

UPINION - MERCY CORPS

COVID-19 Vaccine Willingness in the Sahel Region

March 2022



MERCY CORPS





Executive Summary

In October 2021, Mercy Corps' Crisis Analytics team commissioned Upinion to collect information on COVID-19 vaccine hesitancy from three countries in the Sahel region: Mali, Burkina Faso, and Niger.

The results of this research in the Sahel region show that the majority of respondents in Mali, Burkina Faso, and Niger plan to take a COVID-19 vaccine in order to protect the health of their families. It also appears that most respondents, or their children, have received other common vaccines (ie. the one against polio). Regardless of whether they want to get a COVID-19 vaccine or not, most respondents know how to access the COVID-19 vaccine, and perceive it is quite easy to access it. People who find it difficult to access vaccines

mention barriers including the government being unable to access enough doses, as well as unable to store and distribute the vaccines.

The main sources of information on COVID-19 are friends and family, closely followed by doctors/health workers. Participants trust medical staff the most, followed by the WHO / UN if they said that the vaccine was safe and effective. In the region, there are many rumors circulating about COVID-19: the most recurring rumor implies that COVID-19 does not exist, followed by the rumor that the vaccine is highly dangerous and has many side effects.

Many respondents do not believe that people with COVID-19 are discriminated against, but those who do, state that the elderly, travelers/people on the move, and people of certain religions might be discriminated against the most for contracting COVID-19.

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Introduction

In October 2021, Mercy Corps' Crisis Analytics team commissioned Upinion to collect information on COVID-19 vaccine hesitancy and willingness from three countries in the Sahel region: Mali, Burkina Faso and Niger. Upinion's online methodology seemed a good fit with the purpose of the study: reaching a wide and diverse group of respondents in a short period of time.

This report sets out the methodology of the study and shows an analysis on factors of consent and refusal, sources of information and the spread of conspiracy theories, levels of confidence and other significant factors surrounding attitudes towards COVID-19 and vaccination availability, uptake, and hesitancy in Mali, Niger and Burkina Faso.

The main research questions are as follows:

- 1. What is driving vaccine hesitancy?
- 2. What is the level of trust in the authorities and their communications?
- 3. What is the level of trust in getting access to the vaccine itself?

The findings of this study will be used to better serve communities' COVID-19 related needs and preferences, as well increase the general level of knowledge amongst Mercy Corps' regional and local teams with regard to the perceptions and preferences of communities of COVID-19 immunization throughout Mali, Niger and Burkina Faso.



Upinion's Methodology

This chapter explains the research methods employed by Upinion, including how the online platform works, recruitment procedures, and what the local communities can get out of their participation.

Upinion's online platform

Upinion has developed an online platform that allows it to securely connect and stay in touch with marginalized or hard-to-reach communities and people in crisis and displacement-affected countries. The in-house developed platform enables Upinion to engage real-time with people in the same way they connect with their friends and families: using messaging apps like Facebook Messenger and WhatsApp, which are also widely used in urban areas of Mali, Burkina Faso and Niger. This enables Upinion to send tailored information to respondents about relevant services or initiatives in their area, thereby turning the conversation into an information exchange.

Upinion has the **ISO/IEC 27001 Certification**, which is the international best practice standard for Information Security Management Systems (ISMSs), and follows **GDPR regulations**.

The conversation

Upinion has developed, together with Mercy Corps, a conversation (see Annex 2) for participants from Mali, Burkina Faso and Niger¹. The conversation addresses willingness to take the COVID-19 vaccine, as well as barriers to access the vaccine and rumors around COVID-19.

The conversation was drafted in French as the three countries are French-speaking, with respondents from Mali, Burkina Faso and Niger². The conversation addresses willingness to take the COVID-19 vaccine, as well as barriers to access the vaccine and rumors around COVID-19. A filter question was added at the start of the conversation to verify that no participants under 18 years old would remain within the respondents, and a control question was added half-way to detect people that were filling it randomly. Respondents who reached the end of the conversation would receive relevant information flyers including awareness messages and COVID-19 hotlines.

¹ There were significantly more respondents from Mali and Burkina Faso than Niger, which resulted in the research focusing specifically on Mali and Burkina Faso when looking at individual country data.

² There were significantly more respondents from Mali and Burkina Faso than Niger, which resulted in the research focusing specifically on Mali and Burkina Faso when looking at individual country data.

Recruitment

In order to reach an audience as wide and as varied as possible all the while taking into consideration methodological challenges, Upinion deployed a three-legged recruitment method based on Facebook, local outreach and the help of Mercy Corps.

Facebook

To recruit respondents through Facebook, Upinion posted targeted³ advertisements on Facebook, illustrating the aim of the conversation so that any individual from the target countries with an internet connection and Facebook account would be able to participate. Respondents entered the conversation by clicking on the ad, and were directed to the correct conversation through a link. Then they were asked for their consent to participate in the conversation: they had to answer that they wished to be taken to a safe and private Upinion environment where their privacy is secured and answers are not visible to anyone but Upinion. Reactions to the advertisements on Facebook can be found in Annex 3. These reactions have not been recorded in the data set and are thus not taken into consideration in the data analysis, yet they provide an indication of how the conversation on COVID-19 vaccination was received.

Local outreach

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Prior experience and statistics shows that online recruitment of respondents in rural areas can be difficult in the Sahel region, as there is lower access to internet and electricity. Furthermore, many people do not possess a smartphone. Therefore, Upinion deployed two local recruiters with strong contextual knowledge of the target countries, who reached out to their networks, explaining the purpose of the conversation to their community members and encouraging them to participate through a unique link. The links were created by Upinion specifically to be shared through WhatsApp and were accompanied by an introductory text explaining the purpose of the conversation, as well as the privacy and data security protocols that Upinion adheres to.

Mercy Corps

Mercy Corps' regional and country offices and local staff assisted in the recruitment of respondents by sharing links to the conversations, similar to the ones described above, with their networks.

Reimbursement of respondents

The first 500 respondents in each of the three target countries (a total of 1500) that completed the entire conversation, received the equivalent of 2.30 euros per person as a reimbursement for their data usage if they were willing to share their phone number⁴.

 $^{^{\}rm 3}$ The Facebook ads were targeted to respondents above the age of 18, as well as women living in the three countries.

⁴ Upinion removed all phone numbers immediately after completion of the pay-outs.





Data limitations and challenges

Digital self-reporting

The data findings solely rely on self-reporting. Furthermore, as Upinion is a digital platform, it does not have the advantages that face-to-face interviews have with regard to probing or explaining questions. Hence, sensitive topics cannot be addressed extensively. Control questions were added to detect people that were likely to fill the survey randomly, and double data entries were removed.

Low connectivity on countryside

Only respondents with internet access and a Facebook account are included in the online panel, excluding individuals with lower internet connectivity, which is especially visible in rural areas⁵. This was partially remedied by conducting local outreach in addition to purely online outreach, but participants would still need a smartphone and a temporary internet connection to participate. The findings of the report thus mostly, but not exclusively, reflect the preferences of urban citizens of the Sahel region. While respondent rates in Burkina Faso and Mali were high, the conversation was responded to by a relatively low number of participants from Niger⁶, as this country consists largely of rural areas. Therefore, this report contains an overall regional analysis, taking into consideration responses in Niger, but also contains specific country analyses for Mali and Burkina Faso. More data on the respondents can be found in the next section.

Drop-out mitigation

Inevitably, a percentage of respondents entering the conversation dropped out along the way and did not complete the conversation. To reduce drop-out rates, the questions have been drafted specifically to not make respondents feel uncomfortable or unsafe, or make the exercise take too much time. All questions were tested extensively by both Upinion and Mercy Corps staff before. Upinion monitored the recruitment of respondents and the way they navigated the conversations continuously. Only completed conversations have been taken into account in the final data analysis and this report.

Political unrest

At the time that the conversation was deployed in the three above-mentioned countries, there was political unrest in the region and a coup d'état in Burkina Faso, which may have affected the number of respondents. During times of conflict, populations might be more reluctant to participate in studies due to the fact that they might have more pressing issues demanding their attention. Furthermore, political unrest also has consequences on the accessibility to power, internet connectivity and other resources.

⁵ According to the World Bank, only 26% of the population in Mali has internet connectivity (2019), versus 18% in Burkina Faso (2019) and 10,2% in Niger (2017). Connectivity rates of women usually are generally even lower.

⁶ In Niger, 83% of the population lives in rural areas (2020) -

https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?end=2020&locations=NE&start= 2020&view=bar. In Burkina Faso, 69% of the population lives in rural areas (2020) https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?end=2020&locations=BF&start= 2020&view=bar, and in Mali, 56% of the population lives in rural areas (2020) https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?end=2020&locations=ML&start= 2020&view=bar

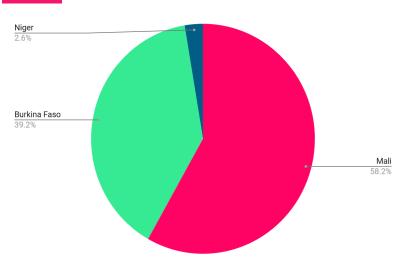








Respondents - Demographic information



Graph 1. All countries - Question 01.00.00; Country (%), (n = 1862)

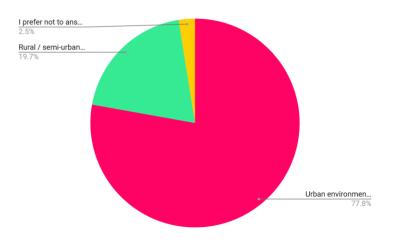
Target countries

This study included a total of **1862** participants from **three countries of the Sahel region**: **58.2%** were from **Mali**, **39.2%** from **Burkina Faso** and **2.6%** people from **Niger**⁷.

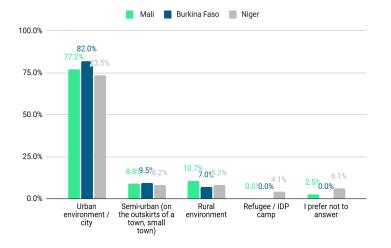
⁷ Given the low representation of respondents from Niger, which mostly consists of rural areas and was therefore more challenging in terms of outreach, country-specific analysis has only been provided for Mali and Burkina Faso.







Graph 2. All countries - Question 01.04.00; Living setting (%), (n = 1847)



Graph 3. All countries - Question 01.04.00; Living setting (%), (n = 1847)

Geolocation

Most participants come from an urban environment (**77.8%**), whereas **19.7%** come either from a rural / semi-urban area in the three countries.

In Mali, most of the participants come from the region of **Bamako** (60.8%), followed by **Segou** (21.2%) and **Koulikoro** (9.5%). Bamako is the capital city of Mali, and Segou and Koulikoro are relatively close to Bamako, both located on the Niger river. Segou is the 6th largest city in Mali, and the Koulikoro region includes cities like Kati and Kolokani.

In Burkina Faso, most participants come from les **Hauts-Bassins (44.5%)**, followed by **Centre (20.2%)** and **Cascades (9.8%)**. Les Hauts-Bassins is a region bordering Mali and has the city Bobo-Dioulasso, whereas Centre harbors Ouagadougou, the Burkina capital city. Cascades is located just below Hauts-Bassins and borders Mali too, and includes the city of Banfora.



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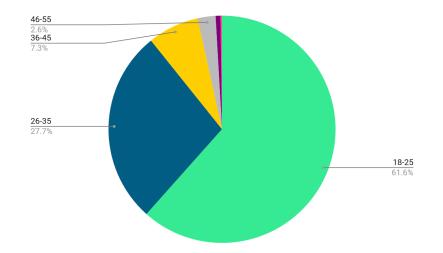
Age

The large majority of participants across the three countries are between the ages of 18 and 25 years old (**61.6%**), followed by **27.7%** of the participants between the ages of 26 and 35 years old.

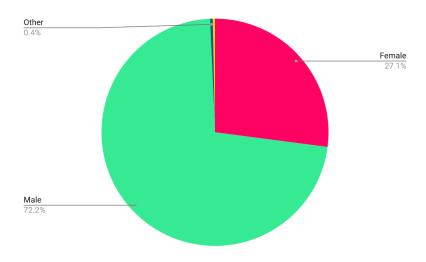
This is also true for Mali (**56.7%** and **32.1%**) and for Burkina Faso (**71.3%** and **19.8%**). The third largest age group is the 36 to 45 years old, averaging **7.3%** of all participants across the three countries. Participation of individuals of 46 years old and above is marginal.

Gender

71.7% of the participants in this study were male, and **27.1%** women. **0.8%** of the participants preferred not to answer and/or identified themselves with "Other". This gender ratio is similar between Mali and Burkina Faso.



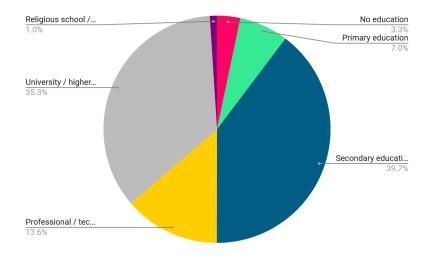




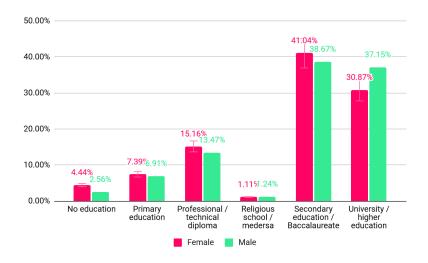
Graph 5. All countries - Question 01.01.00; Gender (%), (n = 1862)













Education

The majority of the participants have completed a higher education level such as secondary education (**39.7%**), university or higher education (**35.3%**) and a professional or technical degree (**13.6%**). Only **3.3%** of the total participants had no education whatsoever. This trend can indeed be seen across the three countries.

In graph 7 it can be observed that most of the female respondents (41%) have obtained their baccalaureate (secondary education), whereas there are approximately as many male respondents who have obtained their baccalaureate (38.7%) or completed their higher education (37.2%). Only 30.9% of female respondents have completed their higher education.

Conclusion

Most of the participants of this research come from Mali (approximately **58%**) and Burkina Faso (**39%**). Only around **3%** of the participants come from Niger. The respondents also mostly come from urban areas (cities) and the largest age group is between 18 and 25 years old, followed by 26-35 years old. Around **72%** of the participants were men, and around **28%** were female. Furthermore, most respondents have either completed their secondary education (baccalaureate) or have completed a higher education (university).

This means the largest part of the respondents are educated urban young men in Mali and Burkina Faso.





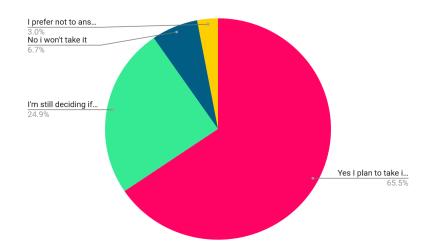
Data Findings

Willingness to take the COVID-19 vaccine

This section of the report addresses the willingness of respondents to take (or not take) the COVID-19 vaccine in the Sahel region, with a more detailed look at Mali and Burkina Faso specifically.

If a COVID-29 vaccine becomes available to you, do you plan to take it?

Firstly, participants were asked whether they would plan to take the vaccine if it became available. According to the data, **65.5%** of the participants **plan to take it** (or have already taken it), whereas **24.9%** of the participants **are still deciding** if they would take a COVID-19 vaccine.



Graph 8. All countries - Question 01.06.00; Willingness vaccine (%), (n = 1847)

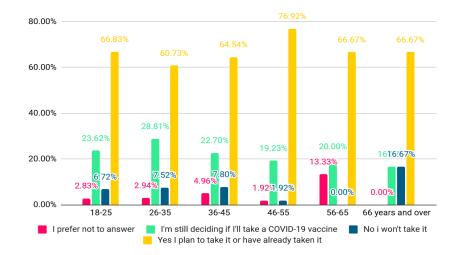
Only **6.7%** of the participants answered that they **do not plan to take it** if it ever became available for them. This suggests that within Mali, Niger and Burkina Faso, there is a high willingness of people to take the vaccine (or people might already have it). This confirms a trend where willingness for vaccination against COVID-19 seems to be quite high across the African continent⁸. As can be seen in graph 9, vaccine willingness is consistent among all age groups (all above 60%).

