



KNOWLEDGE PLATFORM ON INCLUSIVE DEVELOPMENT POLICIES

Burkina Faso country study on COVID-19 measures and impacts

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Executive summary

The Covid-19 pandemic emerged in Burkina Faso at the time of a difficult economic, political and social context. This situation is exacerbated by the security crisis that the country has been experiencing since 2016. The pandemic has thus added further strain to the country's resources, with two-fifths of the population (40 per cent) living in poverty. The objective of this study is to analyse the inclusiveness of the public health strategies adopted and the measures taken to combat the Covid-19 pandemic in Burkina Faso. More specifically, it examines whether and how the different stakeholders were involved in defining and implementing the proposed responses, as well as the multidimensional aspects of the consequences of these responses on the different groups of vulnerable populations. The study adopted an intersectional feminist approach allowing us, beyond gender, to take into account various groups of marginalized populations, such as the elderly, people living with a disability, street children, rural populations, the prison population or socio-economically disadvantaged populations.

The analysis is based on a Covid-focused review of the online press, government policy documents and reports published online by state and non-state actors. It seeks to answer questions about how markers of difference and vulnerability between population sub-groups have been taken into account in responses to the Covid-19 pandemic in Burkina Faso. The various dimensions explored in the analysis to answer these questions are presented below.

Government-initiated responses to contain the pandemic

Several types of measures aimed at curbing the spread of the Covid-19 virus among the population were taken as soon as the first cases appeared in March 2020. These measures first focused on the organisation of the health system to take care of the sick, monitor screening and contact tracing. Robust decisions were also taken regarding the restriction of individual liberties, transport and politics. These included a ban on any grouping of more than 50 people and the introduction of a curfew throughout the country. The latter measures led to the closure of places of economic activity that occupy the majority of the working population in the cities, namely markets, eateries and places of entertainment, and even schools. The spatial mobility of individuals was reduced with the closure of land and air borders, and with the decree of quarantining cities with infected people.

Responses initiated by government and civil society to mitigate the economic and social impact of measures to combat the pandemic

Two weeks after the decrees restricting people's mobility and activities, the government announced a series of measures to mitigate the impact of these measures on people's living conditions. These concerned economic sector actors and people working in markets, as well as categories of people identified as vulnerable. A battery of fiscal measures were taken in favour of businesses. Measures were also taken by the government to secure stocks of consumer goods (sugar, milk, rice, oil, soap, etc.) and to guarantee the availability of stocks, with a strengthening of the mechanisms to combat clandestine storage and price control throughout the country. The government took over the operating costs of the people working in the markets. For the rest of the population, subsidies were made for access to basic services, namely water and electricity. These measures mainly concerned urban populations, even though in the authorities' speeches it was regularly recalled that the rural environment "was not forgotten". The actions favouring the categories of population identified as particularly vulnerable were implemented by the government, members of civil society, and development partners. They consisted mainly of food distributions and, for the most deprived, cash transfers over three months.

Measures to mitigate the consequences of school closures were taken in the education sector, especially at the primary and secondary levels. One month after the schools were closed, the Ministry of National Education, Literacy and the Promotion of National Languages (MENAPLN) presented a response plan for educational continuity in the context of the pandemic with five objectives, including pedagogical continuity and an agenda for reopening classes with specific measures to prevent the spread of Covid-19 within schools. Pedagogical continuity was to be achieved mainly through digital channels and the media. In view of the difficulty of meeting the correct sanitary conditions for the resumption of classes, return to school was limited to examination classes only. For the intermediate classes, the school year was validated on the basis of what had been achieved before the schools closed in March.

Degree of inclusiveness of strategies and actions to fight the pandemic

Civil society and the Burkinabè population had little say in defining the responses to the pandemic when it first emerged, but through their reactions to certain measures, they changed the course of responses and somewhat mitigated their negative impacts. Although spontaneous and uncoordinated, the involvement of civil society enhanced the inclusivity of Covid-19 responses, by taking into account certain vulnerable population groups, which had not been explicitly targeted by the government's response plan.

The underpinnings of Government responses to the Covid-19 pandemic in Burkina Faso

The underpinnings of the Burkinabe government's response to the Covid-19 pandemic must be understood through a reading of the social, political and economic situation in the country prior to the pandemic and the debates about the pandemic and the necessary measures at the regional and international levels. Concerning the social, political and economic climate at the domestic level, the first measures taken, such as the closure of schools, were received by certain sections of the population as a desire on the part of the government to take advantage of the health crisis to tackle internal difficulties. The temporality of the decisions often coinciding with those taken in France also led the population to question the independence of the government in decision-making, as well as the legitimacy of the measures taken and their appropriateness to the country's situation.

Governance, power relations and popular responses to pandemic responses

The climate of mistrust towards the political and ruling class that has prevailed in Burkina Faso since the 2014 rebellion has led to a cautious management of the pandemic in terms of the potential rupture it could have engendered. Indeed, this management took place under permanent social pressure. As a result, the responses developed by the Burkinabe government to deal with the Covid-19 pandemic has hardly influenced social and political.

Managing the pandemic under constant social pressure

The management of the pandemic in Burkina Faso has taken place against a backdrop of ongoing challenges to public authority and pressure from civil society, opposition political parties and various trades to encourage the government to take appropriate measures to contain the pandemic and limit its negative effects on the population. The lifting of barrier measures such as curfews and the closure of shops and restaurants followed demonstrations by the population. Similarly, there were regular protests in social networks.

Acronyms and abbreviations

ABSFM	Burkinabè Association of Midwives [Association burkinabè des sages-femmes et maïeuticiens]
CRPD	Convention on the Rights of Persons with Disabilities [Convention relative aux droits des personnes handicapées - CDPH]
CHU	University Hospital Centre [Centre hospitalier universitaire]
CM	Medical Centre [Centre médical]
CMA	Medical Centre with Surgical Unit [Centre médical avec antenne chirurgicale]
CNRST	National Centre of Scientific Research and Technology [Centre national de recherche scientifique et technologique]
COGES	School Management Committees [Comités de gestion des écoles]
CONASUR	National Council for Emergency Relief and Rehabilitation [Conseil national de secours d'urgence et de réhabilitation]
CORUS	Operational Centre for Health Emergency Responses [Centre des opérations de réponse aux urgences sanitaires]
CSPS	Centre for Health and Social Promotion [Centre de santé et de promotion sociale]
EDS-BF	Demographic and Health Survey - Burkina Faso [Enquête démographique et de santé]
EMC	Continuous Multisectoral Survey [Enquête multisectorielle continue]
GDP	Gross Domestic Product [Produit intérieur brut - PIB]
HDI	Human Development Index [Indice de développement humain]
ICT	Information and Communication Technologies [Technologies de l'information et de la communication - TIC]
INSD	National Institute of Statistics and Demography [Institut nationale de la statistique et de la démographie]
ISSP	Graduate Institute of Population Sciences [Institut supérieur des sciences de la population]
IUTS	Flat-rate tax on wages and salaries [Impôt unique sur les traitements et les salaires]
MENAPLN	Ministry of National Education, Literacy and the Promotion of National Languages [Ministère de l'éducation nationale, de l'alphabétisation et de la promotion des langues nationales]
MESRSI	Ministry of Higher Education, Scientific Research and Innovation [Ministère de l'enseignement supérieur, de la recherche scientifique et de l'innovation]
MFSNFAH	Ministry of Women, National Solidarity, the Family and Humanitarian Action [Ministère de la femme, de la solidarité nationale, de la famille et de l'action humanitaire]
MINEFID	Ministry of Economy, Finance and Development [Ministère de l'économie, des finances et du développement]
MS	Ministry of Health [Ministère de la santé]
MSF	Doctors without Borders [Médecins sans frontières]
OMS	World Health Organisation - WHO [Organisation mondiale de la santé]
ONG	Non-governmental organisation - NGO [Organisation non gouvernementale]
PNDES	National Economic and Social Development Plan [Plan national de développement économique et social]
PNPS	National social protection policy [Politique nationale de protection sociale]
REMEHBS	Mother and Child Network of the Hauts Bassins [Réseau Mère Enfant des Hauts Bassins]
RENLAC	National Anti-Corruption Network [Réseau national de lutte contre la corruption]

RGPH	General Census of Population and Housing [Recensement général de la population et de l'habitation]
SIG	Burkinabè Government Information Services [Service d'Information du Gouvernement du Burkina Faso]
SNPE	National Child Protection Strategy [Stratégie nationale de protection de l'enfant]
SOBUPED	Burkinabè Paediatric Society [Société Burkinabè de pédiatrie]
SOGOBS	Society of Gynaecologists and Obstetricians of Burkina Faso [Société des Gynécologues et Obstétriciens du Burkina]
TdH	Terre des Hommes [International NGO]
UNDP	United Nations Development Programme [Programme des nations unies pour le développement - PNUD]

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Chapter 1. Introduction

The Covid-19 epidemic began in Wuhan, China in late December 2019. On 30 January 2020, it was declared a public health emergency of international concern by the WHO. The first case of Covid-19 in West Africa was recorded in Nigeria in late February 2020. One month later, the virus had spread to all 17 countries in the sub-region. The first cases were confirmed in Burkina Faso on 9 March 2020. Like most countries in sub-Saharan Africa, Burkina Faso took swift action to curb the spread of the disease. These included declaring a state of health emergency, closing educational institutions, confining infected people, establishing a curfew, quarantining certain towns, and prohibiting or restricting entry and exit from the national territory. The government of Burkina Faso also put in place measures to mitigate the socio-economic impact of health measures on the population.

The purpose of this study is to analyse the inclusiveness of the strategies adopted and measures taken to combat the Covid-19 pandemic in Burkina Faso. More specifically, it examines whether and how the different stakeholders were involved in defining and implementing the proposed responses, as well as the multidimensional aspects of the consequences of these responses on the different groups of vulnerable populations. The approach adopted is an intersectional feminist approach which allows, beyond gender, to take into account various groups of marginalised populations, such as the elderly, people living with a disability, street children, people living in rural areas, the prison population or socio-economically disadvantaged populations. On the basis of a literature review focusing on Covid-19 of the Burkinabè online press, government policy documents and reports published by state and non-state actors, the analysis seeks to answer questions about how markers of difference and vulnerability between population sub-groups have been taken into account in responses to the Covid-19 pandemic in Burkina Faso.

The questions asked are:

1. Did policies and programmes implemented to respond to the pandemic take into account the different categories of marginalized people, particularly those identified in policy documents? If so, how did they do that?
2. What influence have pressure groups exerted on these policies and programmes?
3. To what extent did existing, and previously taken, measures to mitigate the adverse effects of the various crises in Burkina Faso inform the responses to the Covid-19? Were the objectives for, and definitions of, inclusion in those measures replicated in some form in the Covid-19 responses? Did policy and programme adaptations during the pandemic affected specific target groups? If so, how did they do so?
4. What does the state's strategies for reaching the population, for managing communications about mitigation measures, and the range of responses of the population tells us about the relationship between the state and its citizens?
5. What potential innovations emerge from the responses?

The rest of the document is structured as follows: after specifying the methodology of the study, the social, economic and political context of Burkina Faso at the time of the emergence of Covid-19 is presented. Thereafter, the different dimensions of the issues outlined above will be addressed, in specific sections or grouped together for some of them according to relevance, and finally concluded.

Chapter 2. Methodology

Several documentary sources were mobilised for the analyses presented in this study. These include existing national programme and policy documents, activity reports or study reports produced by ministries, documents and reports produced by the government, associations or other civil society actors reporting on actions taken on the pandemic, web pages of national and international institutions, online press articles. The information gathered from programme and policy documents, reports and institutional websites was used firstly to present an overview of the political, economic and social context in which Burkina Faso found itself at the time of the emergence of the Covid-19 pandemic on its territory. They also served to clarify the existing mechanisms for caring for vulnerable population groups and their potential for inclusion.

The data used to analyse the management of the pandemic derived mainly from the online private news outlets and a government information site. For the national press, the vast majority of the articles were identified on the site lefaso.net, which is the leading online news organ in Burkina Faso, and on Burkina24. Lefaso.net is a very popular site serving as a relay for information from the various sectors of the country's political, social and economic life. It publishes articles written by academics, activists and other members of civil society residing in Burkina Faso or outside the country. Lefaso.net provides regular reports on the activities of the state, NGO associations, universities and educational centres. The Information Service of the Government of Burkina Faso (SIG) publishes press releases and reports on government action.

The information was collected over a period from 9 March, the start date of the pandemic, to 30 September 2020. Research was carried out on the lefaso.net site and the GIS, in the files that each of these sites devoted to the Covid-19 pandemic, and which compile all the information held by the site on the subject. For the other sites, the search was carried out on their search engines using the word "covid". A first selection was made by selecting any article or document containing the word Covid-19 in the title. A second selection was made by reading the first few lines, which made it possible to either classify the document in one of the predefined headings according to the search questions, or to eliminate it on the basis of keywords. A total of 859 articles from the lefaso.net site and 285 articles from the GIS were selected for content analysis. Finally, some information was supplemented by articles taken from the international online press and dealing with the same subject, or allowing for a more in-depth analysis.

Chapter 3. The socio-economic context of Burkina Faso

3.1 Burkina Faso's economic context

3.1.1 Income and poverty status

With an HDI of 0.434 according to the 2018 Human Development Report (UNDP, 2019), Burkina Faso is classified as a low-income country and ranks 182nd out of 189 countries in terms of development. The value of the Gini Index was 35.3per cent in 2014¹ and in 2018, the country's real GDP was 5,264.9 billion CFA francs [8.03 billion euros, much of which derived from the services sector (46per cent), despite this sector comprising only 17.7 per cent of the working population (MINEFID, 2019). The relative contribution of other sectors to the GDP amounted to 21 per cent for the industry sector, 20 per cent for agriculture and 13 per cent for tax revenues. Poverty affects around two-fifths of the Burkinabe population, or 40.1 per cent, according to the latest household surveys (INSD, 2015a). It is higher in rural areas (47.5per cent) than in urban areas (13.7per cent). Only 25.5 per cent of households had access to electricity in 2014, 9.3 per cent in rural areas and 62.4 per cent in urban areas (INSD, 2015b).

