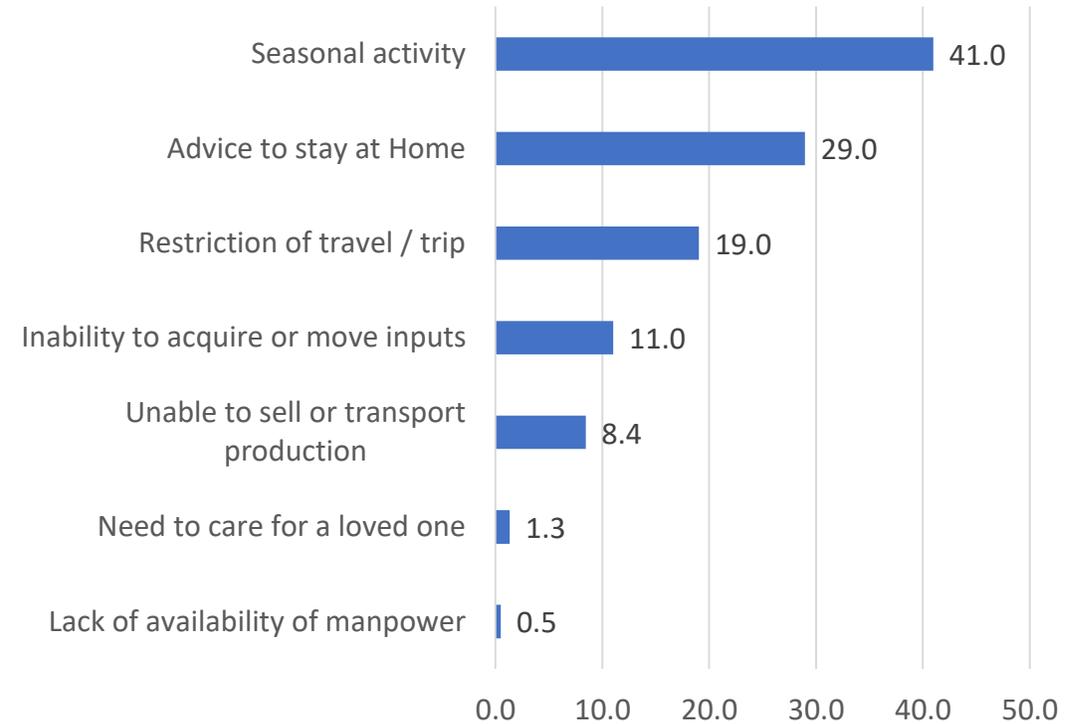


# Farms: Since mid-March, most farmers are having difficulties in their activities mainly due to seasonality and Covid-19 related restrictions