⁸ https://bmjopen.bmj.com/content/11/12/e055159,

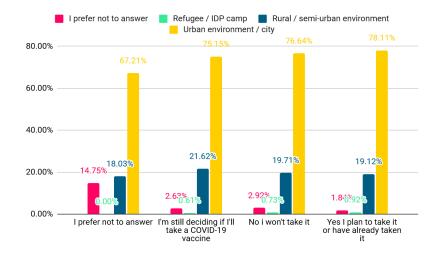
https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-022-00827-0, https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-12826-5







Graph 9. All countries - Question 01.06.00; Willingness vaccine X Age (%), (n =1847)



Graph 10. All countries - Question 01.06.00; Willingness vaccine X living setting (%), (n = 1847)

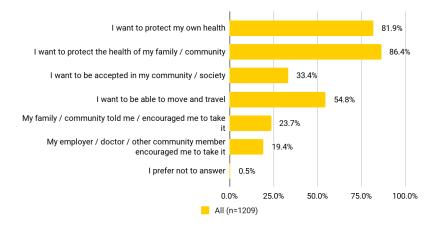
As most respondents come from urban areas, the results show that for any answer to this question, most of the respondents come from urban areas.

When looking at Mali specifically, each age group scores **above 60%** for planning to take the vaccine⁹. In Burkina Faso however, this is different: around **55%** of respondents between ages 26 and 45 state they plan to take it, whereas the youngest respondents (18-25) are mostly willing to take the vaccine (**66.9%**).

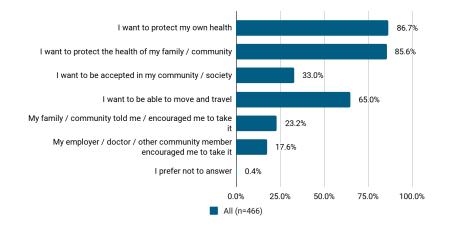
⁹ Respondents above 46 years old are only marginally represented and thus are not considered in this analysis.







Graph 11. All countries - Question 01.06.01; Willingness vaccine reasons (%), multiple answer question



Graph 12. Burkina Faso - Question 01.06.01; Willingness vaccine reasons (%), multiple answer question

Why do you think it is important to take the vaccine?

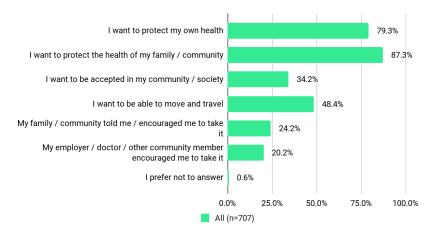
Wanting to be able to move and travel is also an important reason to get vaccinated as **54.8%** of the respondents chose this, rendering this the third most important reason.

The following question asks participants who answered 'Yes I plan to take it or have already taken it' why they believe it is important to take the COVID-19 vaccine. Participants could choose multiple answers (see graph 11). **86.4%** of the respondents answered that they want to **protect the health of their families and loved ones**, followed closely by wanting to **protect their own health (81.9%).**

In both Burkina Faso and Mali, the three above-mentioned reasons are also the most common. In Burkina Faso, **86.7%** of the respondents say that the **protection of their own health** closely followed by **protection of the health of their families and loved ones (85.6%)** and **wanting to be able to move and travel (65%)** are the most important reasons for taking the COVID-19 vaccine. When specifically looking at differences between genders, it appears that male and female respondents do not differ in their answers and stay true to the country's general trend.







Graph 13. Mali - Question 01.06.01; Willingness vaccine reasons (%), multiple answer question

Malian respondents chose the three same reasons previously mentioned, with **87.3%** choosing **to protect the health of their family/community**, as well as **79.3%** saying they want to **protect their own health** and **48.4% wishing to travel and move**. Furthermore, there are neither meaningful differences¹⁰ between the different genders or different age groups with their responses.

Some respondents¹¹ who have had the vaccine did experience side effects, such as this Malian woman who claims her menstrual cycle has been affected:

"lorsque j'ai fait le vaccin, mon menstruel a été perturbé" (Female Malian respondent)

Another person states that they have noticed many people falling ill after getting the vaccine:

"j'ai remarqué que beaucoup de gens tombent malade après avoir été vacciné" (Malian respondent)

But this was not the case for everybody, as some people did reply they had no negative side effects at all:

> "j'ai pris ma dose et il y a pas eu d'effet secondaire" (Malian respondent)

Furthermore, another Malian respondent states that most of the side-effects disappear the following day:

" ma remarque est que en cas de vaccin on doit pas de préoccuper des effets secondaires tel que les mots de tête les courbatures et autre car dès le lendemain ils disparaissent." (Malian respondent)

¹⁰ When we state there are no differences between different variables, it generally means that the data is very similar for each variable, with differences ranging from 0.1% to 2 or even 3%. When we state that there are very few differences or that the differences are close to none, this means that there is less than 10% difference between variables.

¹¹ At the end of the conversations, participants were asked whether they had any final remarks. This was a space for them to share their experiences, their thoughts on the conversation as well as information not asked throughout the conversation. The quotes used in this report were collected through this means.



Other Malian respondents seem very enthusiastic about the COVID-19 vaccine, and state that the vaccine can save lives, or that it is very effective.

"le vaccins covid-19 permet de sauver des vies" (Malian respondent)

However, a respondent from Burkina Faso does state that the different side effects do have an impact on the amount of rumors going around, which in turn reduces the number of people who want to get vaccinated.

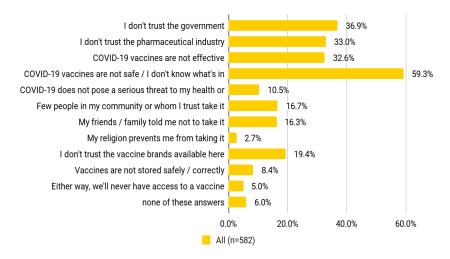
"les effets secondaires accroissent les rumeurs qui diminue le nombre de vaccinés des africains" (Burkina Faso's respondent)

What are the three main reasons for not taking the vaccine?

Respondents who have previously answered '*No I won't take it*' were asked what their three main reasons were for not taking the vaccine. **59.3%** of the respondents believed the **vaccine is not safe**, and/or that **they do not know what is inside the vaccine.** This is followed by not **trusting the government (36.9%)** and **not trusting the pharmaceutical industry (33%)**. Since only **2.7% answered that their religion prevents them from taking the vaccine**, it can be deduced that **religion is not a main driver against vaccination** among respondents. Furthermore, respondents appear mostly concerned about the effects of the vaccine on their health, which might be closely

linked to the type of rumors they hear the most (see pages 53 to 55).

We can also observe that there are no differences in the three main reasons within different age groups.



Graph 14. All countries - Question 01.06.02; Unwillingness vaccine reasons (%), multiple answer question

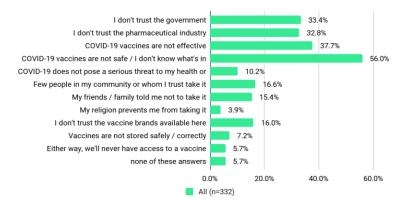
When looking specifically at Mali, most people who do not plan to get the COVID-19 vaccine believe **the vaccine is unsafe** (56%), followed by the belief that **the vaccines are not effective** (37.7%). Respondents say also mention that the population does not trust in the quality of the vaccine:

"la population n'a pas confiance à la qualité du vaccin" (Malian participant)

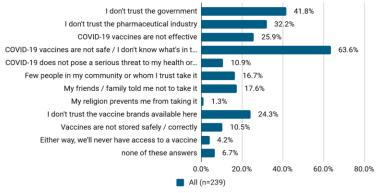
33.4% of the respondents also **state a lack of trust in the government as well as in the pharmaceutical industry (32.8%)**.



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Graph 15. Mali - Question 01.06.02; Unwillingness vaccine reasons (%), multiple answer question



Burkina Faso - Question 01.06.02; Unwillingness vaccine reasons - All %

Graph 16. Burkina Faso - Question 01.06.02; Unwillingness vaccine reasons (%), multiple answer question

Between male and female respondents in Mali there is nearly no difference in answers (see graphs 63 and 64 in the Annex): the perception that the vaccines are not safe remains the same for

both, however, the second, third and fourth main reasons are inverted for each gender. These differences are considered as the four main reasons remain the same for both genders.

63.6% of Burkina Faso's respondents also believe that **the vaccine is not safe and/or that they do not know what is in the vaccine**, followed by a having **lack of trust in both the government (41.8%)** and **the pharmaceutical industry (32.2%)**. The belief that vaccines are not effective ranks fourth in Burkina Faso, closely followed by a lack of trust of the different brands of vaccines available in the country (**24.3%**). This may be because of rumors or different news on specific vaccine brands.

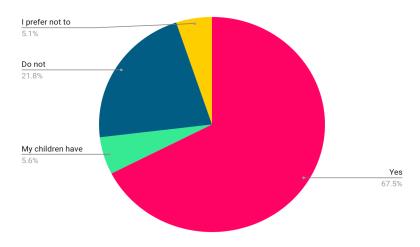
Have you or your children received other vaccines such as polio, measles, yellow fever, or DTP?

This question asks participants whether they have had vaccines other than the COVID-19 vaccine, such as polio, measles, yellow fever or DTP.

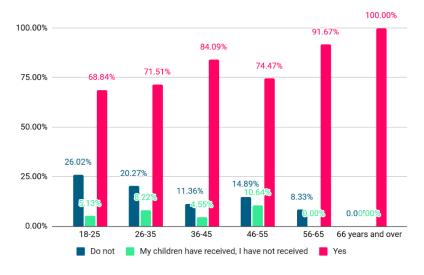
Two-thirds (67.5%) of the respondents say they have received other vaccines, whereas 21.8% answer not having received other vaccines. This trend can be seen in Mali and Burkina Faso as well, with 63.4% having received other vaccines in Mali, and 72.9% in Burkina Faso.







Graph 17. All countries - Question 01.06.02; Other vaccines (%), (n = 1847)



Graph 18. All countries - Question 01.06.02; Other vaccines X Age (%), (n = 1847)

A majority of respondents in each age group has received other vaccines (graph 18), however respondents between 18 and 25 years old (the age group with the most respondents in terms of numbers) appears to have less respondents who received other vaccines (68.84%). There is also a higher percentage of respondents between 18-25 years old who say they have not received other vaccines (26.02%) which is the highest percentage of all age groups in this regard.

Immunization rates / Antigen	Burkina Faso	Mali
BCG	98%	78%
DTP3	91%	70%
НЕРВЗ	91%	70%

Table 1.Immunization rates (2020) for Burkina Faso and Mali with three common antigens: BCG, DTP and Hepatitis B (Source: Unicef¹²)

Mali and Burkina Faso both have a similar trend, with most respondents (63.4% and 72.9% respectively) stating that they have had other vaccines. There are no differences between different age groups nor genders in both countries.

¹² https://data.unicef.org/topic/child-health/immunization/

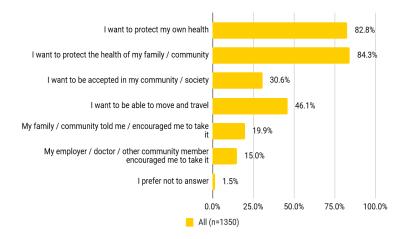




What was the main motivation to take these vaccines? Please select up to three options.

This is a follow-up question for respondents who answered 'Yes' or 'My children have received, I have not received' to the previous question. This current question asks respondents what their main motivation was to take these other vaccines. This is also a multiple answer question, where respondents are asked to select up to three different options.

Most people took other vaccines to protect the health of their family and/or community (84.3%), as well as to protect their own health (82.8%), which is similar to main reasons provided earlier to take the COVID-19 vaccine.



Graph 19. All countries - Question 01.07.01; Yes other vaccines (%), multiple answer question

In Mali, protecting the family and community was slightly more important (86.6%) than protecting their own health, while in Burkina Faso this was the other way around: "I want to protect my own health" (86.5%) was the most reported reason. The third reason to take other vaccines was the ability to be able to move around and travel: 42.4% in Mali and 50.8% in Burkina Faso. For both countries, there was no real difference between male or female respondents, nor between different age groups.

Conclusion

Most respondents are willing to take the COVID-19 vaccine because they want to protect their own health and that of their family / community, as well as wanting to be able to move and travel. Those who did not wish to take the vaccine stated they believe the vaccines are not safe and/or they do not know what is in them, and they do not trust the government nor the pharmaceutical industry. Many also believe the vaccines are not effective at protecting them from COVID-19.

Most of the respondents state they have previously received other vaccines, which they did to protect the health of their families and communities as well as their own health. These reasons are similar to why respondents would choose to get the COVID-19 vaccine.

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Access

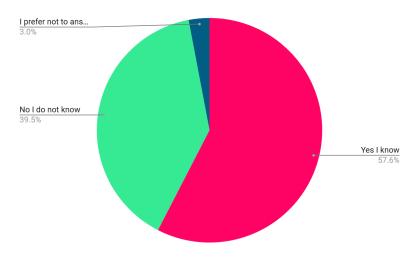
In this section of the report we will explain the results on the question of access to the COVID-19 vaccine.

Do you know how to access a COVID-19 vaccine (regardless of whether you would like to take one)?

This question asks respondents whether they know how to access a COVID-19 vaccine. To this, **57.6%** of the participants answered that they **know how to access the COVID-19 vaccine**, whereas **39.5% do not know how to access it**. In both Burkina Faso and Mali the percentages are the same (**57.1%** and **57.2%** respectively say they know how to access it) (see graphs 65 and 66 in the Annex). The remaining answers are from people who did not want to provide us with a response.

Most respondents who know how to access the vaccine come from urban environments¹³ (**79.17%**) (graph 25). When looking at rural / semi-urban areas, there is a slightly higher percentage of respondents who do not know how to access the vaccine (**21.21%**) compared to those who know how to access it (**18.39%**). More information per living setting can be found in the Annex¹⁴. When we look at the three regions where most respondents come from in Mali, **55.96%** of the respondents from the Bamako region state they know how to access

vaccines. In Koulikoro the percentage is similar: **52.38%** of the participants say they know how to access vaccines (see graph 82 in the Annex).

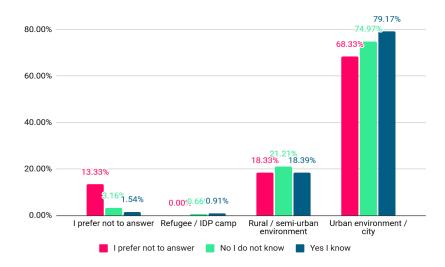


Graph 24. All countries - Question 01.12.00; Know how to access (%) (n = 1847)

¹³ This is due to the fact that most respondents come from urban environments. ¹⁴ Graphs 84, 85 and 86 in the Annex.

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Graph 25. All countries - Question 01.12.00; Know how to access X Living setting (%) (n = 1847)

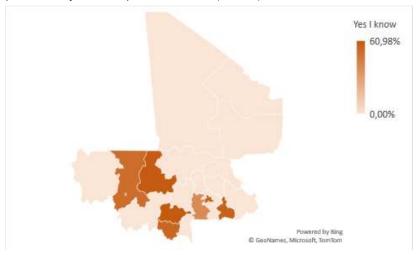
In the Segou region, the percentage of respondents knowing how to access COVID-19 vaccines is above **60%**. This shows there is still a considerable amount of respondents (slightly less than half of the respondents of these regions) who do not know how to access the COVID-19 vaccines.

For Burkina Faso, **56.1%**, **60.98%** and **55.41%** respondents of the Centre, Hauts Bassins and Cascades¹⁵ respectively, say they know how to access the vaccine (graph 83).

65.32% of respondents who plan to take the vaccine know how to access the COVID-19 vaccine. **32.38%** are still undecided.

49.23% of the respondents who say they will not take the COVID-19 vaccine also do not know how to access it. From the people who are still deciding whether or not they wish to take the vaccine, only **42.35%** of the respondents know how to access it. This means that **information or awareness campaigns about where to access the vaccine could be improved as this could be seen as a barrier to access even if people are willing to get it.**

Both results from Mali and Burkina Faso are very similar to the regional trend: most respondents know how to access the COVID-19 vaccine regardless of whether they would like to take one. In Mali, we can see that female respondents are less likely to know how to access a COVID-19 vaccine (**53.6%**) versus male respondents (**58.6%**), as well as young respondents (below 35 years old) versus older participants.