3.1.2 Employment status²

The Burkinabè population are deeply engaged in the employment sector, The employment rate of the population aged 15 and over was 63.4per cent in 2014 (INSD, 2015c) with a lower proportion of women (54.6per cent) compared to men (73.7per cent). However, most of these jobs are precarious. Thus, 87per cent of workers were in precarious employment,³ with a higher proportion of women (90per cent) than men (84per cent). In 2018, the industry sector created the most employment (31.1per cent), followed by agriculture (29.9per cent), trade (21.3per cent) and services (17.7per cent). The mainstay of workers are micro-entrepreneurs. Entrepreneurship remains poorly developed and only 0.7 per cent of these micro-entrepreneurs are employers, 0.3per cent women and 0.9per cent men.

3.1.3 Access to basic social services: school education

In recent decades, access to basic education has clearly improved in Burkina Faso, to the point of being almost universal, including in rural areas. For primary school (grade1-6) the gross admission rate was 104.8 per cent in the 2017-2018 school year (INSD, 2019a). The enrolment rate was around 90.7 per cent, with perfect parity between girls and boys, i.e. 90.9 per cent and 90.6 per cent respectively. Sixty-three per cent of primary school children complete primary school. More girls (67.6 per cent) than boys (58.8 per cent) completed the cycle. For the post-primary level (grade 7-10), the gross enrolment rate was 52 per cent for both genders. There was a higher enrolment of girls (54.6 per cent) than boys (49.6 per cent) at this level of education and a higher proportion of girls (42.1 per cent) than boys (39.2 per cent) completed this level of education (Ibid).

Enrolment in secondary education (grade11-13) is very low in Burkina Faso for both sexes and this is even more pronounced in higher education. At these levels of education gender inequalities remain significant, to the detriment of girls. In 2017-2018, the secondary school enrolment rate was 17.6 per cent. Only 14.5 per cent of girls of school age at this level were enrolled, compared with 20.6 per cent of boys. Inequalities increase as one progresses through the school system. In 2015-16, there were 513 students in tertiary education per 100,000 inhabitants and a disaggregation of the data revealed that per 100,000 inhabitants only 330 students were female compared with 710 male students (Wayack-Pambè, 2020).

¹ <https://donnees.banquemondiale.org/indicateur/SI.POV.GINI?locations=BF>

² Statistics obtained from the World Bank, <https://data.worldbank.org/indicateur/SL.EMP.VULN.ZS>

³ According to the National Statistics Council of Burkina Faso, precarious employment corresponds to an employment situation that does not allow one to foresee one's professional future, nor to ensure sustainable social protection. Three criteria are taken into account in this definition: the durability of the employment relationship, the uniqueness of the employer, and the level of income.

The literacy rate for young people aged 15 to 24 was 49.9 per cent, of which 43.8 per cent for young women and 56.8 per cent for young men in 2014, reflecting previous gender disparities in education to the detriment of girls (INSD, 2015d).

Despite progress in addressing gender inequality in education, inequalities according to students' place of residence remain significant. In 2014, while the gross primary school attendance rate was 114.9 per cent in urban areas, in rural areas it was only 65.2 per cent. In the post-primary cycle, the level of school attendance was three times higher in urban areas (96.6 per cent) than in rural areas (30.4 per cent). Inequalities according to place of residence are even more pronounced at secondary and higher education levels. At secondary level, 88.6 per cent of pupils attended school in urban areas, compared with only 16.5 per cent in rural areas. The number of tertiary students per 100 000 inhabitants aged 19 to 23 was 8377 in urban areas compared to 4357 in rural areas, i.e. twice as low. This situation can also be partly explained by the fact that schooling at these levels of education is concentrated in urban areas. With regard to literacy among young people aged 15-24, according to place of residence, 77.5 per cent of young people are literate in urban areas compared with only 38.2 per cent in rural areas.

3.1.4 Access to basic social services: health

The indicators relating to access to the public health system show that in 2018 health centres had an average action radius of 5.9 km, a distance that tends towards the international standard of less than 5 km (Ministère de la santé, 2019). The average population within a Centre for Health and Social Promotion's (CSPS) catchment area was 9,645 persons and the coverage for health professionals within the public health system was one doctor per 12,000 inhabitants despite the international standards recommend one doctor per 10,000 inhabitants; one nurse per 2,419 inhabitants against standards recommending one nurse per 3,000 inhabitants; and one midwife per 5,510 inhabitants compared with standards recommending one midwife per 5,000 inhabitants. In 2014, 49.2 per cent of households in Burkina Faso were within 30 minutes of the nearest health service. Households in the poorest quintile had more difficulties accessing health care than those in the richest quintile: only 34.7 per cent of the very poor households compared to 67.2 per cent of households in the richest quintile could reach a health centre in less than 30 minutes (INSD, 2015a).

Maternal and infant mortality indicators remain high. In 2018, the maternal mortality rate was 320 deaths per 100,000 women, and the child mortality rate was 94 deaths per 1,000 live births. The analysis of infant mortality rates according to children's place of residence shows that in 2010 infant mortality was lower in urban areas (46 pro mille) than in rural areas (82 pro mille). Children living in the poorest households were the most affected (95 pro mille) by mortality compared to those living in the richest households (45 pro mille) (Ministère de l'économie et des finances, 2012). Acute malnutrition affected 1.6 per cent of children under five in 2018 (Ministère de la santé, 2019). In 2010, underweight affected more children living in rural areas (27 per cent) than those living in urban areas (18 per cent). Children from the poorest quintile of households were also those who suffered more from malnutrition (31.7 per cent) than children from the richest households (15.5 per cent) (Ministère de l'économie et des finances, 2012).

The HIV-AIDS prevalence rate changed from 1 per cent in 2010 (EDS-BF 2010), to 0.80 per cent in 2018 (Présidence du Faso, 2019). The population groups with prevalence rates higher than the national average included sex workers (5.4 per cent), prisoners (2.15 per cent), people with disabilities (4.6 per cent), MSM (1.9 per cent) and drug users (1.02 per cent).

Severe malaria remains the leading cause of death in medical centres and hospitals. In 2015, malaria accounted for 23.9 per cent of the causes of death, followed by severe acute malnutrition (6.2 per cent) and infections in newborn babies (5.2 per cent) (Ministère de la santé, 2017). In 2015, the main reasons for consultation at basic health facilities were malaria (48 per cent) and acute respiratory infections (19.2 per cent). In 2010, 71.5 per cent of children under the age of 5 had had malaria. Disparities between areas of residence are again very significant, to the disadvantage of rural areas where the prevalence of malaria among children aged below 5 was 81.6 per cent compared to 47.9 per cent in urban areas (Ministère de l'économie et des finances, 2012).

3.1.5 Access to basic social services: water and sanitation

In terms of hygiene and sanitation, there has been an improvement in access to drinking water.⁴

The rate of access to drinking water in Burkina Faso increased from 68.5 per cent in 2012 to 75.4 percent in 2019 (Ministère de l'eau et de l'assainissement, 2020). In 2019 this rate was 68.4% in rural areas and 92.9% in urban areas. However, it should be noted that in the Burkinabè context, the mere presence of a water source is insufficient to give an idea of the population's actual access to water. Access to water sources must be coupled with service quality criteria that take into account the flow and continuity of supply. Discontinuity of service increases the risk of pathogen contamination of the water, as well as the difficulty of collecting water. This chore is usually carried out by women and children, and the consequences of poor access to water (including time consumption) severely limit women's economic empowerment (Dos Santos and Wayack-Pambè, 2016).

The proportion of households with improved toilets (VIP latrine, EcoSan, manual flush toilet, mechanical flush toilet) remained very low, with only 8.1 per cent of the population having improved toilets in 2014 compared to 4.7 per cent in 2009. Toilets were almost non-existent in rural areas and the change was negligible, with 3.9 per cent of households having improved toilets in 2014 compared to 1.1 per cent in 2009, while 18.8 per cent of urban households had improved toilets in 2014 compared to 14.2 per cent in 2009.

In 2016, 40.4 per cent of households had access to electricity⁵, 27.7 per cent in rural areas and 75.3 per cent in urban areas. Only 9.2 per cent of female-headed households had access to electricity compared to 42.6 per cent of male-headed households (MINEFID, 2017).

3.2 Unequal gender relations

Burkinabè societies are generally marked by unequal gender relations that expect women to be submissive to men. This is reflected in women's possibilities for exercising agency, i.e. having the power to decide for themselves. For example, in 2010, only 20 per cent of women reported being able to make informed decisions for themselves regarding sexual relations, contraceptive use and reproductive health care (Ministère de l'économie et des Finances, 2012). Similarly, only 12 per cent of women reported having participated in all three types of important decisions in their household at the same time: those related to their own health, those related to major household purchases and those related to family visits. The proportion of women who had experienced domestic violence in the year preceding the survey was 9.3 per cent in 2010 according to the same report.

⁴ A person is considered to have access to safe drinking water if they live within one kilometre of a permanent modern well or borehole, within 500 metres of a standpipe or has a private connection in the household (Ministry of Water and Sanitation, 2020).

⁵ Access to electricity refers to the possession of grid electricity from the Société nationale burkinabè d'électricité (SONABEL), solar energy and generators.

Institutionally, women held only 13 per cent of the seats in the National Assembly in 2019.⁶ In 2018, only 24 per cent of women were senior and middle managers.⁷ Finally, in 2017, only 34.5 per cent of financial accounts were held by women.⁸

3.3 Regulatory frameworks for social protection

There is a legal framework for the social protection of citizens in Burkina Faso. Recipients are subdivided into various subcategories, such as children, women, civil servants, private sector workers, pensioners and persons with disabilities. With regard to at-risk groups and vulnerable persons, Burkina Faso has adopted laws and ratified both national and international conventions and protocols (an exhaustive list is presented in the annex to Table 4). Particular attention should be drawn to the law on the protection and promotion of the rights of people with disabilities of 2010.

The National Social Protection Policy (PNPS) 2013-2022, devised in September 2012, aims to contribute to a qualitative change in the living conditions of all social strata throughout the country (Burkina Faso, 2012):

- improving social transfer mechanisms for the poorest and most vulnerable;
- improving access to basic social services for poor populations and vulnerable groups;
- promoting and guaranteeing job security and access to a minimum income for the population;
- improving and extending social coverage for workers in the informal and formal sectors;
- improving governance; and
- strengthening the capacities of all stakeholders.

Included in the National Economic and Social Development Plan (PNDES 2016-2022), this policy is broken down into a programme to strengthen the social protection of vulnerable and disadvantaged groups with the aim of reinforcing the protection and rehabilitation of disadvantaged individuals or groups in Burkina Faso. Specifically, this programme aims to:

- improving the living conditions of the elderly;
- promoting the social and economic empowerment of people with disabilities;
- promoting the socio-professional integration of children in difficulty;
- building the resilience of vulnerable households;
- improving the living conditions of people suffering from chronic diseases.

Within the framework of the implementation of the PNDES, several plans have been adopted for the different socio-economic sectors, in particular:

- the Strategic Plan for the Health of the Elderly 2016 - 2020;
- the Convention on the Rights of Persons with Disabilities (CDPH);
- the National Strategy for the Prevention and Elimination of Child Marriage 2016 - 2025;
- the Strategic Plan for the Health of Adolescents and Youth 2015 - 2020;
- the National Strategy for the Protection of Children (SNPE) with a three-year action plan (PAT) 2019 - 2023;
- the Integrated Strategic Plan for the Control of Non-Communicable Diseases 2016 - 2020.

⁶https://data.worldbank.org/indicator/SG.GEN.PARL.ZS?most_recent_value_desc=true

⁷https://data.worldbank.org/indicator/SL.EMP.SMGT.FE.ZS?name_desc=false

⁸https://data.worldbank.org/indicator/SG.DMK.SRCR.FN.ZS?most_recent_value_desc=true

3.4 A political and social climate overshadowed by the security crisis

Burkina Faso's social and political context has been particularly marked by instability since 2011. A major factor producing instability was the fall of Blaise Compaoré's regime in October 2014, additionally compounded by a security and humanitarian crisis that began in 2015, as well as clashes between ethnic groups (Kane, 2019).

The Burkinabe state, and in particular its army, have been weakened considerably at the state level by these crises, encouraging the emergence of multiform groups exercising violence. Amongst these are ethnic self-defence militias known as 'Kolgowéogo', Islamist armed groups claiming to be jihad, and groups of brigands (Kane, 2019).

3.4.1 Political governance

The 2019 report from the Legatum Institute, which analyses a country's potential to move from poverty to prosperity in an inclusive manner, gave Burkina Faso scores of 63.14 per cent for safety and security, 60.68 per cent for individual freedom, and 44.12 per cent for governance. These different scores placed Burkina Faso 117th, 58th and 108th respectively (see Table 1 in the appendix).

Regarding corruption, Burkina Faso was ranked 85th out of 180 countries in 2019 by the NGO Transparency International, with a score of 40 per cent. Twenty-eight per cent of the Burkinabè population believed that corruption had increased in 2019 and 16 per cent of the users of public services reported paying a bribe in 2019.

According to the NGO Amnesty International (2019) human rights violations had increased Burkina Faso. The country amended its Penal Code in June 2019 by adopting Law No. 044-2019/AN. This law defines what constitute offences, but critics consider the definitions excessively broad and note that they could be used to repress human rights defenders, journalists and bloggers, as well as to restrict access to information. Article 312-11 incriminates participation in the "demoralising the armed forces" with imprisonment. Other articles restrict access to, and dissemination of, information relating to military operations or weapons in order to protect public order and the integrity of military operations.

3.4.2 The security situation

The security crisis that began in the northern part of Burkina Faso in August 2015 with the first attack on a police station in Oursi (RFI, 25 August 2015) has had a major impact on state management, particularly in terms of access to basic social services, but also on state authority in the affected areas. After Oursi, the attacks gradually spread to the rest of the country, particularly in the East and Boucle du Mouhoun regions (Savadogo, 5 September 2019). The capital Ouagadougou has experienced three major terrorist attacks, the first of which occurred in January 2016.

According to Amnesty International (2019), six of the country's 13 regions are under a state of emergency, a situation that has led to an increase in human rights abuses, for example, the number of people killed in the first quarter of 2019 was four times higher than in 2018. The following categories of people are regularly targeted by armed groups at the individual level: the civilian population, administrative representatives of the State, traditional chiefs, teachers and students, and dignitaries of religious sites. Attacks on infrastructure are mostly target mining sites and schools. As of 19 December 2019, these attacks had led to the closure of 2,087 schools, which accommodated 303,090 students and 9,264 teachers (Amnesty International, 2019).⁹

⁹ <https://www.amnesty.org/fr/countries/africa/burkina-faso/>.