## Share having issues with farms activities since mid March

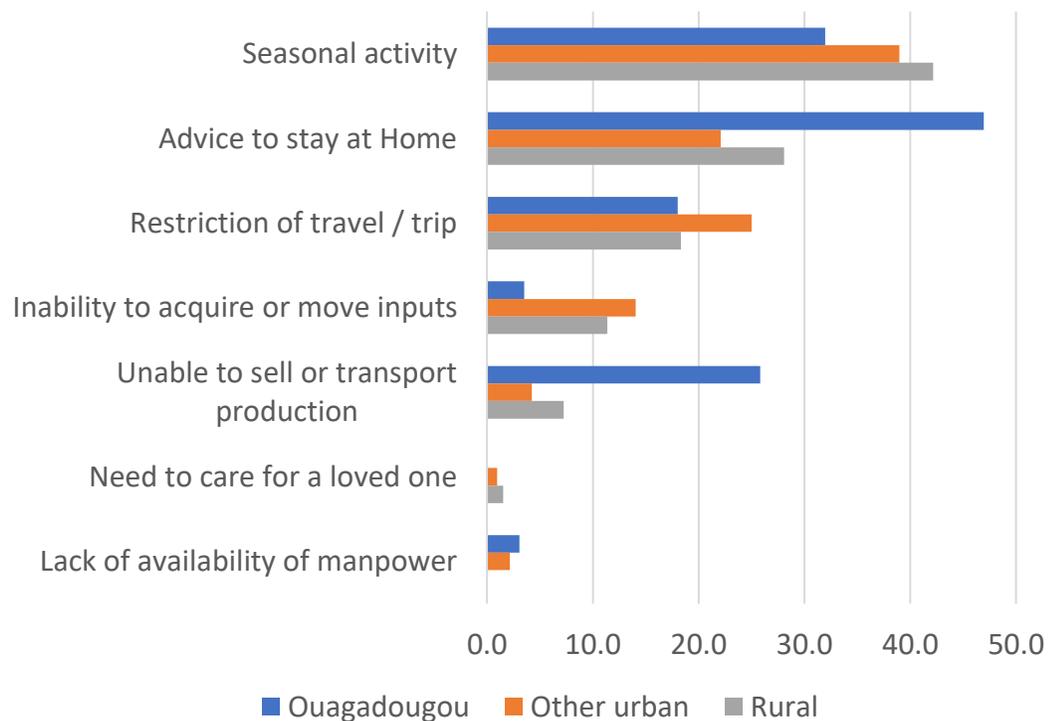


## Reasons for not being able to conduct farm activities as usual

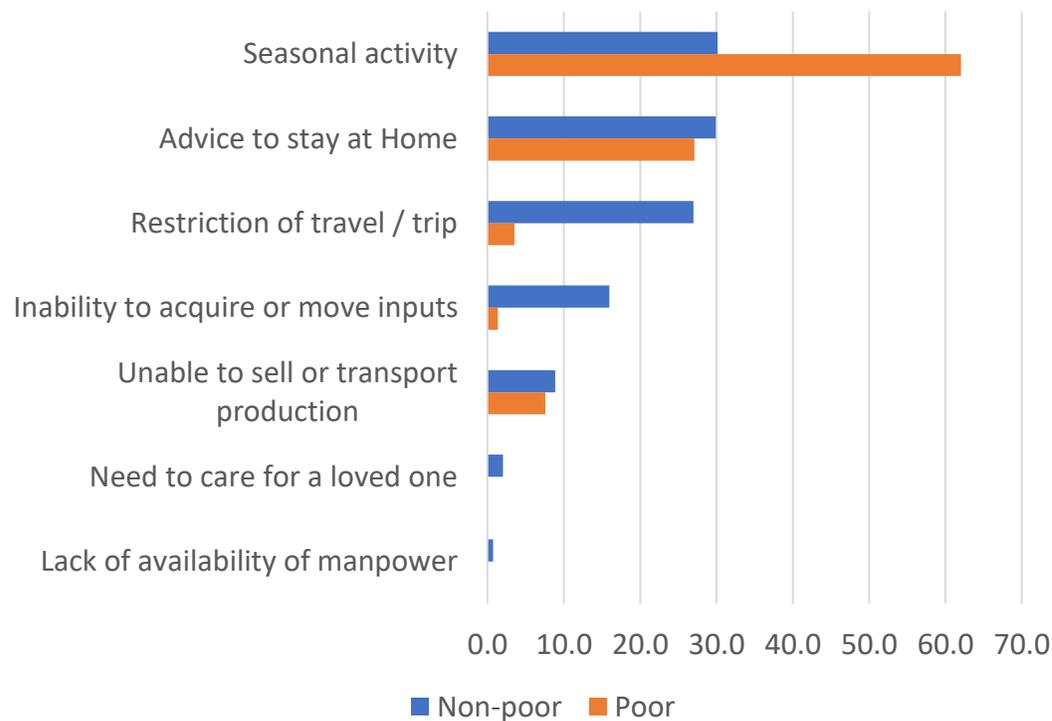


# Farms: Reasons for not being able to conduct farm activities vary across location and poverty status

## Reasons for not being able to conduct farm activities as usual by location



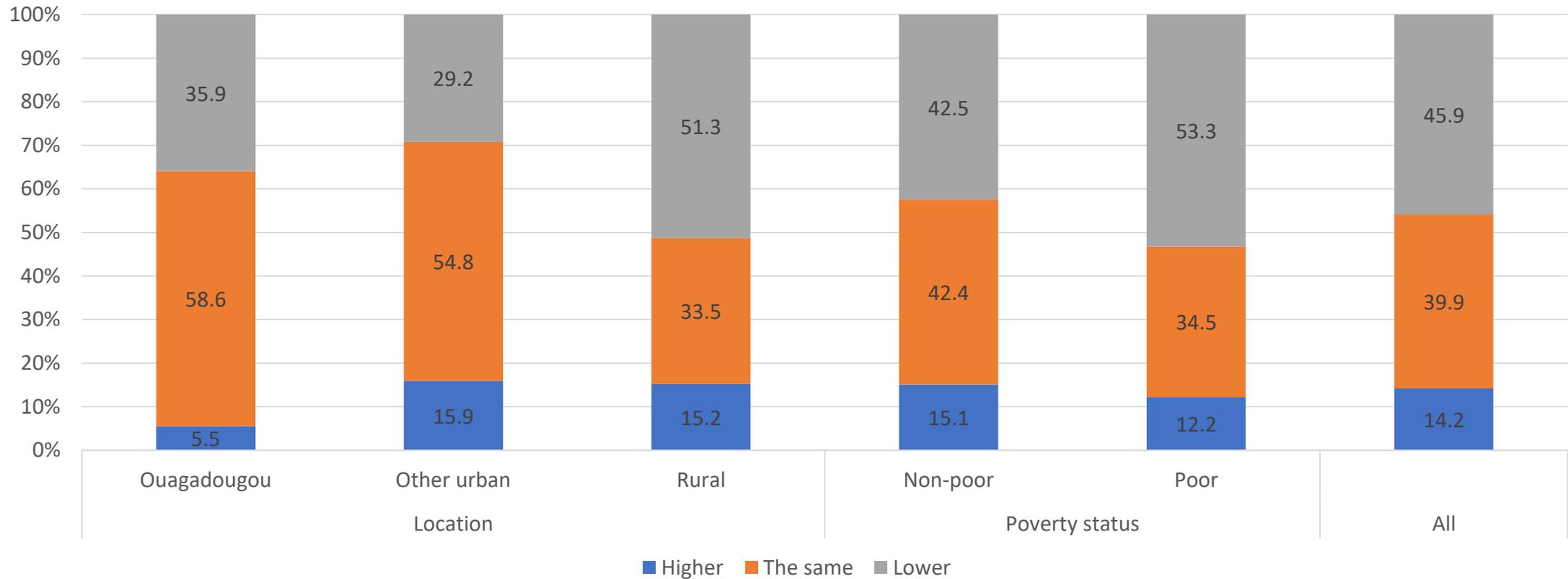