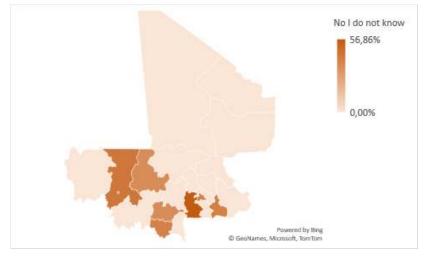


Graph 25.1 Mali and Burkina Faso - Question 01.12.00; Know how to access X Region (%) (n = 1847)

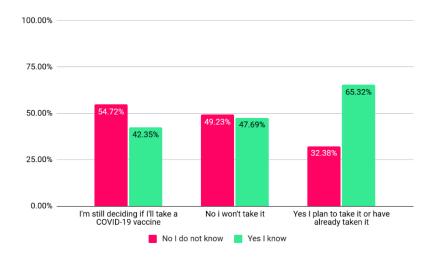
 $^{^{\}rm 15}$ These three regions are the ones where most participants come from in Burkina Faso.







Graph 25.2 Mali and Burkina Faso - Question 01.12.00; Know how to access X Region (%) (n = 1847)



Graph 26. All countries - Question 01.12.00; Know how to access X Willingness vaccine (%) (n = 1847)

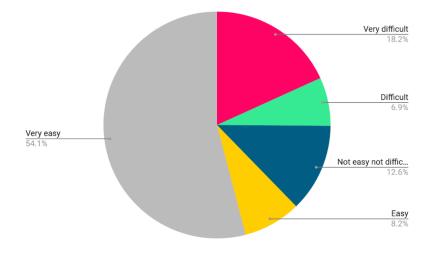
In Burkina Faso, there is a similar difference between male and female respondents, with **60%** of the male respondents stating that they know how to access a COVID-19 vaccine, against **49.1%** of female respondents. These differences might be linked to information sources like access to (online) media, newspapers or even other different sources of information that will be addressed later on in this report.

Is it easy or difficult to get vaccinated against COVID-19 in your community or region? 1 star indicates 'very difficult', while 5 stars means 'very easy'.

This question was a star rating question, in which respondents indicated how easy or difficult it is to get vaccinated in their community or region. Responses were captured on a scale of one to five stars, with one star indicating 'very difficult' and five stars 'very easy'.



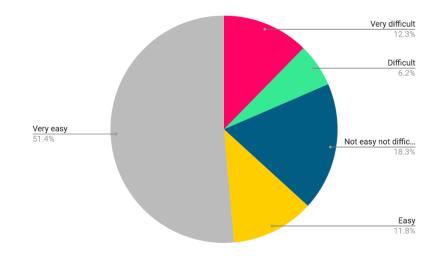




Graph 27. Mali - Question 01.13.00; Access easy or difficult (%) (n = 1070)

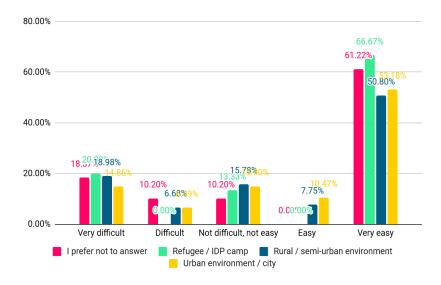
In Mali, **25.1%** of the respondents believe it is either difficult or very difficult to get vaccinated whereas **62.2%** of the **respondents think it is easy or very easy to get vaccinated against COVID-19. 18.2%** do believe it is very difficult to get vaccinated, which might be linked to where these participants come from.

Similarly to Mali, half (**51.4%**) of Burkina Faso's respondents state that it is very easy to get vaccinated against COVID-19 in their community or region. A total of **63.4%** of Burkinabe respondents **think it is easy or very easy to get vaccinated** versus **18.7%** of the respondents saying it is difficult or very difficult. Approximately as many respondents (**18%**) do not think it is either hard or easy to get vaccinated in their region. Most of the respondents living in urban areas say it is very easy to access the vaccine (**53.18%**), whereas **14.86%** say that it is very difficult to access it (see graph 29). Most of the other respondents from rural / semi-urban environments (**50.8%**) as well as from refugee camps (**66.67%**) also say it is very easy to access it. However, for respondents living in urban environments, there are still many respondents stating it is difficult or very difficult to access (**21.35%**).



Graph 28. Burkina Faso - Question 01.13.00; Access easy or difficult (%) (n = 728)

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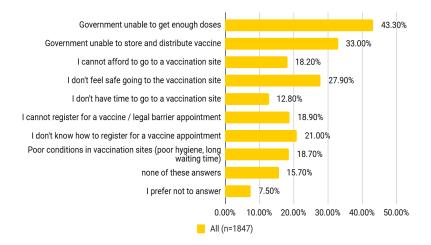
Graph 29. All countries - Question 01.13.00; Access easy or difficult X Living setting (%) (n = 1847)

What are the barriers to accessing the COVID-19 vaccine? Please select the top three obstacles.

This following question focuses on the different barriers encountered by respondents to accessing the COVID-19 vaccine. This was a multiple answer question with participants choosing more than one obstacle from the answer list.

Generally, it seems that the top three main barriers to access the COVID-19 vaccine are: **the government is not able to get their hands on enough doses (43.3%)**, followed by **the** government not being able to store and distribute the vaccines (33%). 27.9% of respondents also mentioned not feeling safe going to a vaccination site, as well as not knowing how to register for a vaccination appointment (21%), and not being able to afford vaccinations (18.2%)¹⁶.

Malian respondents give the same three main obstacles as previously mentioned (graph 67), with no differences between the two genders. Respondents from Burkina Faso also state that the largest barrier to accessing the COVID-19 vaccine would be that the government is unable to get enough doses (**40.9%**) (graph 68).



Graph 30. All countries - Question 01.14.00; Barriers (%), multiple answer question

¹⁶ Vaccines are free of charge however there may be some perceived costs, as well as logistical costs included for people to reach the vaccination site.



29.3% of the respondents in Burkina Faso also believe that the government is unable to store and distribute the vaccine and respondents state they do not feel safe going to a vaccination site.

Within the *Final Remarks*, a few participants also mentioned the need for more vaccination sites:

"plus de sites de vaccination serait mieux" (Malian respondent)

This would suggest that many people believe there are not enough vaccination sites. This can also be seen in the following quote:

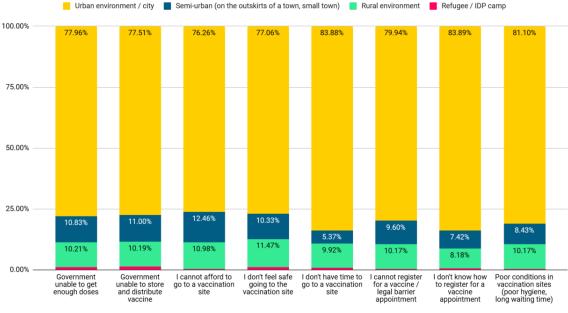
> "on le trouve pas facilement dans les sous régions" (Nigerien respondent)

This respondent mentions that vaccination sites cannot be easily found in subregions, which might also mean that, in more rural areas, people do have trouble finding adequate vaccination sites. Furthermore, another barrier which came up multiple times in the *Final Remarks* concerns the side effects of the vaccine, as can be seen in this quote "the side effects of the vaccine are sometimes a barrier".

"les effets secondaires du vaccin constituent parfois une barrière" (Nigerien respondent)

The top three reported barriers to accessing the COVID-19 vaccine are: 'the government cannot get enough doses', followed by 'the government being unable to store and distribute the vaccines', and 'not feeling safe going to the vaccination site'.

Disaggregation by gender does not reveal any differences for each of the three lowest age groups (18-25, 26-35 and 36-45 years old) with regard to selecting barriers.



Living setting X Barriers





With regards to older groups, there appears to be no difference in trend with the group of 46-55 compared to the younger age groups, and above the age of 55 it appears that not feeling safe going to the vaccination site has been chosen more often than the government not being able to store and distribute the vaccine. However, there are much less participants above the age of 45 compared to the younger age groups, which is why the results are not considered representative.

Graph 30.1 displays the living settings of the respondents cross-tabulated with barriers to obtaining the COVID-19 vaccine, with the below graphs being filtered per gender. It appears that **there is a similar number of respondents coming from both rural and urban environments that have the same barriers.** There are not that many respondents coming from refugee / IDP camps, so the results from this living setting are not representative of the people coming from refugee camps in general.

When looking at the different genders specifically, there are small differences, however it is difficult to know how significant they are.

For instance, the percentages of both male and female respondents coming from urban environments remain similar across all barriers, but when looking at the differences between semi-urban and rural environments, it shows that more female respondents that 1) lack time to go to a vaccination site and/or 2) cannot register for a vaccine (legal barrier appointment) come from rural areas than urban. From the female respondents who cannot afford to go to a vaccination site, more come from semi-urban environments than rural areas. For

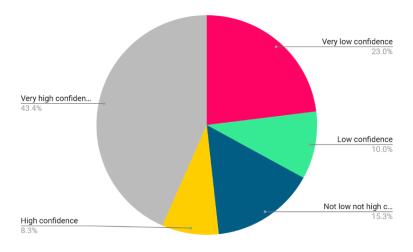
men, it is observed that the percentages remain relatively similar across all barriers: around 75 to 80% of the respondents come from urban areas, 8-11% come from semi-urban areas and 9-11% from rural areas.

The data shows no difference between male and female respondents in this regard. When looking at the different age groups, no differences are visible either as the three main barriers are the same across ages. When looking at the living settings, there are some minor differences between male and female respondents however they remain minimal: the differences can sometimes be just a few percent.

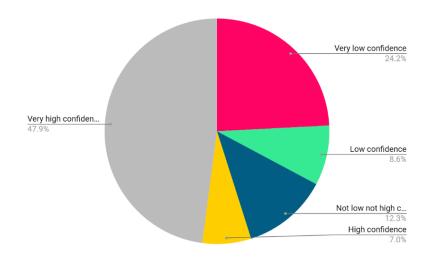
Do you have low or high confidence in the government for distributing COVID-19 vaccines to everyone who wants to take it? 1 star indicates 'very low confidence', while 5 stars means 'very high confidence'.

This question asks through a star rating question, whether respondents have high or low confidence in the government for distributing COVID-19 vaccines. Participants can indicate, through selecting a specific number of stars up to five, how confident or not confident they are. One star indicates 'very low confidence' and five stars indicates 'very high confidence'.





Graph 31. All countries - Question 01.15.00; Confidence (%), (n = 1847)



Graph 32. Mali - Question 01.15.00; Confidence (%), (n = 1070)

Very high confiden... 37.5% Low confidence 12.0%

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Graph 33. Burkina Faso - Question 01.15.00; Confidence (%), (n = 728)

Regionally, respondents have a very high confidence in the government (43.4%) for distributing COVID-19 vaccines to everyone who wants to take it. 8.3% have high trust in the government, while 33% of the respondents say they have a low or very low confidence in the government to do this.

There are not any differences in the above answers related to their living setting, as most people do come from an urban environment, meaning regardless of the answer given to the above question, most people will come from an urban environment.

Mali follows the above-mentioned trend: **54.9%** of the respondents have **high or very high confidence in the**

28





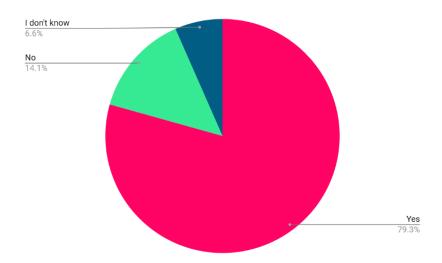
government, against **32.8%** having **low or very low confidence** in the government.

In Burkina Faso, **47.8%** of the respondents state they have **high** or **very high confidence** in the government for distributing COVID-19 vaccines against **33.1%** of respondents who have a **low or very low confidence** in the government's ability to distribute COVID-19 vaccines.

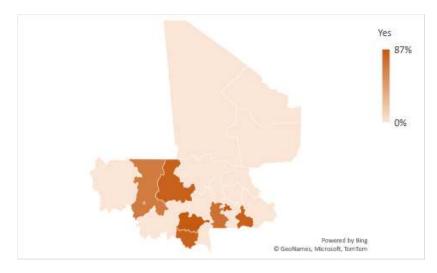
Have there been any COVID-19 vaccination awareness campaigns in your community/area?

This question is closely related to barriers of vaccination against COVID-19 as campaigns can be seen as potential information sources. Respondents were asked whether there have been any COVID-19 vaccination awareness campaigns in their community or area.

Most respondents (**79.3%**) in Burkina Faso and Mali said that there had been awareness campaigns for the COVID-19 vaccination in their region (see graph 73 in Annex). **79.88%** of respondents living in urban environments as well as **77.57%** of respondents living in rural / semi-urban areas answered that there have been COVID-19 vaccination awareness campaigns in their area.



Graph 34. All countries - Question 01.16.00; Awareness campaign (%), (n = 1847)



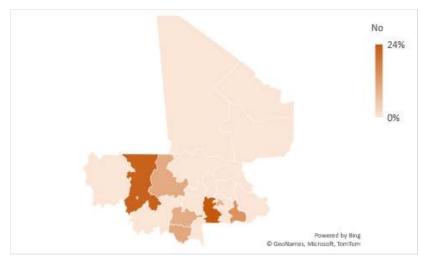
Graph 35. Mali and Burkina Faso - Question 01.16.00; Awareness campaign X Region (%), (n = 1071)





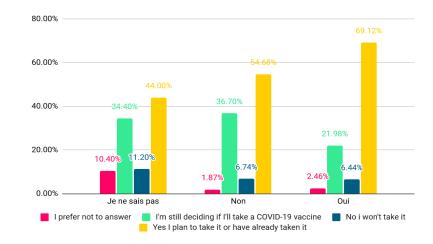
In Mali, respondents from the three regions¹⁷ mainly say that they have seen awareness campaigns: **75% of the respondents of Bamako, 65% of the respondents from Koulikoro and 82% of the respondents from Segou**¹⁸.

In Burkina Faso, respondents from Hauts-Bassins, Centre and Cascades also mainly say they have seen awareness campaigns (**87%, 86% and 81% respectively**). In Centre-Est and Centre-Ouest, 82% and 71% of the respondents respectively state that there have been awareness campaigns.



Graph 35.1 Mali and Burkina Faso - Question 01.16.00; Awareness campaign X Region (%), (n = 1071)

69.12% of the respondents who said there had been awareness campaigns, plan to take the vaccine or have already taken it (graph 37). Of the people who say they have not seen any vaccination awareness campaigns in their areas, **54.68%** want to take the vaccine while **36.7%** are still undecided. It would be interesting to further research what effect these awareness campaigns have had on respondents, whether it helped in their decision-making regarding their willingness, or had an adverse effect or even whether it did not have any effect.



Graph 37. All countries - Question 01.16.00; Awareness campaign X Willingness vaccine (%), (n = 1847)

In Mali and Burkina Faso, the majority of respondents state that **there have been awareness campaigns (76.3%** and **83.2%** respectively) (see graphs 80 and 81 in Annex). In Mali, the older people get, the more they answer *yes* to the question of

¹⁷ Bamako, Segou and Koulikoro as they are the regions where most participants come from.

¹⁸ In graph 35 as well as in graph 35.1 we look at the regions where around 90% of the respondents come from in both Mali and Burkina Faso. In Mali this is in Bamako, Koulikoro and Segou, whereas in Burkina Faso this is Cascades, Centre-Est, Centre, Hauts-Bassins and Centre-Ouest.





whether there have been any COVID-19 vaccination awareness campaigns in their community/area.

Conclusion

A majority of respondents know how to access the vaccine, and most people who plan to take the vaccine also know how to get access. Most participants who found it easy or difficult both originate from urban areas, and highlighted some possible issues that may need to be investigated in another study: the lack of safety perceived by respondents (women in Burkina Faso) when going to a vaccination site, as well as lack of information on registering for an appointment. One main obstacle to getting the vaccine is the belief that the government cannot get enough doses for everyone who wishes to get vaccinated, followed by the government being unable to store and distribute the vaccine.

Generally, most respondents have a very high trust in the government for distributing COVID-19 vaccines. Furthermore, most respondents also answered that there had been awareness campaigns in their area / region.



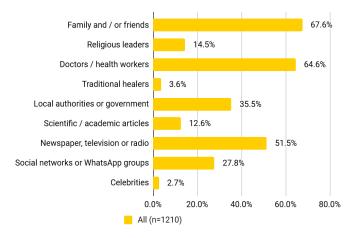


Main sources of information for decision-making

This section of the report addresses the different sources of information regarding medical issues and COVID-19 of the respondents. It will look at the main sources of information, as well as different actors who could convince respondents to take the COVID-19 vaccine.