In 2020, according to the Faso Barometer polling institute, 51 per cent of Burkinabè said they had not felt safe in their neighbourhoods during the last 12 months. During the same period, 3 per cent of citizens had experienced an armed attack by political or religious extremists. As a result, 83 per cent of Burkinabè approve of the creation of local security associations by the population for their own defence, as well as for the security of the country. This approval is despite the press regularly denouncing local security associations for committing abuse against the very population that they are supposed to protect.

The security and humanitarian crisis has thus structured the functioning of Burkinabè society profoundly over the last five years, and women and girls are the categories of the population most affected by this situation. This has led to the internal displacement of a significant number of people from the areas affected by the terrorist attacks, particularly of women and children. Currently, there are 848,000 internally displaced persons (IDPs) in Burkina Faso, 84 per cent of whom are women and children. Internally displaced women and girls live in difficult conditions, particularly in refugee camps where they are exposed to rape and sexual assault (Labaume, 2020).

Economically, the country's classification as highly dangerous limits foreign investment and has slowed the country's economic dynamism. Tourism, which contributed 4.2 per cent to the country's GDP in 2011, fell to 3.5 per cent in 2013.¹⁰ The number of foreign tourists fell by 5.6 per cent in 2017 (OCHA, 2020).

Due to insecurity, a total of 7.2 per cent of health facilities were closed by 2020 and 1.08 million people had no access to health care (OCHA, 2020). The closure of health centres puts the lives of pregnant women and young children at risk. "Pregnant women give birth in conditions that are sometimes unhygienic and difficult in the hands of unskilled personnel; children no longer have access to vaccination services and chronically ill people have their treatment interrupted, as is the case for people living with HIV, diabetes and hypertension, and there is an increase in unwanted pregnancies among people who have been victims of sexual violence" (OCHA, 2020, p16).

The closure of schools deprives many children of schooling and increases the risk of abduction, early marriage, sexual abuse and other degrading treatment. In addition, there is also concern about the risk of recruitment of out-of-school children by armed terrorist groups.

Access to water and sanitation services, already limited in the crisis-affected areas, has decreased by 11 per cent in the municipalities hosting the majority of IDPs (OCHA, 2020).

A recent report published the 13 March 2020 by the Office for the Coordination of Humanitarian Affairs (OCHA) indicates that 5.3 million people are affected by the security crisis in Burkina Faso and that 2.2 million of them need humanitarian assistance. Table 1 below summarises the needs of those estimated to be in need of humanitarian assistance, as well as the type of need. Of the 579,000 people identified as in need, the majority are women (52 per cent) or children (59 per cent). There is also a substantial proportion of people with disabilities (1.2 per cent). The types of assistance and protections needed include shelter and/or essential household items (EHI), education and food security. With regard to the latter, the nutritional situation of the population, already fragile due to the effects of the chronic drought and climatic hazards, is also exacerbated by the current humanitarian crisis. It is estimated that 954,000 people are in need of nutritional assistance.

¹⁰ <https://www.leconomistedufaso.bf/2015/06/15/tourisme-317-milliards-pour-le-secteur/>.

Table 1. Assistance and protection needs in the population most affected by the security crisis

Assistance / protection area	Population	Women	Children	Persons living with disability
	(No of persons)	(per cent)	(per cent)	(per cent)
Humanitarian assistance	2.2 million			
• Shelter and/or essential household items	579,000	52	59	1.2
Water, Hygiene and Sanitation assistance	1.9 million	52	59	1.2
Education assistance	544,000	52	100	1.0
Food security	1.5 million	52	59	1.2
• Nutritional assistance	954,000	52	59	1.2
Security	948,000	52	59	1.2
• Gender-based violence protection	240,000	100	-	1.2

Source: OCHA, 2020

3.4.3 Access to information and communication technologies (ICTs)

Indicators on access to ICTs show significant differences by gender and area of residence. A survey of access to ICTs among the population aged 15 years or older indicated that in 2014, 64.3 per cent of Burkinabè owned a mobile phone, of which 51.7 per cent were women and 79.4 per cent men (INSD-EMC-TICs, 2015). The proportions according to place of residence were 87 per cent of the urban population had a mobile phone compared to 55.8 per cent of rural the rural population. During the same period, only 4.8 per cent of the Burkinabe population had ever used a computer, amongst whom 3.1 per cent were women and 6.7 per cent were men. The distinction according to place of residence indicates that access to a computer is almost exclusively the case for people living in urban areas. Accordingly, 15.6 per cent urban residents reported having used a computer, compared to 0.7 per cent of rural residents.

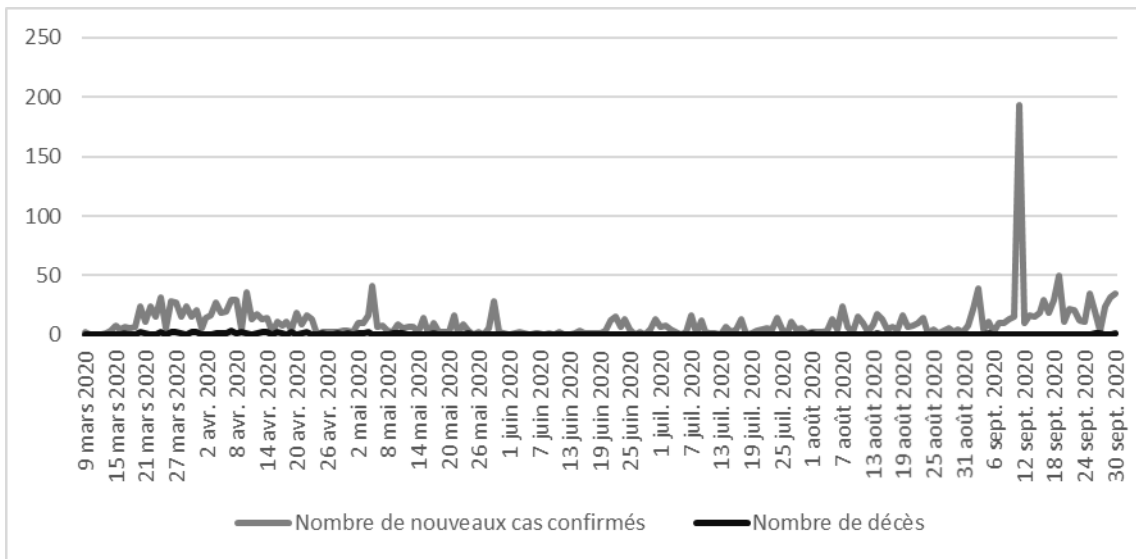
With regard to access to the internet, 5.9 per cent of the population aged 15 years or over reported having used the internet in the 12 months prior to the survey, 3.8 per cent of women and 8.3 per cent of men. Here again, this access was primarily for people living in urban areas. In fact, while 18.6 per cent of people in urban areas stated that they had used the internet in the 12 months preceding the survey, this was the case for only 1.1 per cent of people living in rural areas.

However, a recent study on the expansion and uses of ICTs in Burkina Faso, published in 2018, shows that access to ICTs is growing rapidly for the population as a whole (table 7 in the annex). It reveals that nearly 97 per cent of Burkinabè regularly use a mobile phone, 35.6 per cent a computer, 21.4 per cent a tablet, 10.4 per cent a printer, 9.9 per cent a photocopier, 5.4 per cent a scanner and 1.4 per cent a video projector. Burkinabè prefer to obtain information through television (36.7 per cent), radio (28.1 per cent), online newspapers (24.0 per cent), written newspapers (11.2 per cent). The population uses the internet to browse social networks (43.2 per cent), search for information (30.5 per cent), read the news (15.6 per cent) or other (10.5 per cent).

Chapter 4. Responses to the covid-19 pandemic in Burkina Faso

On the 9th March 2020, Burkina Faso confirmed its first cases of Covid-19. Since then, the number of daily cases has fluctuated between 0 and 50 cases per day between March and September 2020, with a peak of 193 on 12 September 2020, which is explained by a massive screening of students from the Ecole Nationale d'Administration (ENA) in military training in Bobo Dioulasso.

Figure 1. Trends in confirmed cases and deaths related to Covid 19 in Burkina Faso (9 March - 30 September 2020)



Source: Data on Covid 19 in Burkina Faso (INSD, 2020)

Available statistics on the Covid-19 pandemic in Burkina Faso therefore indicate very low levels of pandemic-related lethality and mortality compared to other countries or regions of the world, and even the African continent, such as South Africa. However, extensive responses to the Covid-19 pandemic were taken in Burkina Faso. In the early stages of the outbreak, these responses were primarily aimed at curbing the spread of the disease and mitigating the impact of such measures on the living conditions of the population. These responses focused on four aspects. The first two, health measures and those specific to the education sector, were primarily aimed at preventing the spread of the epidemic in the country. These were complemented by measures to mitigate the socio-economic consequences of the proposed responses, as well as actions to ensure trust and reassurance of good governance of the pandemic by the government. Almost all of the measures were government-initiated, but with diversified sources of funding.

4.1 Responses initiated by the government

4.1.1 Responses to limit the spread of the pandemic

Public health responses to treat Covid-19 patients

One of the initial health measures taken to manage the Covid-19 outbreak when the first cases appeared in Burkina Faso in March 2020 was the requisitioning of a hospital centre (in Tengandogo, a suburb of Ouagadougou) to receive and care for Covid-19 patients only. Screening units and tracing of contact cases were also set up. These measures were accompanied by the dissemination of awareness-raising messages on preventive measures through the media and a tour by the Minister of Health to raise awareness of the disease.¹¹ In May, they were supplemented by a digital system for monitoring and detecting cases suspected of having contracted Covid-19 with support from the World Health Organization (WHO), UNICEF and Terre des Hommes (TdH). Measures with a narrower remit included training of health sector actors in communication and community engagement to disseminate knowledge about the risks associated with the disease. In line with scientific developments at the international level, two clinical trials were initiated by the Ministry of Scientific Research, one on chloroquine and the other on a plant-based drug, Apirivine.¹²

Public Health responses aimed at limiting the spread of the pandemic

Several types of measures aimed at curbing the spread of the Covid-19 virus among the population were taken as soon as the first cases appeared in March 2020. At the beginning, these measures aimed primarily at limiting large gatherings of people. Thus, in his first message to the nation on the Covid-19 pandemic, President Roch Marc Christian Kaboré announced the powerful decisions taken with regard to the restriction of individual freedoms, transport and politics.¹³ He decreed a ban on gatherings of more than 50 people decreed the introduction of a curfew from 7pm to 5am throughout the country, starting on 21 March 2020.¹⁴ The local authorities in cities affected by the pandemic therefore issued by-laws ordering the closure of establishments likely to gather large numbers of people, such as markets, restaurants and entertainment venues, and later, places of worship.¹⁵ The government also decreed the closure of all schools throughout the country in a communiqué dated 14 March.¹⁶ The number of people permitted at family celebrations (weddings, funerals, etc.) was restricted to 40, with a ban on processions. Visits to patients in hospitals and to prisoners were also banned¹⁷, and a thousand prisoners had their

¹¹<https://lefaso.net/spip.php?article95463>;

https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=291&cHash=bc6791311989b21980dfc333e4fa33dd

¹²https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=314&cHash=952f6d59c976703e5a84b57196d567c0

https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=321&cHash=3afaf7827ed0f0ccc79af298dbb081a

¹³https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=303&cHash=2753b6a72cdadd2624a5be84a41583b3

¹⁴https://www.sig.gov.bf/fileadmin/user_upload/Decret_PRES_n_2020-0215_portant_instauration_d_un_couvre-feu_page-0001.jpg

https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=343&cHash=23ae834476018d450670743e46af594a

¹⁵https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=304&cHash=80c05b937c04a13681e163e0130beabe

¹⁶<https://lefaso.net/spip.php?article95470>

https://www.sig.gov.bf/fileadmin/user_upload/Communique_Gouvernement_Fermeture_anticipee_Etablissements_d_enseignement_scolaire_universitaire_Burkina_Faso-page-001_1.jpg

¹⁷https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=299&cHash=6e869ea5f430d7669e593bdbbeff624eb

sentences commuted.¹⁸ Large-scale administrative operations such as voter registration¹⁹ and the issuing of national identity cards were interrupted.²⁰

The second type of measures to contain the epidemic involved reduction of the daily and spatial mobility of individuals. This materialised through the closure of all land and air borders, and the introduction of a night curfew²¹ in cities affected by the pandemic.²² These cities were quarantined and the movement of people to other locations was strictly forbidden.²³ Police controls were introduced at the exit points of the cities. Finally, all spaces and structures open to the public were required to implement a protocol of measures to prevent the spread of the virus, essentially providing hand washing facilities and hydro-alcoholic gel to users, and to make compulsory the wearing of face masks within the premises.²⁴ The latter measure was made compulsory in all public places at the end of April 2020.²⁵

4.1.2 Responses to limit the spread in the education sector

Apart from the health sector, the education sector has implemented the most responses to prevent the spread of Covid-19. As mentioned above, the flagship measure taken to combat the pandemic was the closure of all educational establishments throughout the country less than ten days after the outbreak of the disease on Burkinabè soil. The rest of the responses in this sector relate to strategies to mitigate the consequences of this decision.

One month after school closures, the Ministry of National Education, Literacy and Promotion of National Languages (MENAPLN) presented a response plan for educational continuity in the context of the pandemic. This plan had five objectives:

- Production of digital teaching resources for all pre-school, primary, post-primary, secondary and non-formal education classes;
- Dissemination of these resources through radio, television, online press, android applications, downloadable files and removable media;
- Provision of protective and hygiene equipment to schools and non-formal education structures for the application of preventive measures against COVID19 in preparation for the reopening of education institutions;
- Development of administrative and pedagogical measures for the effective resumption of classes and the completion of the 2019-2020 school year;
- Sensitisation of students/learners, teachers/trainers and administrative staff in schools and non-formal education structures and communities to the fight against Covid-19.

Additionally, the plan had a non-educational objective, which was to ensure the coordination and monitoring-evaluation of the implementation of the response plan (MENAPLN, 2020).

¹⁸ https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=316&cHash=92425765829c9f1f26d5cf3268cfeef0

¹⁹ Burkina Faso held presidential elections on 22 November 2020.