## Reasons for not being able to conduct farm activities as usual by poverty status



*Note: Only 12 observations for Ouagadougou*

# Close to half of the farmers reports a reduction of prices at which they sale their products

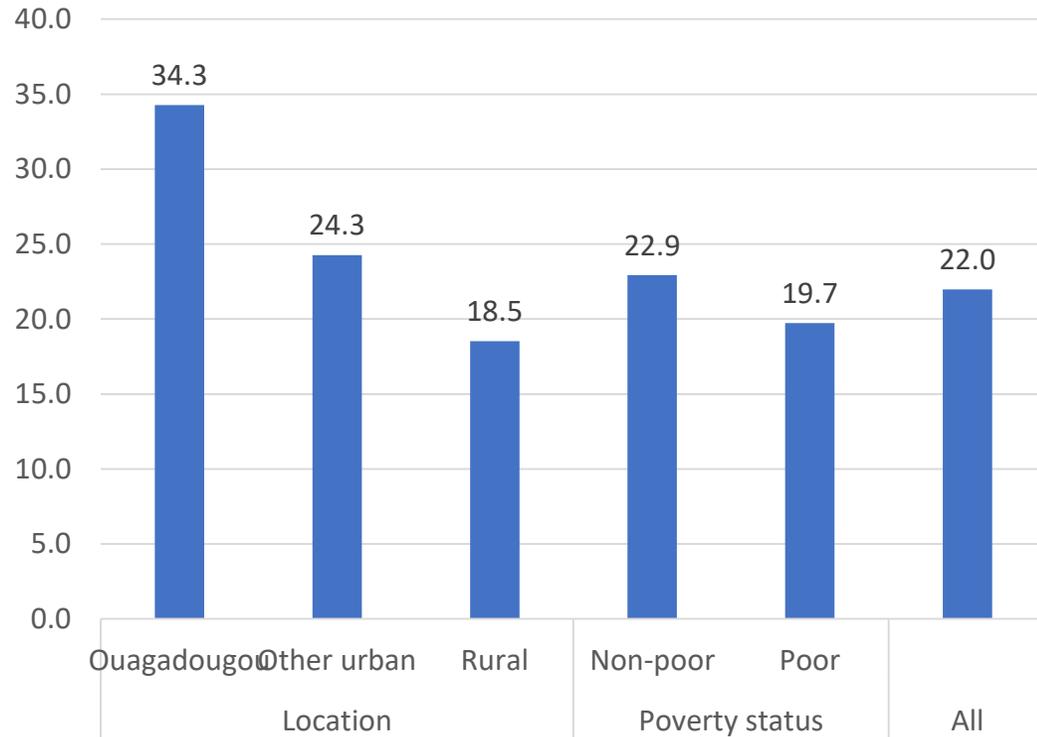
***Compared to this time last year, the price you received for your product was...?***