What were your three main sources of information when you made your decision?

This question asks participants what their three main sources of information were with regards to their decision on whether or not they would be willing to take the COVID-19 vaccine.



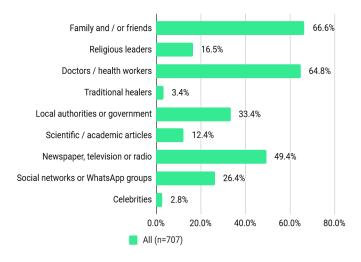
Participants in Mali, Burkina Faso, and Niger **mostly got their information from family and/or friends (67.6%)** followed by **doctors and/or health workers (64.6%)** and from **media (newspapers, television or radio) (51.5%)**. Around one-third of the participants also got information from their local authorities or governments (**35.5%**). It is noticeable that social networks or WhatsApp groups are also an important source of information **(27.8%)**, currently ranking 5th. **This is a trend that can be seen separately in Mali and Burkina Faso**. Traditional healers, however, are not seen as a reference in terms of information on the COVID-19 vaccine, shared by **3.4%** of respondents in Mali and **4.1%** in Burkina Faso. Furthermore, celebrities hardly play any role as source of information with only 2.7% of the respondents getting their information from them.

In Mali, there are very few differences between male and female respondents and the trends remain the same. With regards to age groups, there are some remarkable differences. Respondents between the ages of 18-25 mainly get their information from family and/or friends (73.5%) (see graph 69 in the Annex), whereas respondents in the age group 26-35 years old mainly get their information from doctors and/or health workers (61.2%), only then followed by friends and/or family (56.7%).

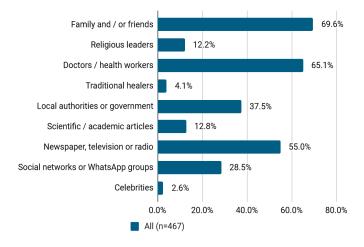
Graph 38. All countries - Question 01.06.03; Effective strategy (%)

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Graph 40. Burkina Faso - Question 01.06.03; Effective strategy (%)

In Burkina Faso, the three main sources of information were the same as Mali. When looking at male and female respondents there are no differences, as both genders mostly get their information from family and/or friends and doctors / health workers. Like Mali, Burkina Faso's respondents between 18-25 years old also source information from friends and/or family (73%), with respondents between 26 and 45 years old sourcing more from doctors/health workers (64.6%).

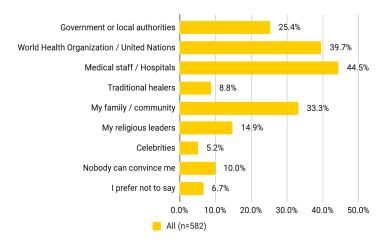
Who would you trust if they say the vaccine is safe and effective? Multiple answers possible.

With this question, respondents were asked to state who they would trust if they said that the vaccine is safe and effective. Once again this is a multiple answer question, where participants could select multiple answers to indicate the most trusted actors with regards to the safety and effectiveness of COVID-19 vaccines.

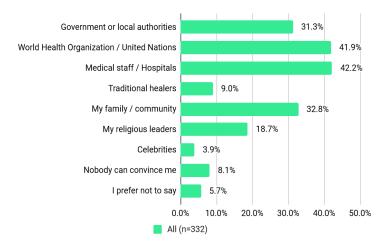
In the three countries, **44.5%** of the respondents said they would **trust medical staff the most** if they said that the vaccine was effective. **The WHO (World Health Organization) and the UN (United Nations) would be the second most trusted actors (39.7%)** followed by **people's own families and communities (33.3%)**. The government and/or local authorities only rank 4th (**25.4%**). Generally, celebrities were not reported as trusted sources much (**5.2%**).







Graph 41. All countries - Question 01.06.04; Convincing (%), multiple answer question



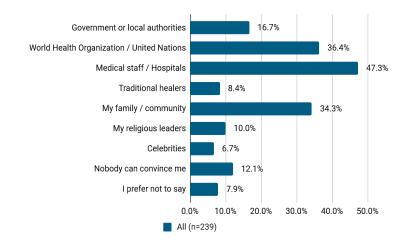
Graph 42. Mali - Question 01.06.04; Convincing (%), multiple answer question

Mali, both the medical staff and the WHO/UN are nearly tied as the most trusted actors (42.2% and 41.9% respectively). This is then followed by strong trust in family and communities (32.8%) and in governments and/or local authorities (31.3%). One small difference that can be noticed between male and female respondents is that women trust medical staff/hospitals more than men do (52.2% for women and 38.4% for men), whereas men trust the UN/WHO the most before medical staff (42.1%).

In Burkina Faso, **47.3%** of the respondents state that they would **trust medical staff/hospitals if they say the vaccine is safe and effective, followed by the WHO/UN (36.4%)** and their **own family/community (34.3%)**. Compared to female respondents, male respondents have a clear top three actors they would trust: **49.4%** trusting medical staff, followed by **35.6%** trusting the WHO/UN, and finally **31.7%** trusting their families and communities. A more or less equal number of female respondents trust the WHO, medical staff and their families (**39.7%**, **41.4%** and **41.4%** respectively). No differences between different age groups have been identified.





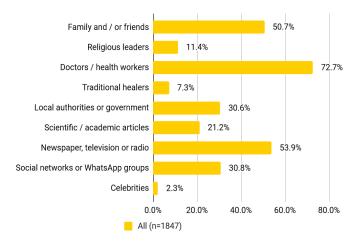


Graph 43. Burkina Faso - Question 01.06.04; Convincing (%), multiple answer question

Which sources do you mainly consult for information with regard to health and medical advice? Please select up to three options.

This question was asked to respondents to identify their main information sources with regards to health and medical advice. This was another multiple answer question.

In Mali, Niger and Burkina Faso combined, respondents answered that **doctors and health workers were their main source for any medical issue (72.7%)**. This was followed by **53.9%** of the respondents getting their information from **newspapers, television or radio** (conventional media) and **50.7%** stating that they source their information from **family and/or friends**.

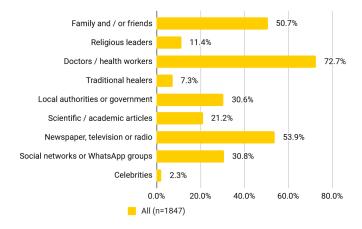


Graph 44. All countries - Question 01.08.00; General sources of information (%), multiple answer question

Doctors / health workers are seen as the most important medical source of information both in Mali (**72.7%**) and in Burkina Faso (**73.8%**), followed by an (nearly) equal importance of both family and/or friends (**50.5%** and **51.6%** for Mali and Burkina Faso respectively), and conventional media (newspapers, television and/or radio) (**52.1%** for Mali and **56.5%** for Burkina Faso). In Mali as well as Burkina Faso, there is no difference in trends between genders and age groups.







15.0%

19.3%

31.8%

30.2%

40.0%

7.4%

1.8%

20.0%

0.0%

Country: Mali (n=1070)

50.5%

52.1%

60.0%

72.7%

80.0%

Graph 44. All countries - Question 01.08.00; General sources of information (%), multiple answer question

Family and / or friends

Doctors / health workers

Local authorities or government

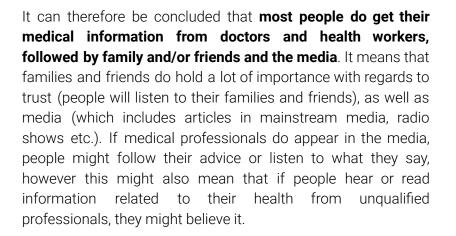
Scientific / academic articles

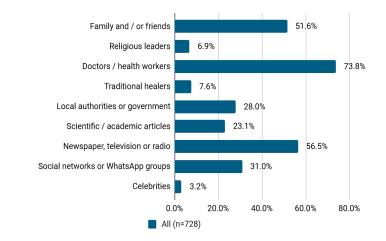
Newspaper, television or radio

Social networks or WhatsApp groups

Religious leaders

Traditional healers





Graph 45. Mali - Question 01.08.00; General sources of information (%), multiple answer question

Celebrities

Graph 46. Burkina Faso - Question 01.08.00; General sources of information (%), multiple answer question



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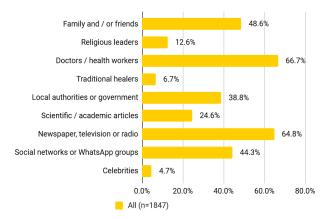
Which sources do you mainly consult for information with regard to COVID-19?

Compared to the previous question, this question asks participants which sources they consult for information related to COVID-19. Like the previous question, this one has multiple answers. Participants can therefore indicate more than one source of information related to COVID-19.

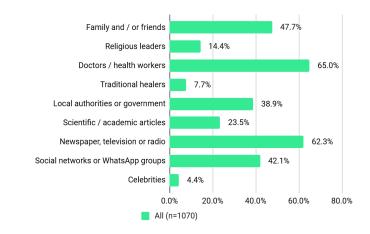
Most respondents refer themselves to medical staff and doctors (66.7%) followed by media (newspapers, television and/or radio) (64.8%) and family and/or friends (48.6%).

When looking at Mali specifically, **doctors/health workers come first with 65%. Media (newspaper, television or radio) is a greater source of information (62.3%) than family and/or friends (47.7%)** and it seems that **local authorities (38.9%) and social networks or WhatsApp groups (42.1%) have similar importance**. Celebrities, religious leaders and traditional healers play nearly no role in being a medical source on COVID-19.

Burkina Faso has very similar results to Mali: **69.4%** of the respondents **going to doctors/health workers, 68% read newspapers, listen to the radio and watch television, 50.7% of the respondents go to their families and/or friends** and lastly, **47%** of the respondents use social media. There is no real difference between genders nor age groups with regards to this question.



Graph 47. All countries- Question 01.09.00; Sources of information COVID-19 (%), multiple answer question



Graph 48. Mali - Question 01.09.00; Sources of information COVID-19 (%), multiple answer question

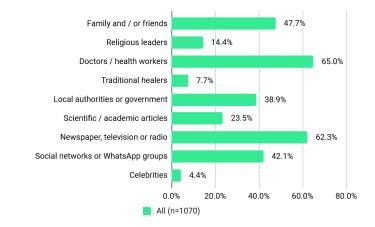




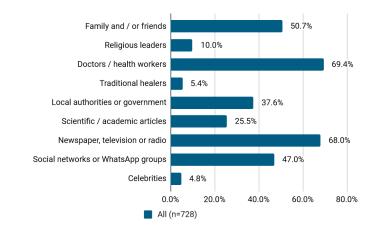
For all three possible answers to whether respondents know how to access (either Yes, No or I prefer not to answer), the **4** main information sources remain the same: the first two main information sources are Doctors / health workers and Newspapers, television or radio. They are followed by Family and or friends, and Social networks or WhatsApp groups.

In other words, there seems to be no correlation between the main sources of information that people use with regard to COVID-19, and their knowledge on access to the COVID-19 vaccine.

It seems that most of the male respondents who know how to access the vaccine get their information from doctors/health workers (21.4%), followed by newspapers, television or radio (19.57%) and family and or friends (15.36%). Most male respondents who do not know how to access the COVID-19 vaccine get their information on COVID-19 from newspapers, television or radio (21.7%) followed by doctors and health workers (20.84%) and family and or friends (15.37%).







Graph 49. Burkina Faso - Question 01.09.00; Sources of information COVID-19 (%), multiple answer question

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Most women who do not know how to access COVID-19 vaccines get their information from doctors / health workers (23.3%), followed by newspaper, television or radio (21.9%) and family and or friends (17.1%). The same three main sources of information can be observed for female respondents who do know how to access the vaccine: 22.42% from newspapers, television or radio, 21.45% from doctors/health workers and 16.36% from family and or friends.

It makes no difference for female or male respondents whether they know or do not know how to access the COVID-19 vaccine: the sources of information are the same as the three main sources: doctors and health workers, conventional media, and friends/family. Male respondents who know or do not know how to access the COVID-19 vaccine get their information on COVID-19 from the same sources, which is also something to be observed between female respondents who know or do not know how to access the vaccine.

> In some communities, a lot of rumors seem to be circulating. Do you feel able to separate rumors about COVID-19 from the truth?

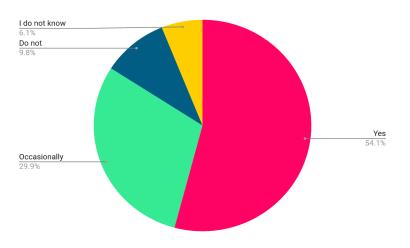
This question is closely linked to the previous question, as it refers to rumors participants may or may not have heard in their communities / region. This particular question wishes to identify how many respondents think they are able to separate rumors about COVID-19 from the truth.

Most participants across the three countries answered that they are capable of separating rumors from the truth about COVID-19 (54.1%). 29.9% of the respondents occasionally manage to separate rumors from the truth, while the rest do not or do not know if they can. Both Mali and Burkina Faso have very similar results, with very little differences.

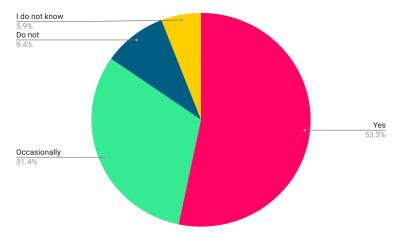
Most people who say they can separate rumors from the truth are also willing to take the vaccine (or have already taken it) (74.64%). The second group of people answering that they can differentiate fake information from truth is still deciding whether they want to take the COVID-19 vaccine (17.47%). However, many people who do not know how to separate rumors from the truth also would like to take the vaccine (46.03%), and 38.15% are still deciding if they will take the vaccine. It does not show that people who cannot differentiate between truth and misinformation are more prone to refusing to take the COVID-19 vaccine.







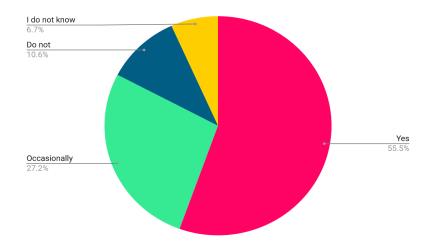
Graph 50. All countries - Question 01.10.00; Rumors (%), (n = 1847)



Graph 51. Mali - Question 01.10.00; Rumors (%), (n = 1070)

In Mali, there are no differences between male and female respondents on this question. On the other hand, the older participants get, the more likely they are to say yes to being able to separate rumors from the truth. This can be seen with participants from 18-25 years old, where **50.5%** answered yes to the question. In each following age group, this percentage increases until the age of 55 years old.

Like in Mali, there are close to no differences between genders nor age groups in Burkina Faso with regards to this question. From this it can be concluded that more than half of the respondents say they are able to separate rumors about COVID-19 from the truth in Burkina Faso as well as Mali.



Graph 52. Burkina Faso - Question 01.10.00; Rumors (%), (n = 728)



Examples of rumors

This was an open question where participants could write different rumors they had heard in their communities or region.

Out of all the answers received to this question, only 996 were considered actual rumors about COVID-19 in Mali. When looking at the main rumors participants have heard, it can be seen that **43.0%** of the main rumors have been about **COVID-19 not existing, being a myth or an invention**.

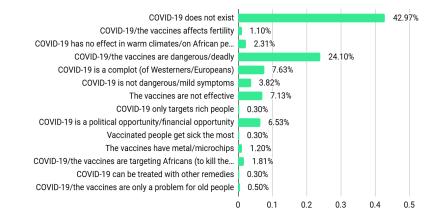
"les gens ne croient pas beaucoup en l'existence de cette maladie au mali." (Malian respondent)

The second biggest rumor (24.1%) is about the dangers of COVID-19 and/or the vaccine, meaning rumors indicating that people would die or get sick relatively soon after having had the vaccine, or the rumors could have been on different health problems caused by COVID-19. Other rumors heard would concern the fact that COVID-19 is something created by Westerners with a some goal in mind (7.6%), or that vaccines are not effective (7.1%), or even that COVID-19 is just serving politicians so that they can get more money or extort citizens (6.5%).