²⁰ https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=303&cHash=2753b6a72cdadd2624a5be84a41583b3

²¹ https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=320&cHash=f99b9bb926490f1c777c5643529af8f4

²² https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=303&cHash=2753b6a72cdadd2624a5be84a41583b3

²³ https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=344&cHash=014aa58d0816d403d37d59f354758c25

²⁴ https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=303&cHash=2753b6a72cdadd2624a5be84a41583b3

²⁵ <https://lefaso.net/spip.php?article96248>

The integration of prevention measures included disinfection of schools and non-formal education facilities, as soon as they reopened and if Covid-19 cases were confirmed. Moreover, the wearing of masks and hand washing were compulsory.²⁶ To enable schools and other educational facilities to abide by these regulations, the MENAPLN placed an order for traditional cloth from weavers for the manufacture of 12 million masks to be sewn by local tailors under the supervision of the national army,²⁷ as well as for the provision of hand washing facilities and a regular supply of soap for the educational structures under its authority. However, the financial and logistical costs of these measures could not be borne by the government alone. On 8 May, the Ministry therefore launched a request for assistance from school management committees (COGES)²⁸ and parents' associations. The request not only concerned the supply of water, in a national context where water is a scarce resource, but also the provision of handwashing facilities for pupils in a context of precarious economic resources. In view of the difficulty of meeting the correct sanitary conditions for the resumption of classes,²⁹ the request was limited to examination classes only, from the 1st June. For intermediate classes in pre-school, primary, post-primary and secondary education, schools remained closed and the pupils' progress was validated on the basis of the achievements made before the schools closed in March. Thus, in the primary education cycle, pupils in CP1, CE1 and CM1 were allowed to move up to the next grade regardless of the average obtained. In other primary, post-primary and secondary classes, pupils were allowed to move up to the next class with the highest average obtained in the first and second terms.³⁰

Apart from the closure of educational institutions, no special measures were decreed for higher education. Public universities took initiative to mitigate the closure, without it being clear whether they such initiatives were based on ministerial directives. For example, at Joseph Ki-Zerbo University, which is the largest and first university in the country, meetings were held with the heads of the training and research units (UFR) and institutes to organise online educational continuity. At the meeting it was decided to put the course syllabi online. However, the lack of pressure on the lecturers to make their course materials available to the university, as well as their poor knowledge of IT, did not allow this objective to be achieved.

At the beginning of May, a meeting of the university's scientific council decided to resume classes on 11 May,³¹ but only for small classes, i.e. those with between 20 and 30 students. This decision excluded undergraduate students, as well as those in fields with large numbers of students.

²⁶https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=333&cHash=2ef2837395f4a96a4a97858852745e64
https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=357&cHash=bd48cf0697ebbfabce3d0a1903090a71

²⁷https://www.communication.gov.bf/informations/conseils-des-ministres/detail?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=199&cHash=bb46188422362fe3cc6209f904d82497; <https://www.sidwaya.info/blog/2020/05/10/confection-de-masques-pour-les-eleves-la-contribution-des-tisseuses-sollicitee/>; <https://www.sidwaya.info/blog/2020/10/15/covid-19-une-opportunite-pour-la-confection-des-masques/>

²⁸ The School Management System (COGES) is the administrative and management body of the school, which aims at actively including the whole educational community in the management of the school. The committee is made up of a representative of the municipality, the President of the PTA, the President of the Mothers' association (AME), the school headmaster, a teacher representative, the Founder (in the case of public schools), a representative of NGOs and a representative of the trade unions.

²⁹https://www.sig.gov.bf/fileadmin/user_upload/FB_IMG_1589022502998.jpg

³⁰<https://lefaso.net/spip.php?article97076>

³¹<https://lefaso.net/spip.php?article96732>

https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=364&cHash=f77cb028d69205582e38852a5451a66e

4.1.3 Responses to mitigate the economic impacts of the pandemic

The government was faced with the question of how to mitigate the impact of the measures taken to contain the spread of Covid-19 on the population as soon as they were implemented. Questions were also raised by civil society as to the need for these nationwide measures given the realities of the country, particularly regarding measures that had an impact on the population's income. As a result, the government announced a series of measures to mitigate the consequences two weeks after issuing decrees that limited the mobility and activities of the population. The mitigation measures mainly concerned actors in the economic sector, people working in markets, as well as categories of people identified as vulnerable. With regard to economic sector actors, a battery of fiscal measures were taken in their favour, consisting of a waiver by the state of the collection of various taxes, deferral or exemption from payment, and suspension or remission of penalties, with the aim of securing the country's supply of consumer goods and pharmaceutical products. In compensation, after consultation with traders, the Ministry of Trade secured stocks of consumer goods³² (sugar, milk, rice, oil, soap, etc.) to guarantee the availability of stocks and reinforced the mechanisms for combating clandestine storage and price controls throughout the country.³³ Moreover, the government took over the operating costs of the traders working in markets. The latter have thus benefited from a suspension of rents and fees, as well as an exemption from security fees.

For the rest of the population, means-based subsidies aimed to ensure access to basic services, such as water and electricity.³⁴ For the poorest households, a three-month exemption from payment of water and electricity bills was introduced, while other households benefited from a 50per cent rebate on electricity. Free water supply was introduced at standpipes in cities,³⁵ prompting the Ministry of Water and Sanitation to declare during a meeting with the media that the rural population had not been forgotten. However, according to the Ministry, the modalities for implementing mitigation measures for the supply of water in rural areas within the framework of the Covid-19 pandemic were under consideration, but the location-specific management of rural water supply made the operationalisation of responses complex.³⁶

Food was distributed to vulnerable populations - female heads of households, people living with disability and elderly people - in all the communes of Ouagadougou and in the surrounding rural communes by the Ministry in charge of social action. These operations were to mark the beginning of a phase of support for vulnerable people through the distribution of food in the thirteen regions of Burkina Faso.³⁷ Cash transfers of 20,000 CFA francs [30 euros] per month for three months were sent directly to 43,000 people affected by Covid-19 and identified through the *Burkina-Naong-Sa Ya* social safety nets programme³⁸.

³² <https://lefaso.net/spip.php?article42392>

³³ <https://www.burkina24.com/2020/03/21/covid-19-au-burkina-le-gouvernement-prend-des-mesures-pour-faire-face-a-limpact-economique/>

³⁴ https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=318&cHash=7885bfed16f9887c68b530207ee4d310

³⁵ https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=325&cHash=81bbcd89c9298ac6404c58dbd7dc3c2b

³⁶ <https://www.sidwaya.info/blog/2020/06/07/coronathon-plus-de-450-millions-f-cfa-collectes/>

³⁷ https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=365&cHash=b45002b28c8ad81712569e3fa3499db9

³⁸ The "Social Safety Nets" are instruments of social protection. They are defined as non-contributory transfer programmes that target poor or vulnerable populations in one way or another. They aim to stimulate - directly or through a substitution effect - household consumption of basic commodities and essential services. These programmes target poor and vulnerable people who are unable to meet their own basic needs or who are at risk of falling into poverty as a result of exogenous shocks or socio-economic problems such as age, illness or disability. The Social Safety Nets "Burkina-Naong-Sa Ya" project in Burkina Faso is supported by the World Bank and aims to reduce chronic poverty and malnutrition. The project has a targeting strategy that allows the selection of beneficiaries according to defined criteria, followed by their registration and the attribution of a unique identifier. (Burkina Faso-Filets sociaux, 2011).

Finally, as a gesture of national solidarity, the government took other symbolic measures, such as the renunciation of salaries of members of the government: six months for the President of the Republic, four months for the Prime Minister, two months for ministers of state and one month for other members of the government to contribute to the financing of Covid-19 prevention and mitigation measures.³⁹

4.2 Responses from civil society organisations

As indicated above, almost all of the responses to the Covid-19 pandemic in Burkina Faso were initiated by the government of Burkina Faso, at least the major ones. Civil society organisations (NGOs, associations, faith-based organisations and other actors) initiated micro-actions but, above all, they provided financial support. As of 30 March, the financial contribution from international institutions, bilateral and multilateral donors⁴⁰ to Burkina Faso's Covid-19 response plan was estimated at more than 2 billion CFA francs [3 million euros]. The actions and contributions of non-governmental actors to the response to the pandemic are too numerous to mention here (for a summary, see Appendix 4). However, among the most significant contributions to public health are the guide "Conduct in gynaecology and obstetrics and neonatology during the period of the corona virus infection pandemic in Burkina Faso"⁴¹, drawn up by the Society of Gynecologists and Obstetricians in Burkina Faso (SOGOB), the Burkinabè Pediatric Society (SOBUPED), the Mother-Child Network in the Hauts Bassins region (REMEHBS) and the Burkinabè Association of Midwives (ABSFM). As part of their response activities to Covid-19 in Burkina Faso, the NGO Doctors without Borders (MSF) recruited more than 65 medical staff. MSF supported the renovation of the Covid-19 treatment centre and recruited almost 70 medical staff.⁴² The WHO supported the construction of five triage units in health centres, contributed to the training of medical staff and donated sanitary materials and equipment.⁴³ The Republic of China offered technical support and sanitary equipment. It also financed the rehabilitation of an isolation site for contaminated persons.⁴⁴ Finally, initiatives taken by young academics in technical and scientific fields led to the development of a number of tools, such as a local artificial respirator, an intelligent disinfection tunnel, an automatic hand washing device, applications for self-diagnosis, geolocation and case management, as well as data collection and consolidation.⁴⁵

These initiatives by civil society, associations and NGOs were primarily aimed at supporting the health and socio-economic response measures adopted by the State. Although the various actions taken by non-state actors were spontaneous and uncoordinated, they enabled the inclusion of some of the vulnerable sections of the population that had not been explicitly targeted by the government's response plan. These included displaced persons, people living with a disability, street children, children in orphanages and reception centres, pregnant women and newborn babies, women in charge of public health, and migrants.

³⁹https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=341&cHash=66cfb52c9af3f6c1447f5aaad715fa25

⁴⁰ WHO, Global Fund, World Bank, UNDP, GAVI, CDC, UNICEF, Ambassade de France, AFNET /CDC, OOAS, BMGF, USAID

⁴¹https://lefaso.net/spip.php?page=web-tv-video&id_article=95827&rubrique491

⁴²<https://lefaso.net/spip.php?article97057>

⁴³<https://www.afro.who.int/fr/news/loms-appuie-la-construction-des-unites-de-triage-des-patients-dans-la-lutte-contre-le-covid-19>

⁴⁴<https://lefaso.net/spip.php?article95586>

⁴⁵<https://lefaso.net/spip.php?article96387>

https://www.bf.undp.org/content/burkina_faso/fr/home/presscenter/articles/2020/Innov_challenge_covid19.html; <https://burkina-ntic.net/spip.php?article2355>; <https://www.uncdf.org/article/5867/au-burkina-faso-la-crise-de-la-covid-19-booste-lcoysyste>

For example, through its sub-branch the Islamic Educational, Scientific and Cultural Organization (ISESCO), the UNESCO National Commission decided to direct its food donations worth more than 23 million CFA francs [35,000 euros] to internally displaced persons and people living in crisis zones⁴⁶. The European Union, for its part, earmarked its donations of protective masks worth 80 million CFA francs [122,000 euros] for youth and women's associations, migrants, pupils and students, and community health workers⁴⁷. Members of the Sant'Egidio Community in Ouagadougou and a designer donated protective masks to street children⁴⁸. The German group SysAid donated food and protective equipment worth 10 million CFA francs [15,000 euros] to an orphanage in the capital⁴⁹. The Assemblies of God Church donated food and protective equipment worth more than 2 million CFA francs [3,000 euros] to the women of the Green Brigade⁵⁰ in Ouagadougou⁵¹. Solidar Suisse, an NGO has also targeted displaced persons and children outside the school system for its donations of protection and awareness material worth more than 54 million CFA francs [82,000 euros].⁵²

4.3 Innovations arising from the pandemic and involvement of the scientific community

Scientific research in Burkina Faso, whether academic or industrial, are normally allocated very few financial resources. In the context of Covid-19, some studies were initiated by Burkinabè researchers. A study funded by the World Bank delivered its results on the impact of Covid-19 in artisanal mining communities in July 2020.⁵³ The aim was to examine how Covid-19 related restrictions affect the economic and social lives of children and their families. In September 2020, the National Institute of Public Health presented a multidisciplinary research project on Covid-19 involving Burkinabè, French and Canadian researchers.⁵⁴ This project aims to generate epidemiological and socio-anthropological knowledge to assist the country in its response to the pandemic. Technological initiatives to help improve the management of the pandemic in the health system have also been developed. These include *Mondjossi*, a platform for connecting users with the medical profession,⁵⁵ ePresc (<https://epresc.care/>) a web/mobile application dedicated to the digital management of patients' medical information throughout their lives and throughout their care,⁵⁶ and DMS, a pharmacy management software that facilitates data traceability.⁵⁷ Other innovations included a proposal for the construction of a prefabricated hospital, a pedal-powered hand-washing system, and software for distance learning (easyschool).

4.4 Inclusiveness of strategies and policy responses to the Covid-19

In Burkina Faso, as in the rest of the world, the mortality of Covid-19 is higher among men than among women (Wayack-Pambè, Lankoandé and Kouanda, 2020). However, numerous studies show that poor and female populations are the most negatively impacted by epidemics, particularly in terms of the social consequences and responses to them. The consideration of these populations has not been explicitly expressed or anticipated in the Covid-19 response documents developed by the government of Burkina Faso. As a result, an inclusive dimension is almost totally absent in the strategies and responses to mitigate the consequences of the Covid-19 pandemic. The inclusiveness of the government's strategies

⁴⁶<https://lefaso.net/spip.php?article97227>.

⁴⁷<https://lefaso.net/spip.php?article97812>.

⁴⁸<https://lefaso.net/spip.php?article96771>; <https://lefaso.net/spip.php?article96143>

⁴⁹<https://lefaso.net/spip.php?article96706>

⁵⁰ Employees of the municipality, responsible for public sanitation.

⁵¹<https://lefaso.net/spip.php?article96175>

⁵²<https://lefaso.net/spip.php?article98382>

⁵³<https://lefaso.net/spip.php?article99154>

⁵⁴<https://lefaso.net/spip.php?article99538>

⁵⁵<https://lefaso.net/spip.php?article95805>

⁵⁶<https://lefaso.net/spip.php?article95811>

⁵⁷ <https://lefaso.net/spip.php?article96384>

and responses to Covid 19 can only be seen in certain measures aimed at limiting the immediate socio-economic effects of the preventive responses to the pandemic. The specific needs of populations traditionally discriminated, for example in terms of schooling, were not taken into account in the MENAPLN response plan, hence the measures proposed for educational continuity were likely to increase educational inequalities. However, while the government's overall pandemic response plan did not initially target specific vulnerable groups, it was adapted over time in response to feedback from the population, opposition political parties, civil society organisations, and targeted donations from various contributors.