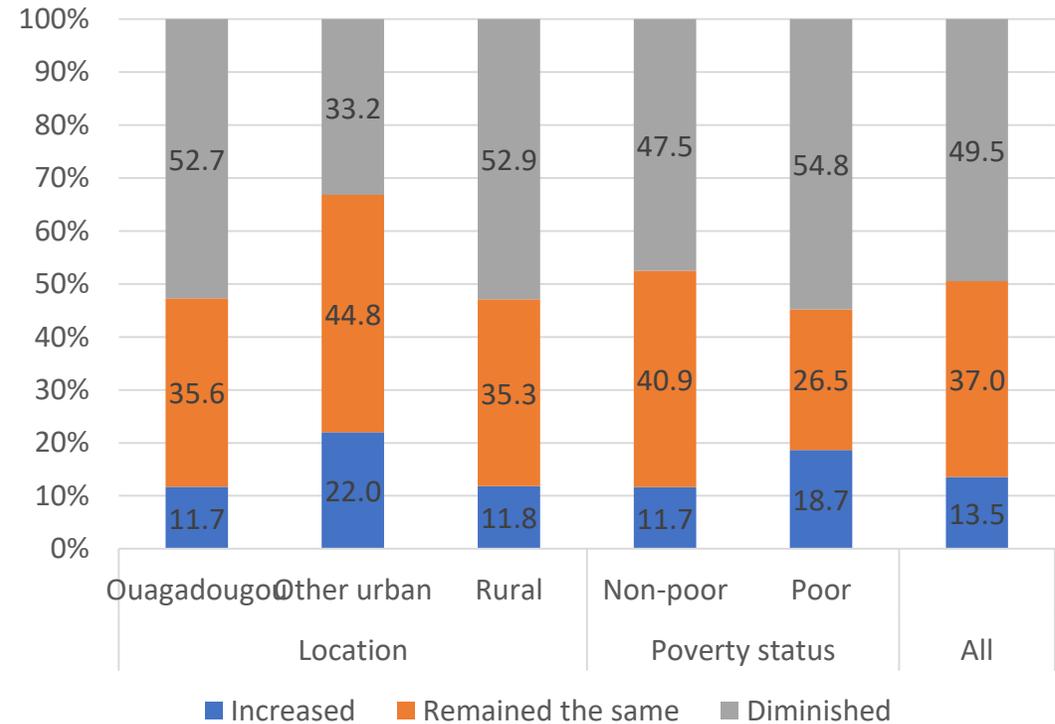
***Note:*** WFP reported in April that food items prices were generally stable despite increase in transport costs. Lower farm gate prices, higher transport costs and stable market prices, point to a possible transmission of increase transport costs to farmers. It means the way COVID affects prices along the value chain will mainly harms farmers (or net producers).

About **1** in **5** households used to receive remittances from family/friends, and for most (**49.5%**), the amount received has reduced since the Covid-19 outbreak

**Proportion of households that received remittances from family/friends since March 16<sup>th</sup>**



**Evolution of remittances from family/friends compared to the period before March 16, 2020**



Thank you