Similar to Mali, in Burkina Faso, **28.4%** of the respondents say that they hear rumors about **COVID-19 not existing**, while **26.5%** of the respondents mention rumors of **the dangers of the vaccine and how it can affect people's health once they**



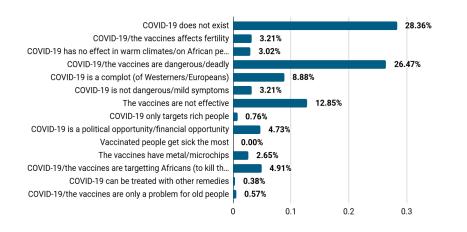
are vaccinated. **12.9%** of the participants state they heard rumors about the fact that vaccines are not effective, or that a lot of people do not trust the vaccines. Lastly, other rumors heard by **8.9%** of the respondents concern conspiracy theories and rumors on the fact that COVID-19 is created by Westerners, in China or even just to decrease the human population. It was interesting to notice that close to **5%** (**4.9%**) of the participants heard rumors on the fact that the vaccines and COVID-19 have been created to decrease the African population, to kill them off or even to just use Africans as lab rats to test new vaccines.



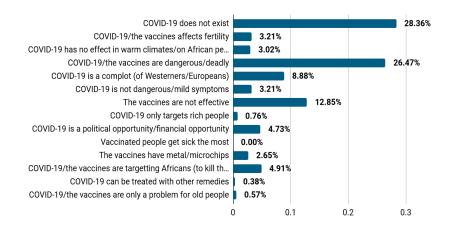
Graph 53. Mali - Question 01.10.01; Example rumors (%), (n = 996)







Graph 54. Burkina Faso - Question 01.10.01; Example rumors (%), (n = 529)



Graph 55. Burkina Faso - Question 01.10.01; Example rumors (%), (n = 529)

Conclusion

Regionally, respondents based their decisions about their willingness to take the COVID-19 vaccine on information received from family and/or friends, doctors and/or health workers as well as the media (newspapers, television or radio). However, most respondents would trust medical staff the most if they said that the vaccine was effective, followed by the WHO and the UN and families / communities. When respondents need information about anything related to COVID-19, they turn to medical staff and doctors, followed by conventional media (newspapers, television and radio), and lastly family and friends. Most respondents say they are able to separate rumors from the truth on COVID-19, and most rumors within both Mali and Burkina Faso seem to be about the fact that COVID-19 does not exist, followed by health and safety concerns about the vaccine.





Discrimination

In this section of the report discrimination and stigma against people with COVID-19 will be addressed: whether respondents believe this exists and if so, whom it concerns.

Do you think that there is discrimination against people with COVID-19?

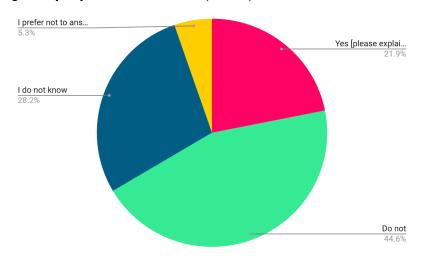
This question asks respondents whether they believe that people with COVID-19 are discriminated against.

Generally, **44.6% of the respondents do not believe that people with COVID-19 are discriminated against**: in Mali this represents **41.3%** and in Burkina Faso **49.2%**. However, it can be seen that **28.2%** of the respondents **do not know whether people with COVID-19 are discriminated against**.

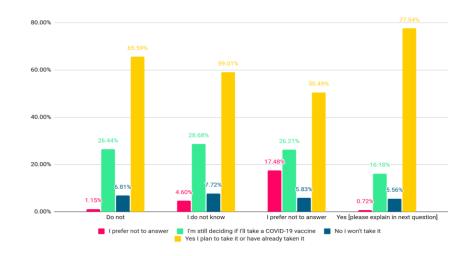
77.5% of the respondents who say that there is discrimination against people with COVID-19, are also planning to take the vaccine or have already taken it. A similar result can be observed with people who do not believe there is discrimination against people with COVID-19, with **65.6%** of people who are still willing to take the vaccine.

In Mali, people between **35.3%** of the **18-25** years old mostly do not know whether there is discrimination against people with COVID-19, whereas people between the ages of **26-35**

years old mostly believe that there is no discrimination against people with COVID-19 (51.7%).

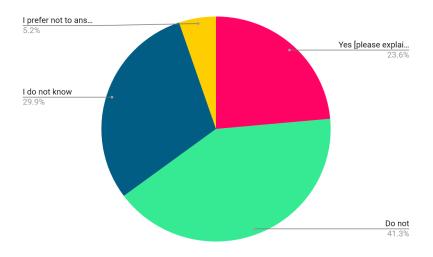


Graph 56. All countries - Question 01.11.00; Discrimination (%), (n = 1847)

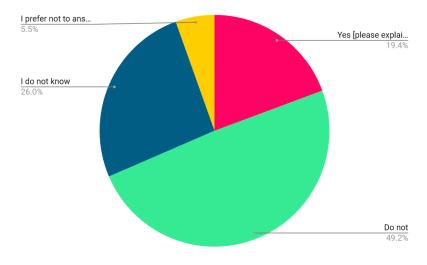


Graph 57. All countries - Question 01.11.00; Discrimination X Willingness vaccine (%), (n = 1847)

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Graph 58. Mali - Question 01.11.00; Discrimination (%), (n = 1070)



Graph 59. Burkina Faso - Question 01.11.00; Discrimination (%), (n = 728)

Generally the respondents do not believe that people with COVID-19 are discriminated against, and another large minority of the sample does not know (**29.9%**).

Similarly to Mali, nearly half of Burkina Faso's respondents believe that there is no discrimination against people with COVID-19 (49.2%), with 19.4% of the respondents believing that there is discrimination. More male respondents believe there is discrimination (21%) than female respondents (15.2%), whereas more women believe there is none (50.9%) against 48.7% of men. 26% of the respondents state that do not know whether there is discrimination against people with COVID-19.

> Which groups of people are discriminated against for having contracted COVID-19, in your opinion?

This is a follow up question for respondents who answered Yes in the previous question on whether people with COVID-19 were discriminated against. The current question enables respondents to indicate which groups of people are the most discriminated against with COVID-19.

From the respondents that believe that people with COVID-19 are discriminated against, it is thought that **the elderly are most discriminated** (48%), followed by **travelers** (41.8%), health



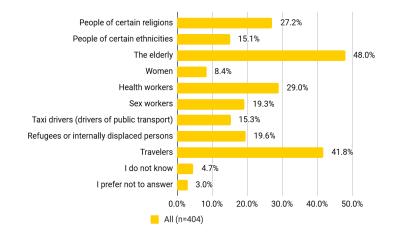


workers (29%) and religious people¹⁹ (27.2%). Respondents do not believe women are the most discriminated against with **8.4%**.

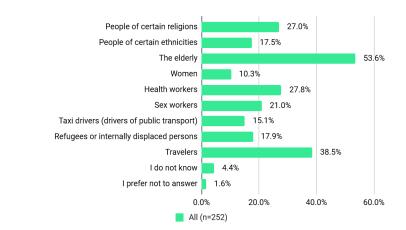
Mali's respondents follow the above-mentioned trend, whereas the only difference with Burkina Faso is that it appears that travelers could be the most discriminated against (**46.9%**), followed by the elderly (**39.9%**).

In Mali, the elderly (53.6%), travelers²⁰ (38.5%) and people of certain religions (27%) are strongly believed to be stigmatized. The other stigmatized group are health workers (27.8%). These top four stigmatized groups remain the same within all age groups.

In Burkina Faso, **46.8%** of the respondents believe travelers are the most discriminated against, followed by **39%** of the respondents believing that the elderly are most discriminated against. People of certain religions and health workers are believed to be nearly equally discriminated against (**29.8%** and **31.2%** respectively). Whereas in Mali, sex workers (**21%**) appear to be the fifth most discriminated group, this is not the case in Burkina Faso. Only **16.3%** of the respondents believe sex workers are discriminated, against **24.1%** who believe refugees or internally displaced persons are discriminated.



Graph 60. All countries - Question 01.11.01; Stigma (%)



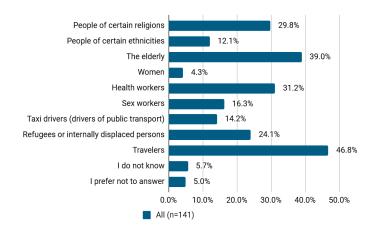
Graph 61. Mali - Question 01.11.01; Stigma (%)

¹⁹ It is not known which religions are specifically meant here, therefore more research would be needed.

 $^{^{\}rm 20}$ With 'travelers' we refer to people who are on the road, traveling from one place to another.







Graph 62. Burkina Faso - Question 01.11.01; Stigma (%)

The only difference between male and female respondents in Burkina Faso is that only two groups of people are believed to be stigmatized by more than **20%** of the female respondents: travelers (46.2%) and the elderly (26.9%). More than 20% of the male respondents believe five groups are most stigmatized: travelers (46.2%), the elderly (41%), health workers (35%), people of certain religions (32.5%) and lastly refugees or internally displaced persons (27.4%).

Conclusion

Between 20-25% of the respondents indicate that there is discrimination against people with COVID-19, whereas between 40-50% of the respondents believe there is no discrimination against these people. Respondents who believe people with COVID-19 are discriminated against believe the elderly are most discriminated against, followed by travelers and people of certain religions.



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Conclusion

In this research, a much greater number of survey responses were received from Mali and Burkina Faso as compared to Niger. Therefore, the responses from Niger are still included in the regional analysis on factors around COVID-19 vaccine willingness and hesitancy, which trends they echo, but not analyzed and visualized separately as was done for Mali and Burkina Faso.

High willingness to take the vaccine

The findings show that the majority of respondents plan to take a COVID-19 vaccine if it becomes available, with around 20% of the respondents still deciding whether they would want to take it. The most important reason on a regional level appears to be to protect the health of their families, closely followed by protecting their own health. Another reason that emerged was the wish to be able to travel. The most apparent reason for people not wanting to take the vaccine was that they believed the vaccine to be unsafe, and they did not know what was in it. This closely links to the types of rumors (which will be addressed later in this section) circulating in people's areas and communities. Another reason was that they do not trust the government nor the pharmaceutical industries.

Most respondents across the three countries stated having received other vaccines (themselves or their children), with people wanting to protect their own health and that of their families and communities. Respondents who did not have any other vaccines stated this was because they did not trust the government nor the vaccines themselves, and believe the vaccines are not effective.

Accessibility to the COVID-19 vaccine

Regardless of whether they want to get a vaccine or not, most respondents know how to access the vaccine, and state it is quite easy to get it if you want. This might be linked to where respondents live as access may be more compromised in rural areas, when compared to urban areas, but would necessitate further research. People who find it difficult to access vaccines do mention that barriers to getting enough doses include the fact that the government is unable to access enough doses, as well as unable to store and distribute the vaccines. Many people also mention that they have safety concerns about going to the vaccination location. Most respondents do generally have high confidence in the government to distribute vaccines to whoever wants it, and state that they have seen awareness campaigns on COVID-19 vaccination in their own communities or areas.

Main sources of information and the importance of friends and family

People based their decision on the vaccine on information sourced mostly from friends and family, closely followed by doctors/health workers, and from information read or heard on mainstream media (newspaper, television and/or radio). Participants would trust medical staff the most, followed by the WHO / UN if they said that the vaccine was safe and effective.



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People would trust traditional healers and religious leaders the least, together with celebrities on this subject. Generally, respondents get their medical information from doctors/health workers, family and friends as well as the media, and concerning COVID-19, people do also look at social networks such as WhatsApp groups and local authorities for additional information.

Disinformation and rumors

As mentioned previously, there are quite some rumors circulating about COVID-19 and the vaccines, to which more than half of the respondents answer that they do know how to differentiate truth from false. The most recurring rumor is that COVID-19 does not exist, followed by the saying that the vaccine is very dangerous and has many side effects. Many people also heard rumors on the ineffectiveness of the vaccine as well as people saying that COVID-19 has been created by Westerners and that it is a plot to reduce the African population.

Discrimination

Many people do not believe that when some have COVID-19, that they are discriminated against. People who do believe this type of discrimination exists say that elderly are heavily discriminated, followed by travelers and people of certain religions.

Follow-up

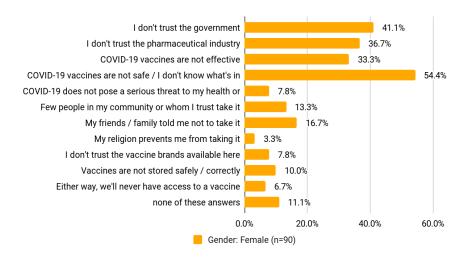
These results provide a good starting point to further investigate the conditions for immunization against COVID-19 in the SAHEL region. Further research would be needed to discern barriers to accessing the COVID-19 vaccine, disaggregated by gender, age, and living setting, as well as investigating the actual impacts of awareness campaigns. The findings can also be used to improve humanitarian programming and awareness campaigns in the region.





Annex I. Additional graphs

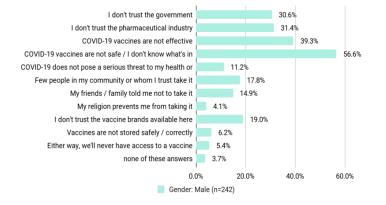
This annex contains graphs that provide complementary data tabulation. Additional data can be obtained upon request by sending an email to <u>noor@upinion.com</u>.



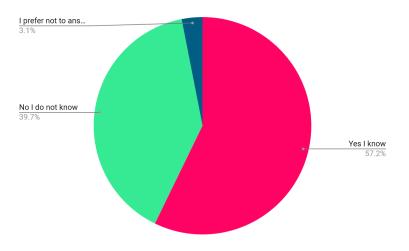
Graph 63. Mali - Question 01.06.02; Unwillingness vaccine reasons - Gender Female (%)







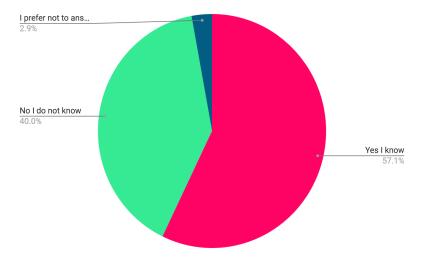
Graph 64. Mali - Question 01.06.02; Unwillingness vaccine reasons - Gender Male (%)



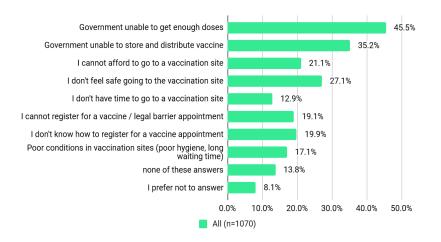
Graph 65. Mali - Question 01.12.00; Know how to access (%), (n = 1070)







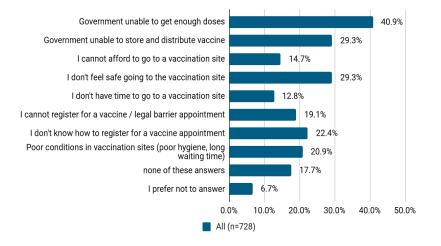
Graph 66. Burkina Faso - Question 01.12.00; Know how to access (%), (n = 728)



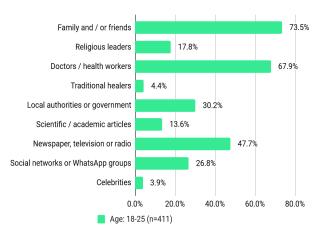
Graph 67. Mali - Question 01.14.00; Barriers (%), (n = 1070)







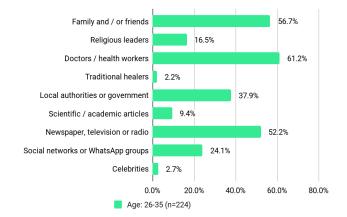
Graph 68. Burkina Faso - Question 01.14.00; Barriers (%), (n = 728)



Graph 69. Mali - Question 01.06.03; Effective strategy - Age: 18-25 (%)



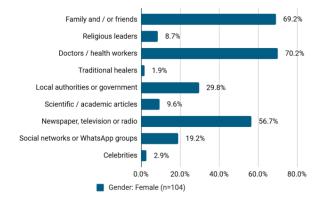




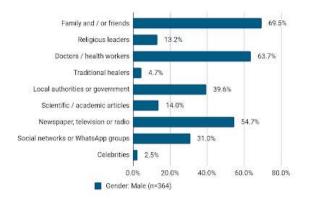
Graph 70. Mali - Question 01.06.03; Effective strategy - Age: 26-35 (%)