The temporary closure of schools is likely to lead the most vulnerable children to drop out of school or not to be enrolled. Given the conditions prior to the onset of the pandemic, it is conceivable that the solutions issued by the MENAPLN to limit the consequences of school closures are unable to curb the increase in pre-existing educational disparities between the advantaged and disadvantaged population groups, i.e. between urban and rural areas, between wealthy and poor households, and between male and female children. Firstly, with regard to children living in rural areas and those living in economically disadvantaged households, the virtual absence of electrification in rural areas, and to a lesser extent in peripheral urban areas, has de facto excluded children in these areas from the educational continuity offered by MENAPLN. As for the teaching offered by radio, even if the experiments carried out on a small scale indicate that it is a medium that favours distance learning, it would have been necessary for every Burkinabe child attending school to have a personal radio to follow the lessons. Moreover, the proportion of the population with a computer or mobile phone, as well as the proportion with access to the Internet, suggests that only a tiny minority of children have been able to access online teaching resources.

For girls, gender relations in society that assign them to caregiving roles increase the educational inequalities generated by school closures (Bandiera et al., 2020; Burzynska and Contreras, 2020). School closure thus has long-term deleterious effects on girls. Once out of school, they are more likely to stay out. In contexts where early marriage is widespread, school closures increase in this practice. In Burkina Faso, for example, an increase in early marriage is feared as a result of the Covid-19 school closures. Indeed, 51.3 per cent of the female population aged 20-24 declared in 2014 that they had married before the age of 18 compared to 1.6 per cent of the young men in the same age group (INSD, 2019b). Burkina Faso is thus among the countries in the world where the prevalence of early marriage is high. These rates are even higher in rural areas, where 62.9 per cent of young women had married before the age of 18 compared to 2.2 per cent of the young men. In urban areas, 19.9 per cent of women were in this situation, and no men were affected. Prevalence levels of early marriage were also high in the East and the Sahel regions, where the median age at marriage for girls was 16. These regions were already experiencing school closures due to attacks by armed groups. In 2015, nearly seven out of ten girls (65.2 per cent) aged 20-24 years reported having been married before the age of 18 in the Eastern region, whereas the phenomenon was almost non-existent among young men. In the Sahel region, eight out of ten girls (76.6 per cent) in the same age group reported the same situation, compared to only one out of ten boys (10.4 per cent) in the same age group.⁵⁸

Another consequence of school closures is that it increases the demand on girls for domestic and reproductive work. They have to substitute for adult women in tasks and activities related to this area. Girls are thus more unable than boys to become involved in a pedagogical continuity at a distance.

⁵⁸ It should be noted here that although the gender comparison shows a substantial difference to the detriment of girls, the proportion of boys married before they reach the age of majority is ten times higher than at national level in these regions.

While the state's assumption of financial responsibility for water and electricity bills was part of a desire to minimise the economic inequalities generated by the pandemic, it did not take into account the specific needs of women and the accentuation of unequal situations between men and women generated by the pandemic. The Covid-19 pandemic appeared in Burkina Faso during the dry season, when water is scarce, including in standpipes. Moreover, the introduction of free water only concerned women in urban areas, while women in rural areas get their water mainly from rivers, wells or boreholes. However, even in urban areas, where water collection remains a predominantly female chore (Dos Santos and Wayack Pambè, 2016), this measure has not been inclusive, as it has not reduced the drudgery of waiting at the water point. This is all the more so as the months of March, April and May are the hottest months of the year, and those with very low flows in the standpipes.

One of the major shortcomings of the Covid-19 response plan,⁵⁹ as well as the strategies and measures put in place to deal with the pandemic, is that they incorporate very little of the social dimensions of the security situation related to Jihadist insurgents. Thus the response plan does not take into account the prolonged closure of various administrative services, schools and health centres in the regions most affected by the crisis or the displacement of people caused by the crisis.

Finally, the increase in domestic violence was very quickly identified as a "pandemic within the pandemic" because it affects all countries in the world affected by Covid-19. This violence, which particularly affects women and girls, was denounced by the UN Secretary General who called on all states to take appropriate measures to put an end to it. Yet the issue of gender-based violence has not raised in Burkina Faso in any governmental or social forum. It is difficult to know whether this is due to a lack of manifestation of the phenomenon in the Burkinabè context or whether it has simply been forgotten. Nevertheless, it should be noted that rates of domestic or child abuse are low in Burkina Faso (Ministry of Economy and Finance, 2012; ISSP, 2018; Wayack Pambè, Gnomou and Kaboré, 2014).

⁵⁹https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=387&cHash=301e88e8e56744ce646fe7771909a69e

Chapter 5. Synthesis of responses to the COVID-19 pandemic in Burkina Faso

5.1 The foundations of responses to the Covid-19 pandemic in Burkina Faso

It is difficult to determine the origin of the responses to the Covid-19 pandemic in Burkina Faso. However, the measures taken by the government can be read in the light of the social, political and economic situation prior to the pandemic, as well as the debates and developments at the regional and international levels.

With regard to the social, political and economic climate at a domestic level, the first measures were perceived by certain sections of the population as a willingness on the part of the government to take advantage of the health crisis to tackle internal difficulties. Thus, the closure of schools from 16 to 31 March and a ban on gatherings of more than 50 people were decreed on 14 March 2020, just two days before a protest march and the start of strike action among primary and secondary school teachers. In addition, a strike call for 16-20 March 2020⁶⁰ was issued by the Union of Trade Union Action (UAS) against the application of the Single Tax on Salaries and Wages (IUTS) to the bonuses and allowances of public employees. The closure of educational institutions during the weekend on a Saturday evening, with immediate effect on the following Monday, was therefore interpreted as a means of silencing the social movements being prepared in the country. This suspicion was reinforced by the fact that the government vacillated a great deal before deciding to close places of worship and markets. But here too, the government was accused of being afraid that it would have to confront certain religious and traditional communities resisting the preventive measure.

The temporal nature of decisions also led people to question the independence of the government in decision-making, as well as the legitimacy of the measures taken and their appropriateness to the country's situation. The decisions announced by the government were thus often welcomed and perceived as "following in the footsteps" of what was done in developed countries, particularly in France, without taking into account national realities. Indeed, the closure of schools was decreed on 14 March, two days after the same measure was decided in France. Similarly, the introduction of measures to limit the mobility of individuals, taken on 20 March, took place four days after confinement was imposed throughout France.

The desire to set up clinical trials⁶¹ on Chloroquine and Apivirine (a remedy derived from local plants) stemmed both from the desire to position oneself internationally in the debate on the effect of chloroquine, and from the desire of African countries to contribute to the fight against the pandemic. Furthermore, a proven effect of chloroquine or Apirivine would have provided African states with a low-cost treatment for the disease. However, the official launch of these clinical trials by the Ministry of Research has been followed by slow implementation. In the case of Apivirine, a first protocol was rejected by the Health Research Ethics Committee (HREC).⁶² It was only in December 2020 that the first results of Apivirine were delivered, prompting challenges from some researchers and medical practitioners.⁶³

⁶⁰<https://lefaso.net/spip.php?article95232>

⁶¹<https://lefaso.net/spip.php?article95769>

⁶² <https://lefaso.net/spip.php?article96914>; <https://lefaso.net/spip.php?article95769>

⁶³ <https://lefaso.net/spip.php?article101643>; <https://lefaso.net/spip.php?article101684>

5.2 Governance, power relations and popular responses to pandemic responses

As a result of the various corruption cases involving the political elite that have been reported in the press for more than a decade, civil society and the population in general show a lack of confidence in the government's management of public assets. This situation has prompted the government to communicate very early on the management of the pandemic, in an effort to be transparent and to give an image of good governance. But as can be seen below (point 4.3), all the initiatives taken by the government remained marred by suspicion among the population.

From the first days of the revelation of cases of Covid-19 in Burkina Faso, a press conference hosted by the Minister of Health on 9 March 2020 introduced a transmission of information on the pandemic to the population. Prof. Martial Ouédraogo was designated as the person in charge of the national coordination of responses to Covid-19 in Burkina Faso, and of the dissemination of information to the population on the evolution of the pandemic. Following poor management of the first death due to Covid-19 in Burkina Faso, he was dismissed⁶⁴ and replaced by the director of the Centre des opérations de réponse aux urgences sanitaires (CORUS) as an interim in the national coordination of the fight against Covid-19.

Following the speech by the Minister of Health on 9 March, a daily press briefing on the state of the disease within the country was held every evening by the Government Information Service. It was moderated by members of the government, or by the national coordinator of the Covid-19 response. From daily briefing in the first weeks of the outbreak, i.e. since 18 March⁶⁵, communication was reduced to a weekly briefing on 27 March 2020⁶⁶, and then to a monthly briefing from June onwards. However, statistics on the state of Covid-19 in Burkina Faso are published daily. They cover the number of new suspects, those tested, those infected, those hospitalised, those cured and those who died, as well as the total number of cases in the country.

Awareness-raising messages on prevention measures are also disseminated through the media and posters⁶⁷. The Minister of Health began a local awareness-raising tour on the disease in the interior of the country in the week after the pandemic was acknowledged in the country⁶⁸.

Information on actions relating to Covid-19 initiated by state and non-state actors in Burkina Faso is regularly published. The channels used are television and radio news, as well as print and online media. In the early days of the pandemic, the president of the republic also made several televised speeches to announce the decisions taken in relation to the pandemic, or to explain them.⁶⁹ A sequence on government decisions is reserved for the pandemic during press briefings by the government spokesman after each Council of Ministers.

⁶⁴<https://lefaso.net/spip.php?article96524>

⁶⁵https://www.sig.gov.bf/actualites/details?tx_news_pi1per cent5Bactionper cent5D=detail&tx_news_pi1per cent5Bcontrollerper cent5D=News&tx_news_pi1per cent5Bnewsper cent5D=297&cHash=d9f9c84ad62e73f4a3ed088c0d058717

⁶⁶<https://www.sig.gov.bf/infos-covid-19>

⁶⁷https://www.sig.gov.bf/actualites/details?tx_news_pi1per cent5Bactionper cent5D=detail&tx_news_pi1per cent5Bcontrollerper cent5D=News&tx_news_pi1per cent5Bnewsper cent5D=289&cHash=c732dd2b9d271e9c22fe9634cb5373e9; https://www.sig.gov.bf/actualites/details?tx_news_pi1per cent5Bactionper cent5D=detail&tx_news_pi1per cent5Bcontrollerper cent5D=News&tx_news_pi1per cent5Bnewsper cent5D=290&cHash=243e01536c7e475648496eb2492431b4; https://www.sig.gov.bf/actualites/details?tx_news_pi1per cent5Bactionper cent5D=detail&tx_news_pi1per cent5Bcontrollerper cent5D=News&tx_news_pi1per cent5Bnewsper cent5D=291&cHash=bc6791311989b21980dfc333e4fa33dd

⁶⁸<https://lefaso.net/spip.php?article95475>

⁶⁹https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=303&cHash=2753b6a72cdadd2624a5be84a41583b3; <https://lefaso.net/spip.php?article95931>

Stakeholder consultation meetings were also strategies developed by the government in order to reassure people about its good governance in the management of the pandemic and to gain the support of the population. A working session between the Ministry of Health and the national anti-corruption network (RENLAC)⁷⁰ was held in May 2020. Its aim was to ensure the proper use of the resources mobilised for the management of Covid-19 in Burkina Faso. The government also met on 17, 21 and 23 April 2020 with political parties from the majority and the opposition, with the aim of creating a synergy of actions for a concerted and efficient management of the pandemic. The meeting also aimed to discuss the potential impact of the measures to suspend biometric enrolment and the issuing of national identity cards on the electoral agenda.⁷¹

At the same time, a national committee for the crisis management of the pandemic was created, made up of government representatives, technical and financial partners working in the health sector, representatives of private health structures and civil society⁷². The High Council for Social Dialogue also initiated a framework bringing together members of the government, employers and workers with the aim of encouraging joint reflection on the socio-economic consequences of the pandemic and the development of palliative measures acceptable to the population⁷³.

With the aim of resuming economic activities, consultations were held with the actors of the various economic sectors, in particular the urban passenger transport sector and the interurban, peri-urban and rural passenger transport sector. These meetings led to the signing of protocols of agreement aimed at organising the resumption of activities in these sectors.⁷⁴

After the closure of the Ouagadougou central market, Rood-Wooko, the medium and small markets, and the itinerant markets also closed on 26 March 2020⁷⁵. At the insistence of the population, the Ouagadougou city council initiated a consultation with actors of the informal economy and the associations of market traders on 1 April 2020⁷⁶. The aim of the consultation was to propose ways and means of reopening commercial infrastructures in the capital. These exchanges led to the establishment of a memorandum of understanding between the two parties for the strict observance of preventive measures to curb the pandemic and subsequently to the reopening of the large market in Ouagadougou on 20 April 2020.⁷⁷ However, a few days after the reopening of the market, the clauses of the protocol relating to the preventive measures were not respected.⁷⁸

The various initiatives undertaken by the public authorities to demonstrate their good management of the pandemic have not always succeeded in restoring a climate of trust between the government and the population. One of the reasons for this is probably the fact that very few Burkinabè have been infected with Covid-19, and the health effects of the pandemic are therefore imperceptible to most of the population. The confusion surrounding the management of the first Covid-19 death in Burkina Faso (also the first recorded death of Covid-19 in sub-Saharan Africa), sowed doubt about the real causes of this

⁷⁰<https://lefaso.net/spip.php?article96652>

⁷¹https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=354&cHash=00dfedfbae9ea64dface04d33bb60bb9;
https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=344&cHash=014aa58d0816d403d37d59f354758c25

⁷²<https://lefaso.net/spip.php?article96784>

⁷³<https://lefaso.net/spip.php?article97107>

⁷⁴https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=379&cHash=15f2c7fc2690c1a262542c52a2926d33
https://www.sig.gov.bf/actualites/details?tx_news_pi1%5Baction%5D=detail&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Bnews%5D=378&cHash=6c3f9d394ec6b29df2a4d9aef505bfb0

⁷⁵<https://lefaso.net/spip.php?article96282>

⁷⁶<https://lefaso.net/spip.php?article95976>

⁷⁷<https://lefaso.net/spip.php?article96310>

⁷⁸<https://lefaso.net/spip.php?article96419>

death⁷⁹, and contributed to the scepticism among ordinary people regarding the existence of the disease. Moreover, the first people to be affected, and whose contamination was widely publicised, were members of the government⁸⁰ and people from wealthy social classes. The measures implemented were therefore felt to subject the majority of the population to the resolution of a problem that only affected the elite, while the consequences of these measures affected the majority but not the elite. Despite the authorities' attempts to establish participation in the politics surrounding Covid-19 management through consultations with actors in the informal sector, the popular demonstrations by market traders forced the authorities to reopen earlier than planned.⁸¹ Similarly, mass demonstrations by members of an association of Muslim practitioners demanding the reopening of mosques⁸², forced the government to authorise the immediate reopening of places of worship for all other religious denominations⁸³. On the strength of this victory, the population subsequently demonstrated to demand the lifting of the curfew⁸⁴, leading the government to capitulate once again, thus removing any pretence of consensus in Covid-19 politics.

