A brief analysis of the implementation of the COMVID COVID-19 movement in the city of Ouagadougou: Achievements, challenges, lessons learned, and perspectives

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1. Introduction

The COMVID COVID-19 movement, or “communities commit to voiding COVID-19”, is a citizens' initiative that was established by the DES-ICI\(^1\) platform in April 2020 to contribute to the response against COVID-19 in Burkina Faso. This movement is implemented with the support of the Ministry of Health and certain technical and financial partners, including the international NGO, Results for Development (R4D) within the framework of the African Collaborative for Health Financing Solutions (ACS)\(^2\) project.

The COMVID COVID-19 movement was created by the Platform for Health Democracy and Citizen Involvement (DES-ICI) and is organized around a secretariat and citizen health watch units (CCVS). The secretariat is responsible for coordinating the activities of the CCVS, advocating for the mobilization of resources and for the movement to be incorporated into the national response system, and monitoring the governance of the mobilized resources. Each CCVS is comprised of about 10 community associations representatives, a village development advisor (CVD), a local elected official, two opinion leaders or activists and a representative of vulnerable people. The CCVS are responsible for implementing the activities of the COMVID COVID-19 movement at the community level, in particular: (i) awareness; (ii) building the capacities of the population to take protective measures; (iii) follow-up of contact cases; (iv) mobilization of endogenous resources; (v) providing vulnerable households with protective equipment; and (vi) monitoring the management of donations received at the local level for the fight against COVID-19. A "focal point" association, responsible for one or more sector(s) or village(s), is responsible for setting up a CCVS in each sector or village as well as for coordinating its activities.

After two months of implementing activities, the movement is taking stock of its achievements, difficulties and lessons learned, in an effort to spread the movement to other regions of Burkina Faso. This document is produced by the Research for Health and Development Association (RESADE) to support this extension, with a view to better the implementation of the movement in other regions of the country.

2. Methodology

The data presented and analyzed in this note was collected through:

(i) documentary review (activity reports of the secretariat and CCVS);
(ii) participant observations (CCVS activities, meetings of the secretariat, training workshops for leaders and members of the CCVS, mid-way review workshop);
(iii) interviews with members of the secretariat and officials of the CCVS.

\(^{1}\) The health democracy and citizen involvement platform (DES-ICI) is a platform bringing together 23 civil society organizations created on February 12, 2020.

\(^{2}\) The African Collaborative for Health Financing Solutions (ACS) is a five-year project (2017-2022) funded by the United States Agency for International Development (USAID) to support health financing processes that advance health financing towards universal health coverage (UHC) in African countries.
3. Results

3.1. Results of the movement

- The movement initially received strong support from all stakeholders. By way of illustration, in 24 hours, more than 300 associations at the national level (around 200 in Ouagadougou and 100 in the other provinces) responded to the call that was launched on the Internet by the DES-ICI platform to mobilize stakeholders. In addition, other actors, such as the media, the Ministry of Health, the ministry in charge of commerce, municipalities, security services, governorate, customary and religious authorities, research organizations and individuals praised the initiative and promised to support it.

- The movement allowed civil society actors to unite around a common objective, which is to eradicate COVID-19 from Burkina Faso, and to establish committees (national and regional) to fight against COVID-19 in Burkina Faso.

- The movement set up 51 CCVS out of the 55 that were initially planned, supported by volunteers from the city of Ouagadougou.

- The movement has also built the capacities of CCVS in different sectors such as modes of transmission and symptoms of COVID-19, communication techniques, soap and gel making, and handwashing techniques.

- In terms of partnership, the movement initially mobilized catalytic support from a technical and financial partner, ACS, which made it possible to launch the movement and supply the CCVS with awareness-raising and personal protective materials. The movement also received 21 million Francs from the Ministry of Health to finance activities to produce and distribute soaps and masks to vulnerable households in the cities of Ouagadougou and Bobo-Dioulasso. To these donations are added the endogenous resources (protective equipment, food, financial resources, etc.) mobilized by the CCVS.

- The movement has made it possible to reach more than 36,000 people through several awareness-raising activities. There were 2,898 educational talks and home visits as well as awareness-raising activities in public places, including: 116 in markets, 26 in places of worship, 19 in city entry points, 19 in stations, 61 in fountains, and 160 in hairdressing salons, shops, tea shops, kiosks, markets, and restaurants.

- The movement also hosted several radio broadcasts in French and in local languages (Mooré, Dioula and Fulfuldé) in May 2020, including three on Ouaga FM, one on radio Liberté and another on radio Arc-en-sky. In addition, a music video and short awareness videos have been produced.

- The movement was able to mobilize endogenous resources within the community which made it possible to carry out a large number of activities, such as the production of soap, awareness-raising conversations, and the provision of protective materials to vulnerable households.

- The secretariat of the movement has created tools to strengthen internal
communication: online exchanges via WhatsApp and Skype, e-mail exchanges and an online framework for the daily reporting of activities carried out by the CCVS. The movement also carried out some supervision activities in certain CCVS.