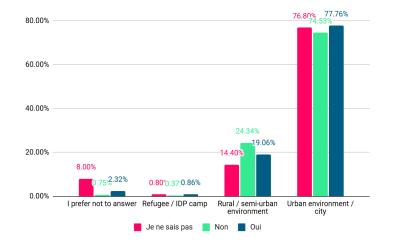
Graph 71. Burkina Faso - Question 01.06.03; Effective strategy - Gender Female (%)



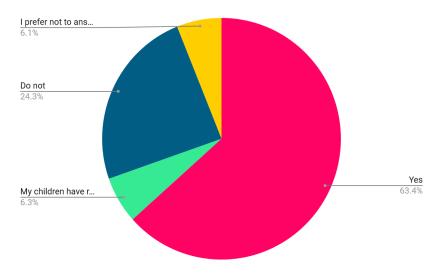
Graph 72. Burkina Faso - Question 01.06.03; Effective strategy - Gender Male (%)







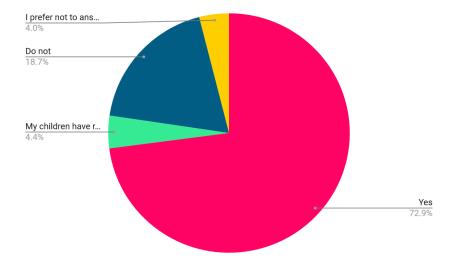
Graph 73. All countries - Question 01.16.00; Awareness campaign X Living setting (%), (n = 1847)



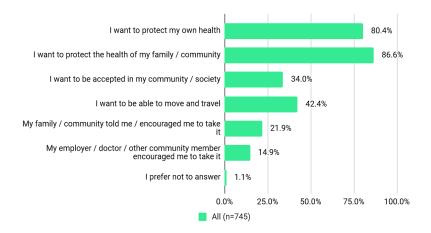
Graph 74. Mali - Question 01.07.00; Other vaccines (%), (n = 1070)







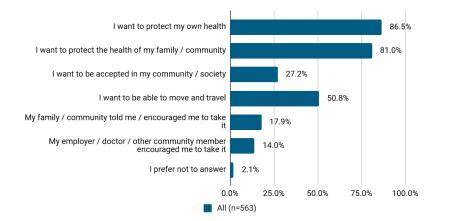
Graph 75. Mali - Question 01.07.00; Other vaccines (%), (n = 728)



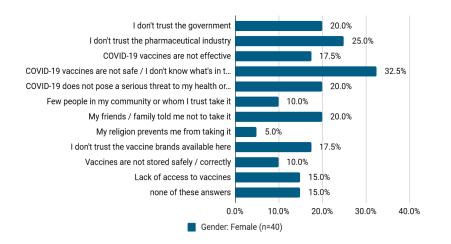








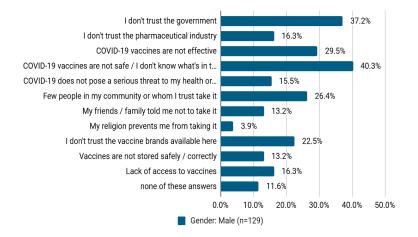
Graph 77. Mali - Question 01.07.01; Yes other vaccines (%)



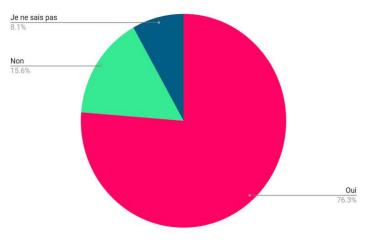
Graph 78. Burkina Faso - Question 01.07.02; No Other vaccines - Gender: Female (%)







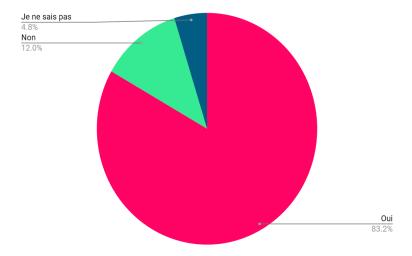
Graph 79. Burkina Faso - Question 01.07.02; No Other vaccines - Gender: Male (%)



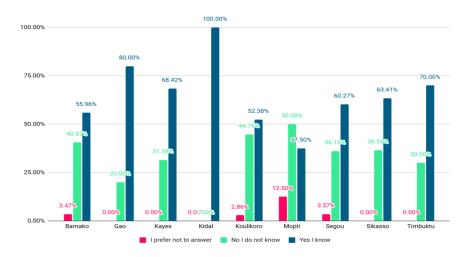
Graph 80. Mali - Question 01.16.00; Awareness campaign (%), (n = 1070)







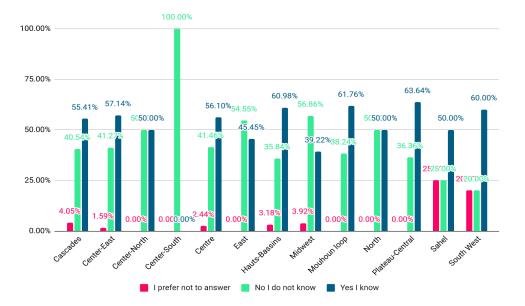
Graph 81. Burkina Faso - Question 01.16.00; Awareness campaign (%), (n = 728)



Graph 82. Mali - Question 01.12.00; Know how to access X Country X Location Mali - Region (%) (n = 1085)





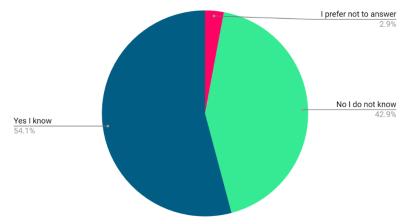


Graph 83. Burkina Faso - Question 01.12.00; Know how to access X Country X Location Burkina Faso - Region (%) (n = 784)

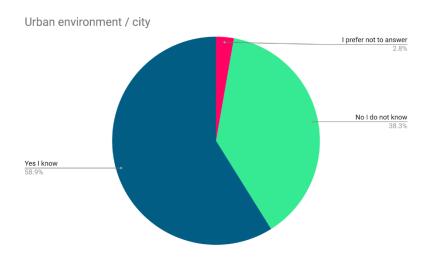




Rural / semi-urban environment



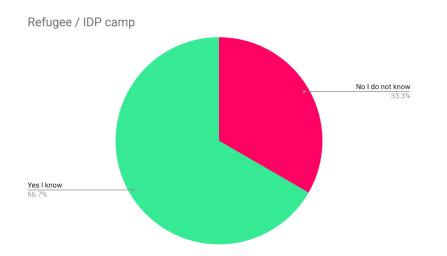
Graph 84. All countries - Question 01.12.00; Know how to access X Living setting -% (n = 375)



Graph 85. All countries - Question 01.12.00; Know how to access X Living setting -% (n = 1484)



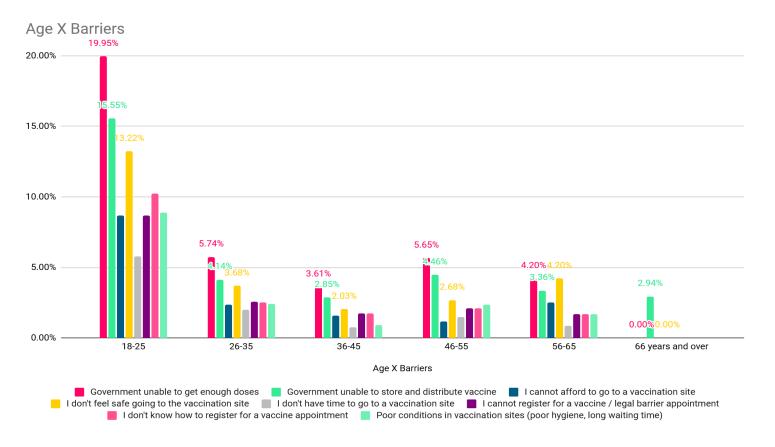




Graph 86. All countries - Question 01.12.00; Know how to access X Living setting -% (n = 15)







Graph 87. All countries - Age X Barriers (%), multiple answer question (n= 1847)





Annex II. Full Conversation

1. Facebook Ad Mali, Burkina Faso, and Niger

Ad		
FInalized		Status
Online Ad		Туре
Mali, Burkina Faso, and Niger (all)		Target Group
Francais	English	Headline
Votre opinion sur le COVID-19 et les vaccins nous intéresse. Partagez-le de manière anonyme, et obtenez du crédit d'internet. Donnez votre avis ici sur les	Preferred option: Your opinion on COVID-19 and vaccines matters to us. Share it anonymously, and get air credit in return. Alternative option 1: Give your	Primary text (We recommend 125 characters or fewer.)
vaccins COVID-19 et d'autres actualités autour de la crise du COVID-19. Rapidement et anonymement.	opinion <i>here</i> about COVID-19 vaccines and other news around corona. Quickly and anonymously.	
Que pensez-vous du COVID-19 et du vaccin? Partagez votre opinion ici de manière anonyme et en échange d'un crédit d'internet.	Alternative option 2: What do you think of COVID-19 and the vaccine? Share your opinion here anonymously and in return for air credit.	





	Description (optional)
--	---------------------------

2. Facebook Messenger Greeting Page Mali, Burkina Faso, and Niger

[Template: Facebook Messenger Greeting Page Mali, Burkina Faso, and Niger]		
[English]	[French]	Greeting
Upinion is an online communication platform, seeking to understand the different perceptions of and attitudes towards COVID-19 in the Sahel region. Your opinion matters to us.	Nous sommes Upinion, cherchant à connaître les différentes perceptions et attitudes vis-à-vis du COVID-19 dans la région du Sahel. Votre avis nous intéresse.	Description (optional)

Intro messages

Intro to Mali, Burkina Faso, and Niger		
Status	Finalized	
Message	Hi! We are a non-governmental organization trying to understand how people from different regions look at COVID-19 vaccines and news around the corona crisis. This helps us improve our assistance to different communities.	Salut! Nous sommes une organisation non gouvernementale essayant de comprendre comment les gens de différentes régions perçoivent les vaccins COVID-19 et les actualités autour de la crise corona. Cela nous aide à améliorer notre assistance aux différentes communautés.





	If you participate in our conversation below, your privacy is ensured at all times, and questions disappear from your phone once you answer them. You can also leave the conversation at any point.	Si vous participez à notre conversation ci-dessous, votre vie privée est garantie à tout moment et les questions disparaissent de votre téléphone une fois que vous y avez répondu. Vous pouvez également quitter la conversation à tout moment.
	After completion of the conversation you will be credited with an amount of 1500 West African CFA Francs on your phone.	À la fin de cette conversation, vous serez crédité d'un montant de 1500 francs CFA ouest-africains sur votre téléphone. Pour garantir votre anonymat, nous
	To guarantee your anonymity, we will switch to the private mode (Upinion Chat App) Do you want to continue?	passerons en mode privé (Upinion Chat App) Voulez-vous continuer?
Reply button	 Yes, let's go to private mode No, I don't want to participate 	 Ok, commençons en mode privé. Non, je ne veux pas participer
Comment (optional)		

Intro withou	ut internet reimbursement	
Status	Finalized	
Message	Hi! We are a non-governmental organization trying to understand how people from different regions look at COVID-19 vaccines and news around	Salut! Nous sommes une organisation non gouvernementale essayant de comprendre comment les gens de différentes régions perçoivent les vaccins





	the corona crisis. This helps us improve our assistance to different communities. If you participate in our conversation below, your privacy is ensured at all times, and questions disappear from	COVID-19 et les actualités autour de la crise corona. Cela nous aide à améliorer notre assistance aux différentes communautés. Si vous participez à notre conversation ci-dessous, votre vie privée est garantie à
	your phone once you answer them. You can also leave the conversation at any point. As we already reached 500 respondents, we cannot reimburse you with internet credits for participation in the conversation anymore, unfortunately.	tout moment et les questions disparaissent de votre téléphone une fois que vous y avez répondu. Vous pouvez également quitter la conversation à tout moment. Comme nous avons déjà atteint les 500 répondants, nous ne pouvons malheureusement plus rembourser votre consommation Internet afin de participer à la conversation.
	To guarantee your anonymity, we will switch to the private mode (Upinion Chat App) Do you want to continue?	Pour garantir votre anonymat, nous passerons en mode privé (Upinion ChatApp) Voulez-vous continuer?
Reply button	Yes, let's go to private modeNo, I don't want to participate	Ok, commençons en mode privé.Non, je ne veux pas participer
Comment (optional)		

Demographics

Question 01.01.00: Gender	
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Type of question	Single answer	
Condition		
Status	FInalized	
Question	We would like to start with a few basic questions to be able to better understand the rest of your answers. So first of all, what gender do you identify with?	Nous aimerions commencer par quelques questions de base pour pouvoir mieux comprendre le reste de vos réponses. Alors tout d'abord, à quel genre vous identifiez-vous?
Reply button	FemaleMaleOtherI prefer not to say	 Femme Homme Autre Je préfère ne pas répondre

Question 01.02.00): Age	
Type of question	Single answer	
Condition		
Status	Finalized	
Question	How old are you?	Quel âge avez-vous?
Reply button	 Below 18 18-25 26-35 36-45 46-55 	 Moins de 18 ans 18-25 26-35 36-45 46-55





56-6566 and above	56-6566 ans et plus
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Message		
Condition	If "Below 18" to q. 01.02.00	
Status	FInalized	
	Thank you for participating, but you are underage so we have to stop the conversation with you. Hopefully we can talk to you in the future!	Merci d'avoir participé, mais vous êtes mineur, donc nous devons arrêter la conversation avec vous. J'espère que nous pourrons vous parler à l'avenir!

Test questio	n	
Type of question	Single answer	
Condition		
Status	Draft	
Question	We just want to check whether you are a real person and not a computer. Apologies for the interruption! How much is 3+7?	Nous voulons juste vérifier si vous êtes une personne réelle et pas un ordinateur. Désolé pour l'interruption! Combien font 3 + 7 ?
Reply button	 5 15 80 	 5 15 80





• 10	• 10
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Test question	on follow-up message	
Type of question	Single answer	
Condition	If any value different than 7 to the test question	
Status	Draft	
Question	Unfortunately, we cannot verify whether you are a computer or not. If you start the conversation again from the beginning, we can! Do you want to start over?	Malheureusement, nous ne pouvons pas vérifier si vous êtes un ordinateur ou non. Si vous reprenez la conversation depuis le début, nous pouvons le vérifier. Voulez-vous recommencer?
Reply button	 Yes, take me to the beginning No, I want to leave the conversation 	 Oui, emmène-moi au début Non, je veux quitter la conversation

Mali

Question 01.03.00: Location Mali - Region		
Type of question	Single answer	
Condition		





Status	Finalized	
Question	Which Region do you live in?	Dans quelle Région habitez-vous ?
Reply button	 Kayes Koulikoro Bamako Sikasso Ségou Mopti Tombouctou Gao Kidal Taoudénit Ménaka 	 Kayes Koulikoro Bamako Sikasso Ségou Mopti Tombouctou Gao Kidal Taoudénit Ménaka

Question 01.03.01: Location Mali - Kayes		
Type of question	Single answer	
Condition	If "Kayes" to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 Kayes Bafoulabé Kéniéba Kita Diéma Nioro 	 Kayes Bafoulabé Kéniéba Kita Diéma Nioro





• <u>Yélimané</u>	• <u>Yélimané</u>
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Question 01.03.02: Location Mali - Koulikoro		
Type of question	Single answer	
Condition	If " <u>Koulikoro</u> " to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 Nara Banamba Kolokani Koulikoro Dioila Kati Kangaba 	Same

Question 01.03.03: Location Mali - Sikasso		
Type of question	Single answer	
Condition	If "Sikasso" to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?