5.3 Managing the pandemic under permanent social pressure

As is becoming increasingly clear, the management of the pandemic in Burkina Faso took place in a context of permanent contestation of public authority as well as under pressure from civil society, opposition political parties and various professional bodies, to encourage the government to take appropriate measures to contain the pandemic and limit its negative effects on the population.

Thus, the closure of the borders to the transport of people following the example of countries such as France and the USA, as well as the prohibition of large gatherings in all public places were demanded as early as 17 March by an opposition party, the UPC,⁸⁵ and the doctors' union.⁸⁶ The latter also called for subsidies and price controls on pharmaceutical products needed to fight the pandemic, such as hydroalcoholic gels, masks, etc. At the same time, the government was also questioned about the measures taken⁸⁷ to mitigate the effects of the measures to combat the pandemic on the population, particularly the most disadvantaged and those directly affected by these measures.⁸⁸

Long before this turned into mood swings leading to the lifting of preventive measures, voices were raised to challenge almost every action or intervention of the government in its disease management.⁸⁹ These challenges came from ordinary citizens through social networks and in comments in the online press, political parties, trade unions or civil society, challenging the power of control. These non-governmental actors not only analysed the situation, but also criticised the government's approach by making counter-proposals. These stances have contributed to increasing the fragility of the government's management of the pandemic. Thus, in the face of the preventive measures enacted by the government, the leader of the opposition as well as legal actors⁹⁰ denounced serious violations of individual freedom. But they have also made it possible to direct the state's actions more specifically towards the needs of the population.

⁷⁹<https://lefaso.net/spip.php?article96634>

⁸⁰<https://lefaso.net/spip.php?article95632>

⁸¹<https://www.burkina24.com/2020/04/28/covid-19-au-burkina-faso-des-commerçants-reclament-louverture-du-marche-de-dassasgho/>; <https://www.burkina24.com/2020/04/28/covid-19-au-burkina-faso-les-commerçants-de-nabi-yaar-manifestent-pour-la-reouverture-du-marche/>; <https://lefaso.net/spip.php?article96460>

⁸²<https://lefaso.net/spip.php?article96582>

⁸³<https://lefaso.net/spip.php?article96585>

⁸⁴<https://lefaso.net/spip.php?article97148>

⁸⁵ Union pour le Progrès et le Changement

⁸⁶<https://lefaso.net/spip.php?article95542>; <https://lefaso.net/spip.php?article95539>

⁸⁷<https://lefaso.net/spip.php?article95798>

⁸⁸<https://lefaso.net/spip.php?article95806>

⁸⁹<https://lefaso.net/spip.php?article96020>

⁹⁰<https://lefaso.net/spip.php?article96555>

The socio-economic measures subsequently introduced to mitigate the consequences of the response to the pandemic were deemed unsuitable by trade unions and civil society organisations. The Syndicat national des artistes musiciens du Burkina (SYNAMUB) denounced the clannish management of funds allocated to cultural and tourist actors. The Coalition Against the High Cost of Living (CCVC), a civil society organisation, described the management of the pandemic in Burkina Faso as "haphazard" and made up of "trial and error", with the aim of organising the plundering of the country's wealth.⁹¹ Another party, Soleil d'Avenir, questioned the government on the disastrous results of its management of the pandemic.⁹²

The social measures proposed were also perceived by public opinion as being a kind of "copy and paste" of actions from other countries, without a prior in-depth analysis to examine their compatibility with the Burkina Faso context.⁹³ They did not effectively reach certain vulnerable segments of the population, such as those in the unorganised and informal sectors. Calls for more participatory management were also made by civil society actors who questioned the credibility and legitimacy of public power⁹⁴. Some citizens believed that the government used the management of the Covid-19 pandemic as an alibi to evade responsibility for security and development issues⁹⁵.

As part of the measures taken in the education sector, the unions have criticised the government for not including them in the development of the educational continuity strategy, pointing out its inadequacy with regard to the use of distance learning⁹⁶. The strategy adopted for pedagogical continuity was thus deemed to be a discriminatory measure in a context of poverty such as that of Burkina Faso, where very few people have access to a TV set, radio and a source of energy.

Although it is difficult to determine exactly which groups of actors have influenced the direction of actions taken in Burkina Faso in the state's management of the Covid 19 pandemic, it is safe to say that social pressure on the government has influenced the course of the measures proposed and their implementation on the ground. From the publication of the preventive measures on 20 March 2020⁹⁷ and subsequently the socio-economic measures on 2 April 2020⁹⁸ by the President of Burkina Faso, it was the various criticisms from citizens of all sides, widely reported by the media that led the government to multiply and diversify the consultations with the various actors in Burkinabè society (workers' groups, political parties, unions). These reactions have probably also led the government to multiply communication actions on the financial and technical management of the health crisis, as well as to make more operational the socio-economic measures aimed at different economic sectors and certain categories of populations.

⁹¹<https://lefaso.net/spip.php?article96528>

⁹²<https://lefaso.net/spip.php?article95876>

⁹³<https://lefaso.net/spip.php?article96020>

⁹⁴<https://lefaso.net/spip.php?article95995>

⁹⁵<https://lefaso.net/spip.php?article96300>

⁹⁶<https://lefaso.net/spip.php?article96635>

⁹⁷[https://www.sig.gov.bf/actualites/details?tx_news_pi1\[action\]=detail&tx_news_pi1\[controller\]=News&tx_news_pi1\[news\]=303&cHash=2753b6a72cdadd2624a5be84a41583b3](https://www.sig.gov.bf/actualites/details?tx_news_pi1[action]=detail&tx_news_pi1[controller]=News&tx_news_pi1[news]=303&cHash=2753b6a72cdadd2624a5be84a41583b3)

⁹⁸<https://lefaso.net/spip.php?article95931>

Chapter 6. Conclusion

Like the rest of the world's leaders, the Burkinabè government was caught off guard by the arrival of the Covid-19 pandemic in Burkina Faso. Coinciding with a deleterious social, economic, political and security context, the emergence of the pandemic made it imperative for the government to show that it was capable of meeting this new health challenge, while continuing to take on its pre-existing ones. This was all the more important as the disease appeared only a few months before the presidential elections due to take place on 22 November 2020.

The first measures taken by the Burkinabe government to counter Covid-19 did not target vulnerable population groups. Government actions gradually became more inclusive, as they were readjusted progressively under pressure from social movements and criticism from trade unions, political parties and the general population of the management of the pandemic and its lack of inclusiveness. This social pressure has thus contributed to reorienting the government towards a more participatory management of the pandemic, through the multiplication of consultations with various actors. Also, the measures taken to mitigate the social and economic consequences of the response to the disease on the population have ultimately made it possible to include different categories of vulnerable populations, such as pregnant women, children who have been orphaned and/or are living on the street, prisoners, the elderly and poor female heads of household.

However, the specific needs of women and girls related to the higher impact of health crises on them due to unequal gender relations in societies were not taken into account in this reorientation of government action on the pandemic. Thus, issues such as: the exacerbation of domestic violence during the confinement or closure of places of commerce and entertainment, the overload of domestic work due to preventive measures and school closures, as well as the potential increase in the de-schooling of girls, with the corollary of early marriage, do not appear in the interventions and actions taken in Burkina Faso to respond to the Covid-19 pandemic. This is because the street and social networks were the main channels used by the population to express their concerns and disagreement with the government's response to the pandemic. However, these two spaces are still used less by women in Burkina Faso than by men. On the one hand, they are not very present in corporate organisations or do not occupy a position that allows them to highlight the specificity of their situations, and on the other hand, their access to new information technologies and therefore to social networks remains low. The fact that the disease affects fewer women has probably contributed to the invisibility of women in political action against Covid-19 in Burkina Faso. Ultimately, the structuring of social and spatial inequalities in Burkina Faso, as well as the experiences of other epidemics that have impacted the West African sub-region, suggest that females, especially girls, as well as rural populations will bear the brunt of the pandemic, particularly as a result of measures taken to contain it.

However, the interventions and actions taken in Burkina Faso to respond to the pandemic suffer from many shortcomings that give the impression of a lack of control over its management. First of all, they lack clarity as to their adequacy and continuity with existing development programmes, particularly those stemming from the National Economic and Social Development Plan. Furthermore, as they have not been adopted in a participatory approach, they suffer from a lack of inclusiveness. Thus, neither the specific needs of the populations defined as vulnerable in the national development programme, nor those of the populations particularly affected by the security crisis are reflected in the responses and measures proposed by the government to deal with the pandemic.

Ultimately, while, as in almost all sub-Saharan African countries, the Covid-19 disease has had little effect on Burkina Faso in terms of health, the Burkinabè population will suffer the social and economic costs of the pandemic in the long term. This is due to the responses that have been made at both national and international levels. These responses constitute risk factors for increasing the vulnerability of already disadvantaged populations, particularly girls and women. This is because the strategies and responses proposed are ad hoc in nature, while the consequences of the measures taken to contain the pandemic have a potentially long-term impact on populations (Bandiera et al., 2020; Burzynska and Contreras, 2020).

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Appendices

Appendix 1. Country facts

Table A1.1. State of political governance in Burkina Faso

Indicators	Security and safety	Individual freedom	Governance
Rank (total 167)	117	58	108
Score	63.14	60.68	44.12

Source: The Legatum Prosperity Index™ 2019

Table A1.2. Selected Country Indicators

Indicator	Value	Year
1. Country Status a) Least Developed Country (LDC) b) Low Income Country (LIC) c) Low Middle Income Country (LMIC) d) Middle Income (MC)	b) HDI: 0.434 ⁹⁹ (182/189)	2018
2. GDP	5,264.9 milliard de CFA francs [8.03 billion euros] ¹⁰⁰	2018
3. Sectoral composition of GDP in per centage a) Agriculture b) Manufacturing c) Services d) Taxes and duties	a) 20% ¹⁰¹ b) 21% c) 46% d) 13%	2018
4. Sectoral composition of employment in per centage a) Agriculture b) Manufacturing c) Services d) Trade	a) 29.9% ¹⁰² b) 31.1% c) 17.7% d) 21.3%	2014
5. Income Poverty levels National Poverty headcount disaggregated by a) Region b) Rural and urban	40.1per cent ¹⁰³ a) 47.5% b) 13.7%	2014
6. Gini index a) Income disparities in per centage	35.5% ¹⁰⁴	2014
7. Food security: Under five malnutrition	3.2% ¹⁰⁵	2014
8. Violence against women	20% ¹⁰⁶	2010

⁹⁹ PNUD (2019)

¹⁰⁰ MINEFID (2019a)

¹⁰¹ Ibid.

¹⁰² INSD (2015d)

¹⁰³ INSD (2015e)

¹⁰⁴ <https://donnees.banquemondiale.org/indicateur/SI.POV.GINI?locations=BF>

¹⁰⁵ INSD (2015e)

¹⁰⁶ Ministère de l'économie et des finances (2012)

9. Attitude to violence against women Women and men	43.5% et 33.4% ¹⁰⁷	2010
10. Adult literacy rates (adultes de 15 à 24 ans) a. Total b. Female vs male	a. 49.9% ¹⁰⁸ b. 43.8% vs 56.8%	2014
11. Doctor-patient ratio	12000 ¹⁰⁹	2018
12. Nurse-patient ratio	3281 ¹¹⁰	2018

Appendix 2. Indicators that might affect the experience of the effects of Covid-19 mitigation considering the pre-existing situation.

Table A2.1. Employment structure: Currently Employed Population over 15 years (%)

Indicator ¹¹¹	Total (% of working population)	Women	Men
Type of work			
Wage employment (full time)(2020)	13.1 ¹¹²	9.8	15.5
Self-employed (2020)	86.9	90.2	84.5
Contributing family worker (2020)			
a) Non-agricultural	39.7	52	30.3
b) Agricultural			
Casual worker			
Unpaid apprentice (2010)	89,8	89,6	90
Domestic worker			
Labour force participation, 15 years and above (2018)	44.9	37.9	53
Vulnerable employment, 15 years and above(2020)	86	90	84
Total			

Source: data.worldbank.org/indicator, accessed September 2020.

¹⁰⁷ Ibid.

¹⁰⁸ INSD (2015d)

¹⁰⁹ Ministère de la santé (2019a)

¹¹⁰ Ibid.