3.2. Difficulties encountered

- **Difficulties in setting up CCVS:**
  - During the call for mobilization, each "focal point" association had to register to intervene in a given sector/village. However, some "focal point" associations enlisted in sectors outside their usual area of intervention. As a result, they had difficulties in mobilizing the actors who were a part of the CCVS in that sector (community associations, local elected officials, opinion leaders or activists, representing vulnerable people).
  - Certain “focal point” associations have formed a CCVS grouping together several sectors. As a result, they have found themselves with several categories of actors to manage. This situation led to difficulties in setting up the CCVS, particularly in situations where the local elected representatives of the sectors were from opposite political sides.  
  - Four CCVS could not be established due to funding reasons (CCVS activities are based on volunteering) and due to challenges in anchoring the the challenges in identifying the association that would serve as the focal point in those areas.

- **Difficulties in the implementation of CCVS activities:**
  - Delays in the implementation of activities of the movement were a result of:
    - late training of some CCVS on hand washing techniques and on the symptoms and modes of transmission of the disease;
    - insufficient financial resources to motivate CCVS members;
    - slowness and insufficiency in providing the CCVS with material and support for awareness-raising activities.
  - Difficulties in mobilizing CCVS members to implement the activities. Often, a limited number of associations carry out CCVS activities due to lack of financial motivations.
  - Demotivation and feelings of weariness of CCVS is a result of:
    - the persistent rumors that they would make a lot of money participating in the movement while working as volunteers;
    - prejudices or perceived ideas about the disease: people think that the disease does not exist and in turn not fully subscribing to the awareness messages.
  - Attempts by certain political actors to recover the activities of

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3 This is exacerbated by attempts at political recovery.
certain CCVS for electoral purposes. This tends to discredit the actions of these CCVS in the eyes of the population.

- **Difficulties in the managing and monitoring of movement activities:**
  - Communication problems between the movement’s secretariat and some CCVS led to difficulties in mobilizing the necessary expertise in time for the training of CCVS members.
  - Poor reporting of the activities carried out by the CCVS, which linked to difficulties in filling in the online canvas (poor knowledge of the IT tool).
  - Lack of a performance framework shared between the different actors to objectively measure the achievements of the movement’s objectives. This has resulted in differences in perspective in the assessment of the results achieved during the debriefings.
  - Lack of a formal mechanism to systematically accounting for any donations received by both the secretariat and the CCVS. This has led to difficulties in capitalizing on the resources mobilized by the movement (CCVS and Secretariat). For example, it is difficult for the secretariat and the CCVS to say what each has been able to mobilize for the implementation of the activities.

### 4. Lessons learned

- The more the “focal point” association has strong leadership, strong anchoring and solid knowledge of its area of intervention, the more effective it is in the establishing the CCVS and implementing its activities.
- Strong partisan and political positions can hinder the proper establishment of CCVS and the proper implementation of movement activities.
- Volunteering has limits in the establishment of CCVS and the implementation of activities (problem of absence, delay and continuity), despite having led to some results.
- Adequate and timely funding is essential to ensure the success and continuity of movement activities.
- An erroneous perception of the reality and the seriousness of the disease by the population can constitute a major obstacle to the continued mobilization of community actors, and, therefore, of CCVS.
- Attempts at political recovery of the movement can constitute an obstacle to the full membership of the movement’s population.
- A shared performance framework and consistent consultation between the various stakeholders is important in order to have a common vision of the objectives to be achieved and to monitor the performance of the actors.
- Good communication between actors and the establishment of formal mechanisms for transparency and accountability in the management of donations received are necessary to ensure a climate of trust.
5. Recommendations for extending the movement to other regions

- Ensure that the "focal point" associations coordinating the establishment of the CCVS and the implementation of activities have a good foothold in their area of intervention.
- Avoid establishing a CCVS that is comprised of several sectors in order to facilitate member management, to promote dialogue between actors and/or categories of actors, and to minimize conflicts, including political conflicts.
- Set up financial incentives for members of the CCVS.
- Continually seek resources to ensure adequate funding for movement activities to promote full participation of all CCVS members in the activities.
- Adapt communication strategies and messaging to the changing context and the location of populations in order to manage prejudices and perceived notions about the disease, which hinders the mobilization of actors around the CCVS.
- Develop and share a performance framework to serve as a tool for dialogue and reference, to objectively measure the achievements of the movement's objectives.
- Train the CCVS on the online reporting framework to ensure accurate documentation of the movement's activities.
- Create a better match between the reporting requirements and the level of training of CCVS managers for stronger data reporting.
- Establish formal mechanisms of accountability and transparency in the management of donations received by the movement's secretariat and the CCVS.

6. Conclusion

The implementation of the COMVID COVID-19 movement in the city of Ouagadougou has recorded important achievements. However, some difficulties have hampered its optimal implementation, which the movement's secretariat will have to work to resolve, particularly with a view towards expanding the movement to other regions of the country. The recommendations cited should serve as possible solutions and support the movement to successfully implement activities in new regions of the country.