Reply button	 Bougouni Kadiolo Kolondiéba Koutiala Sikasso Yanfolila Yorosso 	
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Question 01.03.04	l: Location Mali - Ségou	
Type of question	Single answer	
Condition	lf "Ségou" to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 <u>Bla</u> <u>Barouéli</u> <u>Macina</u> <u>Niono</u> <u>San</u> <u>Ségou</u> <u>Tominian</u> 	Same

Question 01.03.05: Location Mali - Mopti		
Type of question	Single answer	





Condition	If "Mopti" to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 Bandiagara Bankass Djenné Douentza Koro Mopti Ténenkou Youwarou 	Same

Question 01.03.06: Location Mali - Tombouctou		
Type of question	Single answer	
Condition	If " <u>Tombouctou</u> " to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 Niafunké Diré Goundam Tombouctou Gourma-Rharous 	Same





Question 01.03.07	7: Location Mali - Gao	
Type of question	Single answer	
Condition	If "Gao" to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 <u>Ansongo</u> <u>Bourem</u> <u>Gao</u> Ménaka 	Same

Question 01.03.08	3: Location Mali - Kidal	
Type of question	Single answer	
Condition	If "Kidal" to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 <u>Kidal</u> <u>Tessalit</u> <u>Abeïbara</u> <u>Tin-Essako</u> 	Same





Question 01.03.09	9: Location Mali - Taoudénit	
Type of question	Single answer	
Condition	If "T <u>aoudénit</u> " to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 Achouratt <u>Al-Ourche</u> <u>Araouane</u> <u>Boudje-Béha</u> <u>Foum-Alba</u> <u>Taoudénit</u> 	Same

Question 01.03.10): Location Mali - Ménak	
Type of question	Single answer	
Condition	If " <u>Ménaka</u> " to q. 01.03.00	
Status	FInalized	
Question	In which cercle do you live?	Dans quel cercle habitez-vous ?
Reply button	 Andéramboukane Inékar Tidermène Ménaka 	Same





Burkina Faso

Question 01.03.11:	Location Burkina Faso - Region	
Type of question	Single answer	
Condition		
Status	FInalized	
Question	Which Region do you live in?	Dans quelle Région habitez-vous ?
Reply button	 Boucle du Mouhoun Cascades Centre Centre-Est Centre-Nord Centre-Ouest Centre-Sud Est Hauts-Bassins Nord Plateau-Central Sahel Sud-Ouest 	Same

Question 01.03.12: Location Burkina Faso - <u>Boucle du</u> <u>Mouhoun</u>		
Type of question	Single answer	
Condition	If " <u>Boucle du Mouhoun</u> " to q. 01.03.00	





Status	Finalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 Balé Banwa Kossi Mouhoun Nayala Sourou 	Same

Question 01.03.13:	Location Burkina Faso - Cascades	
Type of question	Single answer	
Condition	If "Cascades" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Comoé</u> <u>Léraba</u> 	Same

Question 01.03.14: Location Burkina Faso - Centre-Est		
Type of question	Single answer	
Condition	If "Centre-Est" to q. 01.03.00	





Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Boulgou</u> <u>Koulpélogo</u> <u>Kouritenga</u> 	Same

Question 01.03.15: Location Burkina Faso - Centre-Nord		
Type of question	Single answer	
Condition	If "Centre-Nord" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Bam</u> <u>Namentenga</u> <u>Sanmatenga</u> 	Same

Question 01.03.16: Location Burkina Faso - Centre-Ouest		
Type of question	Single answer	
Condition	If "Centre-Ouest" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?





Reply button	 <u>Boulkiemdé</u> <u>Sanguié</u> <u>Sissili</u> <u>Ziro</u> 	Same	
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Question 01.03.17: Location Burkina Faso - Centre-Sud		
Type of question	Single answer	
Condition	If "Centre-Sud" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Bazèga</u> <u>Nahouri</u> <u>Zoundwéogo</u> 	Same

Question 01.03.18: Location Burkina Faso - Est		
Type of question	Single answer	
Condition	If "Est" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	<u>Gnagna</u><u>Gourm</u>a	Same





	 Komondjari Kompienga Tapoa 	
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Question 01.03.19:	Location Burkina Faso - Hauts-Bassins	
Type of question	Single answer	
Condition	If "Hauts-Bassins" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Houet</u> <u>Kénédougou</u> <u>Tuy</u> 	Same

Question 01.03.20: Location Burkina Faso - Nord		
Type of question	Single answer	
Condition	If "Nord" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Loroum</u> <u>Passoré</u> 	Same





<u>Yatenga</u><u>Zondoma</u>	
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Question 01.03.21: Location Burkina Faso - Plateau-Central		
Type of question	Single answer	
Condition	If "Plateau-Central" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Ganzourgou</u> <u>Kourwéogo</u> <u>Oubritenga</u> 	Same

Question 01.03.22: Location Burkina Faso - Sahel		
Type of question	Single answer	
Condition	If "Sahel" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Oudalan</u> <u>Séno</u> 	Same





 Soum Yagha 	
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Question 01.03.23:	Location Burkina Faso - Sud-Ouest	
Type of question	Single answer	
Condition	If "Sud-Ouest" to q. 01.03.00	
Status	FInalized	
Question	Which province do you live in?	Dans quelle province habitez-vous?
Reply button	 <u>Bougouriba</u> <u>Ioba</u> <u>Noumbiel</u> <u>Poni</u> 	

Niger

Question 01.03.24	I: Location Niger - Region	
Type of question	Single answer	
Condition		
Status	FInalized	
Question	In which province do you live?	Dans quelle province habitez-vous?
Reply button	 Agadez Region Diffa Region Dosso Region 	Same





 <u>Maradi Region</u> <u>Tahoua Region</u> <u>Tillabéri Region</u> <u>Zinder Region</u> Niamey Region 	<u>n</u>
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Question 01.03.25	5: Location Niger - Agadez Region	
Type of question	Single answer	
Condition	If " <u>Agadez Region</u> " to q. 01.03.00	
Status	FInalized	
Question	In which department do you live?	Dans quel département habitez-vous?
Reply button	 <u>Arlit</u> <u>Bilma</u> <u>Tchirozérine</u> Agadez 	Same

Question 01.03.26: Location Niger - Diffa Region		
Type of question	Single answer	
Condition	If "Diffa Region" to q. 01.03.00	
Status	FInalized	
Question	In which department do you live?	Dans quel département habitez-vous?





Reply button	 <u>Diffa</u> <u>Maine-soroa</u> <u>N'guigmi</u> 	Same	
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Question 01.03.27	7: Location Niger - Dosso Region	
Type of question	Single answer	
Condition	If "Dosso Region" to q. 01.03.00	
Status	FInalized	
Question	In which department do you live?	Dans quel département habitez-vous?
Reply button	 <u>Boboye</u> <u>Dogondoutchi</u> <u>Dosso</u> <u>Gaya</u> <u>Loga Department</u> 	Same

Question 01.03.28: Location Niger - Maradi Region		
Type of question	Single answer	
Condition	If "Maradi Region" to q. 01.03.00	
Status	FInalized	
Question	In which department do you live?	Dans quel département habitez-vous?
Reply button	• <u>Aguie</u>	Same





	 <u>Dakoro</u> <u>Guidan Roumdji</u> Madarounfa 	
	 <u>Mayahi</u> <u>Tessaoua</u> 	

Question 01.03.29: Location Niger - Tahoua Region		
Type of question	Single answer	
Condition	If "Tahoua Region" to q. 01.03.00	
Status	Finalized	
Question	In which department do you live?	Dans quel département habitez-vous?
Reply button	 <u>Abalak Department</u> Bagaroua Department <u>Bkonni Department</u> <u>Bouza Department</u> <u>Bouza Department</u> <u>Illela Department</u> <u>Keita Department</u> <u>Madaoua Department</u> <u>Malbaza Department</u> <u>Malbaza Department</u> <u>Tahoua Department</u> <u>Tchintabaraden Department</u> Tellia Department Tesarawa Department_ 	Same

Question 01.03.30: Location Niger - Tillabéri Region





Type of question	Single answer	
Condition	If " <u>Tillabéri</u> Region" to q. 01.03.00	
Status	Finalized	
Question	In which department do you live?	Dans quel département habitez-vous?
Reply button	 Filingue Department Kollo Department Ouallam Department Say Department Téra Department Tillabéri Department 	Same

All

Question 01.04.00: Living setting		
Type of question	Single answer	
Condition		
Status	Finalized	
Question	What kind of setting do you live in?	Dans quel type de milieu vivez-vous ?
Reply button	 Urban environment/ city Semi-urban (on the edge of a city, small town) Rural (village) 	 Milieu urbain / ville Semi-urbain (à la périphérie d'une ville, petite ville) Milieu rural Camp de réfugiés/déplacés





 Refugee or	 je préfère ne pas
displacement camp I prefer not to answer	répondre

Question 01.05.00: Education		
Type of question	Single answer	
Condition		
Status	FInalized	
Question	What is the highest level of education you completed?	Quel est le niveau d'études le plus élevé que vous avez atteint?
Reply button	 No education Primary education Secondary education/ <u>Baccalaureat</u> Vocational/ technical degree University/ higher education Religious school/ medersa 	 Pas d'éducation Enseignement primaire Enseignement secondaire / Baccalauréat Diplôme professionnel / technique Université / enseignement supérieur Ecole religieuse / medersa

2. Attitudes towards the COVID-19 vaccine

Question 01.06.00: Willingness vaccine		
Type of question	Single answer	





Condition		
Status	Finalized	
Question	If a COVID-19 vaccine becomes available to you, do you plan to take it ?	Si un vaccin COVID-19 devient disponible pour vous, prévoyez-vous de le prendre (ou l'avez-vous déjà pris)?
Reply button	 Yes, I plan to take it or already took it I am still deciding if I will take a COVID-19 vaccine No, I won't take it I prefer not to answer 	 Oui, je prévois de le prendre ou je l'ai déjà pris Je suis encore en train de décider si je prendrai un vaccin COVID-19 Non, je ne le prendrai pas je préfère ne pas répondre

Question 01.06.01: Willingness vaccine reasons		
Type of question	Multiple answers	
Condition	If "yes, I plan to take it or already took it" to q. 01.06.00	
Status	Finalized	
Question	Why do you think it is important to take the vaccine? Multiple answers are possible. You can select as many answers as you want.	Pourquoi pensez-vous qu'il est important de se faire vacciner? Vous pouvez sélectionner autant de réponses que vous le souhaitez.





Reply button

Question 01.06.02: Unwillingness vaccine reasons		
Type of question	Multiple answers	
Condition	If "No, I won't take it" or "I am still deciding if I will take a COVID-19 vaccine" to q. 01.06.00	
Status	Finalized	
Question	What are the three main reasons for not taking the vaccine?	Quelles sont les trois principales raisons de ne pas se faire vacciner ?





Reply	• I don't trust the	• Je ne fais pas confiance au
button	government	gouvernement
	 I don't trust the 	Je ne fais pas confiance à
	pharmaceutical industry	l'industrie pharmaceutique
	 COVID-19 vaccines are not 	Les vaccins COVID-19 ne sont
	effective	pas efficaces
	 COVID-19 vaccines are not 	 Les vaccins COVID-19 ne sont
	safe / I don't know what is	pas sûrs / Je ne sais pas ce
	in the vaccine	qu'il y a dans le vaccin
	 COVID-19 does not pose a 	 COVID-19 ne constitue pas
	serious threat to my own	une menace sérieuse pour ma
	or others' health	santé ou celle des autres
	 Not many people in my 	 Peu de gens dans ma
	community or whom I	communauté ou en qui j'ai
	trust take it	confiance le prennent
	 My friends/ family have 	 Mes amis/ ma famille m'ont
	told me not to take it	dit de ne pas le prendre
	 My religion prevents me 	 Ma religion m'empêche de le
	from taking it	prendre
	We get the vaccines that	 Je ne fais pas confiance aux
	Europe discards/ I don't	margues de vaccins
	trust the brands of	disponibles ici
	vaccines that are available	 Les vaccins ne sont pas
	here	conservés en toute
	The vaccines are not	sécurité/correctement
	stored safely/ properly	 De toute façon, nous n'aurons
	We won't ever get access	jamais accès à un vaccin
	to a vaccine anyway	 Aucune de ces réponses
	 None of the above 	





Question 01.06.03: Effective strategy		
Type of question	Multiple answers	
Condition	If "yes, I plan to take it or already took it" to q. 01.06.00	
Status	Finalized	
Question	What were your three main sources of information when you made your decision?	Quelles étaient vos trois principales sources d'information lorsque vous avez pris votre décision?
Reply button	 Family and/or friends Religious leaders Doctors/ medical staff Traditional healers Local authorities or the government Scientific articles/ academics Newspaper, TV, or radio Social media or whatsapp groups Celebrities 	 Famille et/ou amis Les chefs religieux Médecins/personnel de santé Guérisseurs traditionnels Autorités locales ou gouvernement Articles scientifiques / académiques Journal, télévision ou radio Réseaux sociaux ou groupes WhatsApp Célébrités

Question 01.06.04: Convincing		
Type of question	Multiple answers	





Condition	If "No, I won't take it" to q. 01.06.00	
Status	FInalized	
Question	Who would you trust if they say the vaccine is safe and effective? Multiple answers possible.	À qui feriez-vous confiance s'ils disaient que le vaccin est sûr et efficace? Plusieurs réponses.
Reply button	 The government or local authorities The World Health Organization/ United Nations Medical workers/ Hospitals Traditional healers My family/ community My religious leaders Celebrities No one can convince me I prefer not to say 	 Le gouvernement ou les autorités locales l'Organisation mondiale de la santé/Nations Unies Personnel médical/Hôpitaux Guérisseurs traditionnels Ma famille/communauté Mes chefs religieux Célébrités Personne ne peut me convaincre Je préfère ne pas dire

Question 01	.07.00: Other vaccines	
Type of question	Single answer	
Condition		
Status	FInalized	





Question	Have you or your children received other vaccines such as polio, measles, yellow fever, or DTP?	Est-ce que vous ou vos enfants avez reçu d'autres vaccins tels que (mais sans s'y limiter) la polio, la rougeole, la fièvre jaune ou le DTC?
Reply button	 Yes My children have, I have not No I prefer not to answer 	 Oui Mes enfants ont reçu, je n'ai pas reçu Non je préfère ne pas répondre

Question 07	1.07.01: Yes other vaccines	
Type of question	Multiple answers	
Condition	If "Yes" or "My children did, I did not" to question 01.07.00	
Status	Finalized	
Question	What was the main motivation to take these vaccines? Please select up to three options.	Quelle était la motivation(s) pour prendre ces vaccins? Veuillez sélectionner jusqu'à trois options.
Reply button	 I want to protect my own health I want to protect the health of my family/ community I want to be accepted in my community/ society 	 Je veux protéger ma propre santé Je veux protéger la santé de ma famille / communauté Je veux être accepté dans ma communauté/société





 I want to be able to move and travel around My family/ community told/ encouraged me to take it My employer/ doctor/ other community member encouraged me to take it I prefer not to answer Je veux pouvoir me déplacer et voyager Ma famille / communauté m'a dit / m'a encouragé à le prendre Mon employeur / médecin / autre membre de la communauté m'a encouragé
à le prendreJe préfère ne pas répondre

Question 0 ⁻	1.07.02: No other vaccines	
Type of question	Multiple answers	
Condition	If "no" or "My children did, I did not" to question 01.07.00	
Status	Finalized	
Question	What were the main motivation(s) to not take (some of) the vaccines? Please select up to three options.	Quelle était la motivation pour ne pas prendre des vaccins? Veuillez sélectionner jusqu'à trois options.
Reply button	 I don't trust the government I don't trust the pharmaceutical industry COVID-19 vaccines are not effective 	 Je ne fais pas confiance au gouvernement Je ne fais pas confiance à l'industrie pharmaceutique Les vaccins COVID-19 ne sont pas efficaces





 COVID-19 vaccines are not safe / I don't know what is in the vaccine COVID-19 does not pose a serious threat to my own or others' health Not many people in my community or whom I trust take it My friends or family have 	 Les vaccins COVID-19 ne sont pas sûrs / Je ne sais pas ce qu'il y a dans le vaccin COVID-19 ne constitue pas une menace sérieuse pour ma santé ou celle des autres Peu de gens dans ma communauté ou en qui j'ai confiance le prennent Mes amis/ ma famille m'ont
 Invy mendo of family nave told me not to take it My religion prevents me from taking it We get the vaccines that Europe discards/ I don't trust the brands of vaccines that are available here The vaccines are not stored safely/ properly Lack of access to vaccines None of the above 	 Mice difficient from the month dit de ne pas le prendre Ma religion m'empêche de le prendre Je ne fais pas confiance aux marques de vaccins disponibles ici Les vaccins ne sont pas conservés en toute sécurité/correctement Manque d'accès aux vaccins Aucune de ces réponses

3. Sources of information

Question 01.08.00: General sources of information		
Type of question	Multiple answers	