¹¹¹ data.worldbank.org/indicator

Table A2.2. Pre-Covid-19 Social Protection Programmes

Name of Programme	Brief description	Type of beneficiaries	Number of beneficiaries	Modifications since COVID-19
<p>Strategic plan for the health of elderly persons 2016 – 2020</p> <p>[Plan stratégique de santé des personnes âgées 2016 – 2020]</p>	<p>The strategic plan aims to strengthen the implementation of legislation concerning the health of elderly persons (SPA - Santé de la Personne Agée); the coordination of SPA interventions and the collaboration of stakeholders in this field; preventive, promotional and rehabilitative care for the elderly; making health services financially accessible to the elderly; strengthening the mechanisms for caring for elderly persons at the different levels of the health system; improving the quality of services for SPA; and strengthening methods for measuring, monitoring and research on SPA.</p>	<p>Elderly people (60 years and above)</p>	<p>50,000</p>	<p>No evaluation available</p>
<p>The Convention on the Rights of Persons with Disabilities (CRPD)</p> <p>[La convention relative aux droits des personnes handicapées (CDPH)]</p>	<p>Initiatives and measures are taken by the Government, DPOs and Non-Governmental Organisations (NGOs) to promote non-discrimination and respect for the inherent dignity of persons with disabilities in accordance with the Convention on the Rights of Persons with Disabilities – CRPD. These initiatives focus on information, awareness-raising and advocacy, empowerment through the provision of specific equipment and mobility, resources for income generating activities (IGAs) and the full and effective</p>	<p>People living with disability</p>	<p>100,000 persons, hereof 50,000 children who benefit from integrated care.</p>	<p>No evaluation available</p>

	participation of people with disabilities in social and political life.			
National Strategy for the Prevention and Elimination of Child Marriage 2016 - 2025 [Stratégie nationale de prévention et d'élimination du mariage d'enfants 2016 – 2025]	The objective of the national strategy is to accelerate the elimination of all forms of child marriage in Burkina Faso by 2025 through the prevention of all forms of child marriage; the care of victims; the strengthening of the national mechanism and repression; the coordination and monitoring-evaluation of the implementation of the strategy.			No evaluation available
Strategic Plan for Adolescent and Youth Health 2015 – 2020 [Plan stratégique sante des adolescents et des jeunes 2015 – 2020]	The strategic plan aims to reduce mortality and morbidity among adolescents and young people in Burkina Faso by 2020 through : - Promotion of lower risk behaviours (fight against smoking, alcoholism, consumption of illicit substances and risky sexual relations exposing adolescents and youth to STIs, HIV/AIDS and unwanted pregnancies) - Strengthening the supply of care and quality SRAJ services - Ensuring coordination and partnership - Strengthening monitoring, evaluation and research - Strengthening funding for adolescent and youth health Promotion of a social	Adolescents and young people - aged 6 to 10 and 10 to 24 years old - in and out of school - in non-formal and informal settings - living with disability - in rural and urban areas - street children - adolescent and young sex workers - adolescent and young workers in gold mining sites	250,000 children in difficulty benefit from integrated care-	No evaluation available

	and legal environment supportive of adolescent and youth health - Implementation of specific priority actions for the end	- adolescents and young people living with HIV/AIDS.		
National child protection strategy with a three-year action plan 2019-2023 [Stratégie nationale de protection de l'enfant (SNPE) accompagnée d'un plan d'action triennal (PAT) 2019-2023]	The national child protection strategy aims to strengthen the national child protection system in order to guarantee by 2023 in Burkina Faso an institutional, community and family environment that provides effective protection for children.	Children		No evaluation available

Source : Burkina Faso (2011); Burkina Faso (2012); Ministère de la santé (2017); Présidence du Faso (2019).

Table A2.3. Access to Health Care Services

Indicator	Total (% of population)	Sex		Location		Expenditure Quintile (poorest 20 %)	Disability
		Female	Male	Rural	Urban		
Access to health facility (less than 30 minutes)	49.2			33.9	81	34.7	

Source: INSD (2015)

Appendix 3. Categories of people likely to benefit from COVID-19 support measures or struggle to comply with directives

Table A3.1. Living Conditions¹¹³

Indicator	Total	Rural	Urban	Extremely poor people Expenditure Quintiles (poorest 20 %)
Use electricity	25.4%	9.3%	62.4%	4.9%
Pay electricity bill	25.4%			4.9%
Have pipe borne water at home	15%	0.7%	51.1%	5.3%
Pay water bill	15%	0.7%	51.1%	
Have private toilet facilities	NA	NA	NA	NA
Share toilet facilities	49.5%	67.3%	7.8%	
No toilet	50.5%	32.7%	92.2%	

Source: INSD (2015c; 2015e)

Table A3.2.¹¹⁴ Proportion of individuals aged 15 years and above¹¹⁵ who own or use computers by region, locality, sex, and age group, disability, and expenditure quintile

Indicator	Total (%)	Female	Male	Urban	Rural	Expenditure Quintile (Poorest 20%)
Used a computer	4.8%	3.1%	6.7%	15.6%	0.7%	
Mobile phone ownership and use	64.3%	51.7%	79.4%	87%	55.8%	

Source: INSD (2015a)

¹¹³ INSD (2015). Enquête multisectorielle continue (EMC) 2014: Profil de pauvreté et d'inégalités. Ouagadougou, Burkina Faso.

INSD (2015). *Enquête multisectorielle continue (EMC) 2014 : Habitat, assainissement Et accès à l'eau potable.* Ouagadougou, Burkina Faso

¹¹⁴ INSD (2015). *Enquête multisectorielle continue (EMC) 2014 : Accès aux technologies de l'information et de la communication.* Ouagadougou, Burkina Faso

¹¹⁵ The Burkinabé data only enumerates individuals 15 years and above, so it is not possible to provide data as requested from 12 years

Table A3.3. Covid-19 Measures

Type of Measures	Intended beneficiaries	Conditions of Access	Excluded categories not likely to benefit
Social Protection			
Electricity -free of charge	Low-consumption households	Consumption less than or equal to 75kWh for 3 ampere customers and 50kWh for 5 ampere and 10 ampere customers Standard charges cancelled for 3, 5 and 10 ampere customers	
-cancellation of fees and taxes	All households	Cancellation of late payment penalties on electricity bills (SONABEL) Fixed premium, cancellation of fee and all taxes associated with electricity consumption	
-payment of bill	Vulnerable households	3-amp single-phase connections	
-subsidised bills, reduction by 50%	All households	Consumption using 5 and 10 amp single-phase connections	
Water -free of charge	Households using communal standpipes	Consumption at the standpipes	
-payment of bill	Low-consumption households	Consumption in the 0-8 m ³ bracket	
-cancellation of panalties	Households accessing water in compound	Cancellation of late payment penalties on water bills (ONEA)	
Solar power -50% price reduction	All households	Acquisition of solar home system kits and other small solar kits under the Solar Home System projec	
	Prisonners	Release of of 1207 tried and convicted prisoners in view of the pandemic in Burkina Faso	

Food security	Vulnerable households	The reactivation of SONAGESS' pilot shops (subsidised cereal sales)	
	All households	The securing of stocks of consumer products and introducing price control	
Economic recovery			
Business stimulus -economic revival	Companies in difficulty	Economic revival fund of up to 100 billion CFA francs [153 million euros]	
	Agricultural enterprises	Acquisition of agricultural inputs and livestock feed for 30 billion CFA francs [45.9 million euros]	
	Enterprises in the informal sector	Solidarity fund of 5 billion CFA francs [7.7 million euros] for actors in this sector, especially those headed by women, to revive the vegetable and fruit trade	
Research			
Public Health - Research	Research institutions	Financing of research on infectious diseases and the production of drugs for an amount of 15 billion Fcfa [23 million euros]	

Source: lefaso.net, dossier Covid-19

Appendix 4. Sustainability and Governance Implications of COVID-19 Responses

Table A4.1. Financing of COVID measures (in 1,000 CFA francs)

Domaine	Budget total	Annonce de contribution													Total
		BE	WHO	Global Fond	World Bank	UNDP	GAVI	CD C	Unicef	Amb. de France	AFNET /CDC	OOAS	BMGF	USAID	
Coordination	1,145,330	100,000		33,000		58,000							40,000		231,000
Communication	683,307	250,000			50,000		0		58,000						358,000
Surveillance	169,364		15,495	58,711	20,000		0				5,800				100,006
Entry points	3,014,322				157,500										157,500
EIR	46,946						0								0
Logistics	5,938,066	150,000		1,202,800	2,129,798		0		116,000	36,078		30,000			3,664,675
PCI	343,867			6,571				890							77.461
Case management	343,719						0								0
Security	2,357						0								0
Laboratory	265,331			20,915	204,000		39,353	789							265,057
Research	2,376														0
Total allocation	11,954,984	500,000	15,495	1,321,997	2,561,298	58,000	39,353	1,679	174,000	36,077,635	5,800,000	30.000	40.000	0	4,783,699
Actual release		500,000	15,495		349,984			1,679			5,800		40,000		912,958
Outstanding allocation		0	0		2,211,314	58,000	39,353		174,000	36,077					2,518,744

Table A4.2. Financing in kind of measures against COVID-19

Actors	Nature of intervention
International donors and banks	
West African Health Organization (OOAS)	24,000 Chloroquine tablets, 80,000 Azithromycin capsules and 400 personal protective equipment (PPE)
UN Capital Development Fund (UNCDF)	30 tablets, 2 TV sets, 10 laptops, 4 inverters, 6 external hard drives and 6 electrical outlets for the Covid-19 propagation and management supervision platform
West African Health Organization (OOAS)	5000 sampling kits
Plan international Burkina Faso	24 beds and 24 mattresses, medicines, 200 personal protective equipment, 2,000 masks, 20 gowns, 80 laser thermometers, 250 electronic thermometers, 20 electric blood pressure meters and 200 500 ml bottles of hydro-alcoholic gel
Swiss Agency for Development and Cooperation (SDC)	45 laser thermometers, 21,000 medical masks, 2,900 bottles of hydro-alcoholic gel, 290 boxes of examination gloves, 100 protective gowns as well as 580 boxes of soap and 580 hand washing devices
German Society for International Cooperation (GIZ)	15 biomedical equipment and materials including facial protection masks, infrared thermometers, hydro-alcoholic gel, gloves, personal protective equipment, medical mattresses, benches, hand-washing devices, etc.
Ethical Fashion Initiative project implemented by the European Union (EU), Economic Interest Group for Trade and Handicrafts for Social Wellbeing (GIE CABES) and International Trade Centre (ITC)	Production of 15,000 protective masks conforming to international standards
UNICEF Burkina	15 oxygen concentrators, 15,500 FFP2 masks and 280 flash thermometers
International NGOs, philanthropy and faith-based organisations	
Fondation SEMAFO (Charity focusing on community-level support)	Tons of rice, cooking oil, hydro-alcoholic gels, hand washes; masks and T-shirts
Organization for humanitarian relief (OSEH)	Basket made up of solid soaps, disinfectant gel and face masks for families, and hand washing device for public places
Dupont Organisation for Social Development (ODDS)	500 masks, 600 small jerry cans of hydroalcoholic gel, 300 soap balls, 15 hand washing kits
SUPERNOVA Santé Navale – Charity founded by African alumni of Bordeaux Army Health Service School	3,500 reusable protection face masks
Qatar Charity et ADM	Hydro-alcoholic gel, soap, face masks, thermometers and gloves

Islamic brotherhood Ahmadiyya	Public awareness campaign and donation of hydro-alcoholic solutions, liquid soap and masks to citizens
Ben-Mass-Houd Islamic Foundation	12 boxes of hydro-alcoholic gel, 10 boxes of face masks and 10 boxes of paper towels
Sant'Egidio Community (international Catholic organisation), BRAVO programme in Burkina Faso	225 complete kits of washbasins, soap, hydro-alcoholic gel, face masks, and bottles of bleach
Members of the Sant'Egidio Community in Ouagadougou (international Catholic organisation)	Around 50 face masks
Assemblies of God Church	3 tons of rice, 2 tons of maize, 500 face masks, 5 handwashing stations (60-litre capacity), 10 five-litre cans of hydro-alcoholic solution and twenty cartons of soap
Catholic Relief Service	2 kits de lavage de mains, 380 flacons de solutions hydro-alcoolique, 450 paquets de gants et 18 flash thermometers
Local NGOs and associations	
National Assembly	60,000 face masks and 3,000 PPE suits
Municipal Council and the Consular Delegation of Hauts-Bassins	200 tons of rice from the Consular Chamber of the Hauts-Bassins; 50 tons of rice, 100 hand washing devices hydro-alcoholic gel, liquid soap, protective masks and flash thermometer
King of Poé (le Naaba)	one ton of rice, one ton of maize, 200 litres of scented liquid soap, 5 cartons of soap balls, and 2 cartons of hydro-alcoholic gel
Municipality of Ouagadougou	20 kilogrammes of rice
Lebanese-Burkinabe association Alsadeq	12 tons of rice, 200 bags of spaghetti and 100 boxes of sanitary soap
Association Bâtir le Ganzourgou	100 hand washing stations, 100 boxes of soap balls, 4 boxes of 24 hydro-alcoholic pharmaderme gels and 2 boxes of medical gloves to fight against the spread of Covid-19. A pediatric aspirator, a baby scale, infusion kits, maternity kits and rehydration solutions
Coordination of vital forces in Sourou	Cartons of soap, hand washing devices, several thousand medical protective gloves, hydro-alcoholic gel, thermometers, bibs 10 tons of rice
National Union of Customs Administration Workers (SYNATRAD)	30 pedal washbasins, 1080 bottles of 500 ml hydro-alcoholic gel, 5,000 face masks and 10,000 pairs of gloves for the customs office
Unions affiliated to the International Union of Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (UITA)	Hydro-alcoholic gel, soap, fabric masks and hand washing devices

Supreme Council for Communication (CSC)	25 washbasins, 50 liquid soaps of 500 ml, 50 packs of tissues, 100 hydro-alcoholic solutions of 250 ml, 40 hydro-alcoholic gels of 300 ml, 30 packs of 100 gloves, 60 packs of 50 medical mufflers
National Council of Burkinabè Employers	80 hand washing devices, 80 cartons of 24 bottles of hydro-alcoholic gel and 80 cartons of 50 surgical bibs
24th graduating class of 6th year pharmacy students of the Joseph Ki Zerbo University	150 cans of liquid soap (500 ml) and 2 cartons of SN-Citec soap
Private School of Higher Education – distant learning, commonly known as "Ecole en direct" (EDE)	Face masks and hydro-alcoholic gel
Former students of the Nayala Provincial High School	106 washbasins, 58 cartons of soap, 5 cartons of hydro-alcoholic gel and ten jerry cans of hydro-alcoholic solution
Youths in Sector 53 of Ouagadougou	300 face masks, 300 bottles of hydro-alcoholic gel, 400 gloves and washbasins
Political organisations	
Alliance for Democracy and African Democratic Federation/Assembly (ADF/RDA) - political party	1,000 gloves, 1,000 face masks, 250 litres of hydro-alcoholic gel, 100 complete hand wash kits, bleach, 100 buckets
Union for Progress and Change (UPC) – political party	Hydro-alcoholic gel, bleach, face masks, liquid soap and hand washing devices
Union for Progress and Change (UPC) Houet province section – political party	30 cartons of soap and 1,000 sanitary masks
People's Movement for Progress (MPP) youth wing in Houet – political party	10 medical oxygen cylinders
People's Movement for Progress (MPP) – political party	hydro-alcoholic gel, fire extinguishers, face masks, hand wash and bleach
People's Movement for Progress (MPP) Regional Council of the Centre – political party	2,210 face masks, 250 bottles of hydro-alcoholic gel, 7 hand wash devices, 20 boxes of 40 soap balls and 30 one-litre bottles of liquid soap
People's Movement for Progress (MPP) Members in the South West region – political party	150 hand washing devices, 5,000 face masks, 500 bottles of hydro-alcoholic gel, 50 boxes of soaps, 50 boxes of disposable gloves, 10 hydroxy chloroquine/Azythromicine treatments
New Time for Democracy Party (NTD) – political party	30 washbasin kits, 30 boxes of soap and 200 thousand face masks
The Movement Acting Together for Burkina Faso (MAE-BF) – political party	Gloves, face masks and hydro-alcoholic gels

Enterprises, international and Burkinabè	
China Yunhong Holdings	Medicines and medical protection equipment
Mégamonde (International group of companies specialising in trade and services concerning motorbikes)	Rice, sugar, hydro-alcoholic gels, gloves and face masks
Investors without Borders (ISAF) et TOVIO	21,000 face masks
Coris Méso Finance	20 tons of rice
SysAid Group (international company focusing on telecommunications and power infrastructure)	4,000 disposable medical masks, 60 bags of rice, 60 bags of maize, 40 bags of macaroni, 20 bags of onions, 25 boxes of soap, 15 boxes of sugar, 200 boxes of milk, five bags of salt and 30 bags of baby nappies
Nestlé Burkina	400 buckets, 400 mops, 400 one-kilogram sachets of washing powder, 400 one-litre cans of bleach and 40 cartons of soap
Wahgnion Gold Operations mining company (WGO)	Emergency hospital composed of 40 individual air-conditioned rooms with individual showers and toilets; a central office composed of two meeting rooms, a shop and rooms for the nursing staff; a 150 kWh generator which will be entirely maintained by a service provider of the mine and 6 poly tanks of 10,000 litres each with booster
Mining company Rivestone Karma	100 boxes of soaps, 50 boxes of masks, 25 boxes of 45 cl bottles of hand sanitiser gel, 30 boxes of bleach, 10 hand washing devices
Mining company Roxgold Sanu	Biomedical equipment and individual and collective disinfection equipment
Essakane Mines	Food supplies
African cement plant (CIMAF)	Hydro-alcoholic gel 20 washbasins and 120 boxes of soap
Confectionery and Biscuit Company (COBIFA)	300 reinforced helmets, an oxygene concentrator, 75 personal protection kits, 9,000 caravans and many other materials
SAPHYTO (African Society of Phytosanitary Products and Insecticides)	Disinfection and delivery of 10 hand washing basins, 400 litres of bleach, 10 pieces of PPE equipment (overalls, gloves, boots, masks), 10 boxes of soap and 10 sprayers for disinfection
Burkina Faso Brewery (BRAKINA)	10 boxes of hydro-alcoholic gel, 30 boxes of CITEC soap, 200 bags of local rice (5 tons), and 50 hand washing devices
Burkina Faso Brewery (BRAKINA)	200 boxes of antibacterial masks, 50 boxes of bibs, 15 flash thermometers, 200 PPE for health personnel and 50 hand washing devices
Burkina Faso Brewery (BRAKINA)	400 boxes of surgical masks, 60 boots, 500 packs of surgical gloves, 108 cartons of hydro-alcoholic gel and 5 pallets of Lafi water (1440 0.5-litre bottles and 2496 1.5-litre bottles)
Migrant and diaspora organisations	

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Migrants of the Yaba municipality, Nayala province	28 visors, 96 bottles of hydro-alcoholic solution and gel, 9 hand washing devices, gloves, 11 boxes of soap
Home association Zood-Yinga of Burkinabè migrants in the Paris region	Hydro-alcoholic gel, gloves, bleach and hand washing equipment
Home association of Burkinabè migrants in New York	Food composed of rice, cooking oil, couscous, sugar and onions, a batch of masks

Source: lefaso.net, dossier Covid-19

Table A4.3. Innovations

Name of Innovation	Description of innovation	Sector of economy
Hand washing station	a pedal hand washing system	Health and Hygiene
Tracing software	DMS, pharmacy management software facilitating data traceability	Health
Platform	Mondjossi », platform for bringing users into contact with the medical profession	Health
Health care app	ePresc (https://epresc.care/) – web/mobile application dedicated to the digital management of patients' medical information over their entire life and the entire care trajectory.	Health
Teaching TV	Remote teaching via television	Education
Ventilator	Ventilator made in Burkina.	Health
Health care app	"DiagnoseMe" apps for smartphones	Health

Table A4.4. Funding from non-state actors (in thousands of CFAF)

Source	Description of support (1,000 CFA francs)	Beneficiary Sector
International donors and banks		
UBA (United Bank For Africa)	88,000	? / Burkinabè state
West African Monetary and Economic Union (UEMOA)	500,000	Health / CORUS analysis and screening laboratories
International NGOs, philanthropy and faith-based organisations		
Plan International	29,700	Health / CORUS
Fondation SEMAFO (Canadian charity focusing on community-level support)	5,000	?
American artist, Joseph Thomson	1,000	Health / Ministry of Health
Local NGOs and associations		
Association of Notaries of Burkina Faso	3,000	Health / Ministry of Health
National Council of Burkinabè Employers	129,350	Health / Ministry of Health
National Assembly	456,230	?
Energy and sustainable economic growth project in the Boucle du Mouhoun (ECED-Mouhoun)	25,000	Health / Ministry of Health
Tibga Youth Hope Association (AJET)	150	Health / Ministry of Health
Song-Taaba High School Alumni Association	100	Social Protection / Council Social services, to do a census of vulnerable people in the municipality
Political organisations		
Enterprises, international and Burkinabè		
Mégamonde (International group of companies specialising in trade and services concerning motorbikes)	10,000	Health / Tengandogo University Hospital for the care of Covid-19 patients
P-DG de Baiwa Trading (Burkinabè trading company based in China)	6,000	Health / Ministry of Health

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China Yunhong Holdings	200,000	Health / Ministry of Health
The Health Clay Company	500	Trade and manufacturing / Burkinabè state: Ministry of Trade, Industry and Crafts (MCIA)
Diamond Company	10,000	Health / Ministry of Health
Endeavour Mining	350,000	Social Protection / 330 vulnerable families in the five health districts of Ouagadougou: Baskuy, Bogodogo, Boulmiougou, Nongr-massom and Sig-nonghin
African cement plant (CIMAF)	20,000	? / Burkinabè state
LONAB (Burkinabè National Lottery)	250,000	Health / Ministry of Health
TM Diffusion (Biomedical sales and distribution company)	30,000	Health / Ministry of Health
The Chamber of Mines of Burkina Faso	200,000	? / Burkinabè state
The Chamber of Mines of Burkina Faso	15,000	? / Boucle du Mouhoun Regional Committee for the response to Covid-19
The Chamber of Mines of Burkina Faso	10,000	Health / Ministry of Health
SAPHYTO (African Society of Phytosanitary Products and Insecticides)	2,000	Health / Ministry of Health
National Insurance and Reinsurance Company	25,000	? / Regional management committee for Covid-19
Saham Insurance	30,000	?
Burkina Faso Brewery (BRAKINA)	250,000	Health / Boucle du Mouhoun Regional Health Department
Migrant and diaspora organisations		
Council of Burkinabè Economic Operators in Côte d'Ivoire (COEBCI)	5,051	?
Mining company Roxgold Sanu	2,000	Health / Ministry of Health, contribution presented to the Burkinabe diplomatic and consular representation in Côte d'Ivoire
Migrants of Passoré	2,000	Research / National Centre for Scientific and Technological Research (CNRST) and its branches
Total	2,655,081	

Table A4.5. Citizenship and Governance (State and local government)

Intervention	Description	But
Putting into effect physical and social distancing	Closure of educational institutions (primary, post-primary, secondary, higher, university and professional) from 16 to 31 March 2020, throughout the country	Prevent spread of Covid-19
	Restriction on large gatherings relating to weddings: Max 40 persons and no procession allowed	
	No visitors allowed at the Yalgado Ouédraogo University Hospital Centre (CHU-YO)	
	Restriction on large gatherings : prohibition of any grouping of more than 50 people / restrictive measures concern bars, restaurants, cinemas, gaming and entertainment halls, and markets	
	Introduction of a curfew from 7:00 pm to 5:00 am throughout the country, starting at midnight on 21 March 2020, renewed once until further notice	
	Closure of the airports of Ouagadougou and Bobo-Dioulasso to commercial flights for a period of two weeks, except for domestic and military flights and cargo, from 21 March 2020 at midnight, renewable	
	Closure of land and rail borders for a period of two-weeks, except for freight transport, from 21 March 2020, renewable	
	Closure of 36 closed and open markets, from the 26 March 2020	
	Lockdown and travel ban in town and cities with high prevalence of Covid, from 27 March 2020	
	Lockdown, from 1st April 2020 until further notice	
	Temporary suspension of biometric enrolment operations	
	Temporary suspension of special operations to issue Burkinabe national identity cards.	
	Commutation of the sentences of tried and convicted 1207 prisoners	
	Adoption of a response plan for educational continuity in the context of Covid-19	
Regulation to make the wearing of face masks obligatory from 27 April 2020		
	Reopening of Ouagadougou and Bobo-Dioulasso airports to commercial flights - all travellers must provide negative Covid-19 test no more than five days old	Continuity of international activities
Increased hygiene	Increased application of hygiene measures in all public and private places	Prevent spread of Covid-19
	Disinfection of the Rood-Wooko market	
	First isolation centre inaugurated for Covid-19 patients	
	Opening Covid-19 screening to volunteers	
	Coronavirus test before starting the Enarques' military course	
	Requisition of hospital (in Tengandgo) for the hospitalisation of patients suffering from Covid-19	
	Communication training session for 3535 call centre operators	

Intervention	Description	But
Treatment and prevention	Training of telephone operators at the 3535 call centre to ensure effective communication as part of the Covid response-1	
	Training for health system actors in risk communication and community involvement	
	Sustaining the health alert situation	
	Clinical trials: one based on Chloroquine, the other on plant-derived drugs, Apivirine	Develop treatment for Covid-19
Communication & governance	Consultation with the actors in the informal economy and associations of market traders, aiming at participation in determining ways and means of opening trading infrastructures	Ensure the support of the population in the containment of Covid-19
	Update on ongoing clinical trials in the fight against Covid-19	
	Consideration of a response plan to address economic and social issues	
	Raising local awareness of the risks of resurgence of new cases by the health authorities	
	The weekly government press briefing becomes monthly	
	Reporting to the public on the government management of Covid-19	
Remobilise the entire nation to step up the response to Covid-19 and learn to live with it		
Support to social and economic sectors	<p>Taxes, fees and fines :</p> <ol style="list-style-type: none"> 1. Automatic waiving of penalties and fines due; 2. Suspension of spot check operations except in proven cases of fraud; 3. Exemption from tax contributions for microenterprises in the informal sector; 4. Exemption from VAT on the sale of products used in the fight against Covid-19; 5. Exemption from taxes and customs duties on pharmaceutical products, medical consumables and equipment used in the fight against Covid-19; 6. Postponement of vehicle tax payment to the end of June 2020; 7. Issuance of tax status certificates to companies that do not comply with their tax obligations until June 30, 2020; 8. Suspension of Employers' Apprenticeship Tax (TPA) on salaries for businesses in the passenger transport and hotel sectors; 9. Suspension of proceedings for the recovery of tax debts and the collection of the minimum flat-rate tax for businesses operating in the passenger transport, hotel, restaurant and tourism sectors; 10. Twenty-five % reduction of license fees for businesses in the passenger transport, hotel and tourism sectors. Businesses that have already paid for the license fee may opt for compensation with other local taxes; 11. Reduction in VAT rates to 10% in the hotel and restauration sector; 12. Waiving of charges and taxes on the organisation of cultural activities; 13. Cancellation of penalties for delays in the execution of public contracts on behalf of central government 	Mitigation of the fallout from preventive measures

Intervention	Description	But
	and local authorities; Direct tax rebates as part of an individualised assessment of applications in extreme cases	
	Support to market traders : 1. Suspension of rent of market spaces; 2. Suspension of the rights of place; 3. Coverage of water and electricity bills; 4. Coverage of security charges; 5. Donation of food to vulnerable people in open and closed markets; Free parking for taxis	Building back the economy
Support to social and economic sectors	Members of the government renounce their salaries: the President (6 months); the Prime Minister (4 months); Ministers of state (2 months); and Members of the government (1 month)	Social solidarity
	Media and news outlets : 1. State subsidies to the private press for the year 2020 and the credits available under the Private Press Support Fund to support the sector; 2. Fifty % reduction of the payment of the DTT license fee for television stations and ARCEP fees for broadcast media organisations for 2020	Support of cultural sector
	Basic needs and utilities : 1. Coverage of water bills for the poorest social bracket, and free consumption at standpipes; 2. Coverage of electricity bills for social strata using 3-amp single-phase connections; 3. Fifty % reduction in electricity bills for social classes using 5 and 10 amp single-phase connections; 4. Cancellation of penalties on SONABEL (electricity) and ONEA (water) invoices; 5. Reducing the cost of solar kits by 50% as part of the Solar Home System project for vulnerable households; 6. Coverage of water bills for the consumption bracket using more or equal to 8 m ³ ; access to water free of charge at standpipes; and cancellation of penalties linked to the bills 7. Revival of the National Food Security Stock Management Company (SONAGESS); Securing of stocks of mass-market products, in consultation with the actors of the supply chains, and reinforcement of price control	Mitigation of the fallout from preventive measures
	Cash transfers of 20,000 CFA francs [30 euros] per month for three months to 43,000 vulnerable people identified under social safety net criteria	
Legislation	Decree rescheduling the curfew from 9 p.m. to 4 a.m. from Monday 20 April	

Intervention	Description	But
	Decree maintaining certain restrictive measures such as: the closure of Ouagadougou and Bobo Dioulasso airports to commercial flights; closure of land and rail borders; prohibition of gatherings of more than 50 people	Prevent spread of Covid-19
	Authorisation to ratify the law establishing the African Medicines Agency, and the second on the amendment of law n°014 of 2014 establishing the Ouaga IIX Tribunal de Grande Instance	

Source: lefaso.net, dossier Covid-19

Table A14. Citizenship and Governance (Non-State actors such as chieftaincy and religious institutions)

Intervention	Description	Purpose
Closure of places of worship	Suspension of religious activity requiring an assembly, in consultation with the Muslim, Catholic and Protestant religious authorities	Prevent spread of Covid-19
Implementation of prevention measures in places of worship	Government liaison to promote compliance with barrier measures after the opening of places of worship	Prevent spread of Covid-19
Financial and material contribution to the fight Covid-19	Citizen contribution of religious communities to the fight against the pandemic, donations of food and protective equipment.	Mitigation of the fallout from preventive measures