Condition		
Status	Finalized	
Question	Which sources do you mainly consult for information with regard to health and medical advice? Please select up to three options.	Quelles sources consultez-vous principalement pour obtenir des informations en matière de santé et de conseils médicaux? Veuillez sélectionner jusqu'à trois options.
Reply button	 Family and/or friends Religious leaders Doctors/ medical staff Traditional healers Local authorities or the government Scientific articles/ academics Newspaper, TV, or radio Social media or whatsapp groups Celebrities 	 Famille et/ou amis Les chefs religieux Médecins/personnel de santé Guérisseurs traditionnels Autorités locales ou gouvernement Articles scientifiques / académiques Journal, télévision ou radio Réseaux sociaux ou groupes WhatsApp Célébrités

Question 01.09.00: Sources of information COVID-19		
Type of question	Multiple answers	
Condition		
Status	Finalized	





Question	Which sources do you mainly consult for information with regard to COVID-19? You can select as many responses as you wish.	Quelles sources consultez-vous principalement pour obtenir des informations concernant le COVID-19? Vous pouvez sélectionner autant de réponses que vous le souhaitez.
Reply button	 Family and/or friends Religious leaders Doctors/ medical staff Traditional healers Local authorities or the government Scientific articles/ academics Newspaper, TV, or radio Social media or whatsapp groups Celebrities 	 Famille et/ou amis Les chefs religieux Médecins/personnel de santé Guérisseurs traditionnels Autorités locales ou gouvernement Articles scientifiques / académiques Journal, télévision ou radio Réseaux sociaux ou groupes WhatsApp Célébrités

4. Stigma and fake news

Question 01.10.00: Rumors		
Type of question	Single answer	
Condition		
Status	Finalized	





Question	rumors seem to be circulating. Do	Dans certaines communautés, beaucoup de rumeurs semblent circuler. Vous sentez-vous capable de séparer les rumeurs sur COVID-19 de la vérité?
Reply button	 Yes Sometimes No I don't know 	OuiparfoisNonJe ne sais pas

Question 01.10.01: Example rumor		
Type of question	Open ended	
Condition	If "yes" or "sometimes" to question 01.10.00	
Status	Finalized	
Question	Please give an example of a rumor that is circulating around you.	Veuillez donner un exemple de rumeur qui circule autour de vous.
Reply button		

Question 01.11.00: Discrimination		
Type of question	Single answer	





Condition		
Status	Finalized	
Question	Do you think that there is discrimination against people with COVID-19?	Pensez-vous qu'il existe une discrimination à l'encontre des personnes atteintes de COVID-19 ?
Reply button	 Yes [please explain in next question] No I don't know I prefer not to answer 	 Oui [veuillez expliquer dans la question suivante] Non Je ne sais pas je préfère ne pas répondre

Question 01	.11.01: Stigma	
Type of question	Multiple answers	
Condition	If "yes" to question 01.11.00	
Status	Finalized	
Question	Which groups or people are discriminated against for having contracted COVID-19, in your opinion?	
Reply button	 People of certain religions People with certain ethnic backgrounds Elderly Women 	• Les gens de certaines religions





 Healthcare workers Sex workers Taxi drivers (drivers of public transportation means) Refugees or internally displaced persons Travelers I don't know I prefer not to answer 	 Les personnes de certaines origines ethniques Personnes âgées Femmes Les travailleurs du domaine de la santé Travailleurs/ses du sexe Chauffeurs de taxi (conducteurs de moyens de transport en commun) Réfugiés ou déplacés internes Voyageurs Je ne sais pas je préfère ne pas répondre
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5. Access to the COVID-19 vaccine

Question 01.12.00: Know how to access		
Type of question	Single answer	
Condition		
Status	Finalized	
Question	Do you know how to access a COVID-19 vaccine (regardless of whether you would like to take one)?	Savez-vous comment procéder pour prendre un vaccin COVID-19 (que vous souhaitiez ou non en prendre un)?





Reply button	 Yes, I know No, I don't know I prefer not to answer 	 Oui je sais Non, je ne sais pas je préfère ne pas répondre
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Question 01.13.00: Access easy or difficult		
Type of question	Star rating	
Condition		
Status	Finalized	
Question	Is it easy or difficult to get vaccinated against COVID-19 in your community or region? 1 star indicates 'very difficult', while 5 stars means 'very easy'.	Est-il facile ou difficile de se faire vacciner contre la COVID-19 dans votre communauté ou région ? 1 étoile indique "très difficile", tandis que 5 étoiles signifie "très facile".
Reply button		

Question 01.14.00: Barriers		
Type of question	Multiple answers	
Condition		
Status	Finalized	





Question	What are the barriers to accessing the COVID-19 vaccine? Please select the top three obstacles.	Quelles sont les barrières pour se faire vacciner contre le COVID-19? Veuillez sélectionner les trois principaux obstacles.
Reply button	 The government is unable to obtain enough doses of it The government is unable to store and distribute the vaccine I cannot afford traveling to a vaccination site I don't feel safe going to the vaccination site I don't have time to travel to a vaccination site I cannot register for a vaccine appointment/ legal barriers I don't know how to register for a vaccine sites (e.g. bad hygiene, lack of qualified people, long waiting time) None of the above I prefer not to answer 	 Le gouvernement est incapable d'en obtenir suffisamment de doses Le gouvernement est incapable de stocker et de distribuer le vaccin Je ne peux pas me permettre de me rendre sur un site de vaccination Je ne me sens pas en sécurité d'aller au site de vaccination Je n'ai pas le temps de me rendre sur un site de vaccination Je n'arrive pas à m'inscrire à un rendez-vous vaccin / barrières légales Je ne sais pas comment m'inscrire à un rendez-vous vaccin Mauvaises conditions dans les sites de vaccination (mauvaise hygiène, long temps d'attente) Aucune de ces réponses je préfère ne pas répondre





Question 07	1.15.00: Confidence	
Type of question	Star rating	
Condition		
Status	Finalized	
Question	Do you have low or high confidence in the government for distributing COVID-19 vaccines to everyone who wants to take it? 1 star indicates 'very low confidence', while 5 stars means 'very high confidence'.	Avez-vous une confiance faible ou élevée dans le gouvernement pour la distribution de vaccins COVID-19 à tous ceux qui souhaitent le prendre ? 1 étoile indique "confiance très faible", tandis que 5 étoiles signifie "confiance très élevée".
Reply button		
6. Final	1	

Question 01	.16.00: Awareness campaign	
Type of question	Single answer	
Condition		
Status	Finalized	
Question	Have there been any COVID-19 vaccination awareness campaigns in your community/ area?	Y a-t-il eu des campagnes de sensibilisation à la vaccination COVID-19 dans votre communauté/région?





Reply	• Yes	• Oui
button	• No	Non
	 I don't know 	• Je ne sais pas

Question 01.	18.00: Final remark	
Type of question	Open ended	
Condition		
Status	Finalized	
Question	Do you want to share any other remark with regard to COVID-19 vaccines or COVID-19?	Vous souhaitez partager une autre remarque concernant les vaccins COVID-19 ou COVID-19 ?
Reply button		

Closing Message		Message de clôture
Type of question	Open ended	
Status	Finalized	
	We don't have other questions for now. Thanks a lot for talking to us, and hopefully we'll see you in the future.	Nous n'avons pas d'autres questions pour le moment. Merci beaucoup de nous avoir parlé, et j'espère que nous vous reverrons à l'avenir.



		If you would like us to reimburse you with internet credit, please leave your phone number below. This is for the sole purpose of reimbursing you. After we have transferred the credit, your phone number will be deleted. After this step, we will share some other relevant info with you about services in your country.	Si vous souhaitez que nous vous remboursions par crédit internet, veuillez laisser votre numéro de téléphone ci-dessous. Ceci dans le seul but de vous rembourser. Après avoir transféré le crédit, votre numéro de téléphone sera supprimé. Après cette étape, nous partagerons avec vous d'autres informations pertinentes sur les services dans votre pays.
bu [Ty Ph	ply tton vpe one mber]		

Closing Message without internet reimbursement		Message de clôture
Type of question	Open ended	
Status	Finalized	
	We don't have other questions for now. Thanks a lot for talking to us, and hopefully we'll see you in the future.	Nous n'avons pas d'autres questions pour le moment. Merci beaucoup de nous avoir parlé, et j'espère que nous vous reverrons à l'avenir.



	We will share some other relevant info with you about services in your country.	Nous partagerons avec vous d'autres informations pertinentes sur les services dans votre pays.
Reply button		

Question 01.17.00: Next conversation		Question 02.12.00 : Conversation suivante
Type of question	Single answer	
Condition		
Status	Finalized	
Question	We would love to talk again in the future. Is it ok if we contact you again in a few months' time? And of course, you will be reimbursed for this with aircredit as well if you would like to.	Nous aimerions discuter encore dans le futur. Pouvons-nous vous recontacter dans quelques mois ? Et bien sûr, vous serez également remboursé(e) pour cela si vous le souhaitez.
Reply button	 Yes, I'm happy to talk again No, I wish to stop the conversation 	 Oui, je suis heureux(se) de parler à nouveau Non, je souhaite arrêter la conversation

Information message Burkina Faso





Retrouvez ci-dessous quelques dépliants contenant des informations utiles sur la prévention du COVID-19.







Prenez le temps de vous laver les mains

Il s'agit du moyen le plus efficace pour empêcher la propagation des germes.







Mouillez vos mains à l'eau courante tiède ou froide.

Appliquez du savon et savonnez les paumes et le dos de vos mains, vos poignets, l'espace entre vos doigts et sous vos ongles.

Frictionnez vos mains pendant au moins 20 secondes.

savon,

Rincez bien sous l'eau courante.



Séchez vos mains au moyen d'une serviette à usage unique.

Utilisez la serviette pour fermer le robinet.



suffisamment de En l'absence désinfectant sur vos d'eau et de mains pour couvrir toutes les surfaces, et frottez-vous les mains utilisez un désinfectant. jusqu'à ce qu'elles soient sèches.



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Information message Mali

Retrouvez ci-dessous quelques dépliants contenant des informations utiles sur la prévention du COVID-19.











Prenez le temps de vous laver les mains

Il s'agit du moyen le plus efficace pour empêcher la propagation des germes.



Mouillez vos

mains à l'eau

courante tiède

ou froide.



Appliquez du savon et

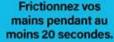
savonnez les paumes

et le dos de vos mains,

vos poignets, l'espace

entre vos doigts et sous vos ongles.





Rincez bien sous l'eau courante.



Séchez vos mains au moven d'une serviette à usage unique.

Utilisez la serviette pour fermer le robinet.



En l'absence d'eau et de savon, utilisez un désinfectant.



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Information message Niger

Retrouvez ci-dessous quelques dépliants contenant des informations utiles sur la prévention du COVID-19





Prenez le temps de vous laver les mains

Il s'agit du moyen le plus efficace pour empêcher la propagation des germes.







Frictionnez vos

mains pendant au

moins 20 secondes.

d'eau et de

savon,

utilisez un



Mouillez vos mains à l'eau courante tiède ou froide.

savonnez les paumes et le dos de vos mains, vos poignets, l'espace entre vos doigts et sous vos ongles.

Appliquez du savon et

Rincez bien sous l'eau courante.



Séchez vos mains au moyen d'une serviette à usage unique.



Utilisez la serviette pour fermer le robinet.



Appliquez suffisamment de En l'absence désinfectant sur vos mains pour couvrir toutes les surfaces, et frottez-vous les mains désinfectant. jusqu'à ce qu'elles soient sèches.



















Annex III. Reactions on Facebook advertisements





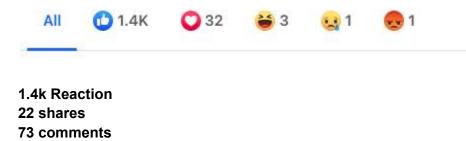


This annex contains some of the reactions that the advertisements containing a link to the conversation evoked. While they could not be included in the official data as they are incomplete, it still provides some insights as to how a conversation on COVID-19 is perceived.

Facebook reactions in Mali

Reactions on the ad link:

Votre opinion sur le COVID-19 et les vaccins nous intéresse. Partagez-le de manière anonyme, et obtenez du crédit d'internet.



Comments that received the highest numbers of likes:

"Alors pour ceux qui n'ont pas faites le vaccin Astra. Est ce que maintenant c'est possible de faire le nouveau vaccin"

"Essayez vous, de donner un Bilan: pour un An passé de vos opérationnels (vaccins) sur les pauvres affamés au monde entier et, après Cinq ans ! Je suis désolé pour ne jamais sûr de cet Résultat Irréel. Ce compte ait dans tiroir."

"C'est le stratégie des blancs pour tués les africains. Laissé ce continent respirent un peut a cause de Dieu."

"Le Covid-19 ne perturbe pas l'afrique notre vraie probléme c'est le paludisme qui tue des millions de gens"





"Il se dit chez nous ceci: Quand tu vas dans la forêt avec un sourd et que tu le vois fuir, alors sauves toi car il aura VU et pas entendu.

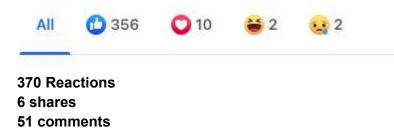
En général, les "toubabs" ne croient que ce qu'ils peuvent voir, toucher ou sentir. Alors, arnaque, volonté de tuer les africains ou quoi encore, chacun est libre de croire ou non. Seulement souvenons nous que chaque malien se nourri de riz importé, lait importé et même de poissons de mer. Quand ceux-ci l'à veulent exterminer des gens qui vivent dimpotation, imaginez. Sachons aussi que Dieu à instrui tout croyant la protection de son âme. Aides-toi dieu t'aidera. Attention à ceux qui nous enseigne les interdits et se cachent pour se goinfrer.

Je suis vacciné dépuis mai 2021."

Facebook reactions in Niger

Reactions on the ad link:

Votre opinion sur le COVID-19 et les vaccins nous intéresse. Partagez-le de manière anonyme, et obtenez du crédit d'internet.



Comments that received the highest numbers of likes:

"Nous en pensons que vous devriez diriger les ressources contre ce "grand rhume", vers le palu et les infrastructures sanitaires dont nos hôpitaux, centres de santés et maternités ont besoin. Néonatalogie a la maternité qui a une capacité de recevoir 24 bébés en reçoit au moins 70. 3 bébés/couveuses. Des bébés déjà fragiles ont les colles les uns contres les autres, ils finissent forcément par ce partager des infections. Le covid est une distraction ooh combien fatiguante et frustrante, sans vouloir offenser qui que ce soit."





"Si le covid et son vaccin sont une réalité bénéfique aux populations, les autorités des pays se doivent d'agir pour accélérer les opérations de vaccination, en commençant par se faire vacciner publiquement avec les membres de leurs familles. Nous savons que pour les bonnes choses, ce sont toujours elles et leurs familles qui sont les premiers à en bénéficier. Alors quand il faut y aller, il faut y aller."

"Je pense que le covid existe il n'est autre chose que le rhume. La peau noire résiste par contre ceux qui ont la peau claire résiste peu. Au lieu de s'attarder la dessus réparons nos routes qui font plus de morts que la covid. En un An il a eu plus de 1400 accidents et plus de 400 morts ce qui est de loin supérieur au notre de mort de la covid en 2 voir 3 ans de pandémie."

"Pour nous,c est une forme de domination.selon Les meilleurs médecins, même les traitements ne sont pas obligatoires à plus forte raison un vaccin qui est au stade d expérimentations."

Facebook reactions in Burkina Faso

Reactions on the ad link:

Votre opinion sur le COVID-19 et les vaccins nous intéresse. Partagez-le de manière anonyme, et obtenez du crédit d'internet.



825 reactions 18 shares 200 comments

Comments that received the highest numbers of likes:





"expired vaccines. Vaccines whose due date is not mentioned on bottles. There's no more urgent. Malaria, hepatitis and other benign diseases are devastating"

"La vaccination contre la COVID a ses limites.vous même vous le savez,ce vaccin n'empêche pas de faire la maladie, donc à mon avis il ne sert pas trop..."

"Entre le paludisme et la covid. C'est quoi qui tue plus? C'est bien sur le palu. Svp, valorisez le vaccin de nos chercheur sur le palu. Et dites nous qui est caché derrière le vaccin du covid?"

"Le vaccin n'est pas efficace une proche a faire ses deux dose mais elle est détecté positif encore, donc le vaccin est inefficace"

"Le COVID ou la COVID au Burkina est une merde.nous avons bien plus de problèmes que si on utilisait les fonds alloués pour ce soit disant COVID, plusieurs vie seront sauvées.combien de personnes dorment actuellement à l'air libre ? combien d'enfants sont couchés actuellement avec le palu da nos hôpitaux ? combien coûte actuellement le sac de riz ou de maïs ?[...]"