

# Burkina Faso

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>16.46 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>4.5 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>11.96 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>2.85%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>10.44 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>68.5</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>102.4</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>58 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>6338</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING- WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>19%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>82%</b>

<sup>f</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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## Sanitation, drinking-water and hygiene status overview

The government of Burkina Faso has made commitments to improve the water, sanitation and hygiene (WASH) sector, including:

- Allocating at least US\$ 38 million each year to financing the water and sanitation sector;
- Continuing consultations with parliament and local councilors aimed at better involving national parliamentarians in the water and sanitation sector dialogue; and
- Undertaking to transfer financial resources for sanitation activities to the municipalities every year from 2015.

These commitments have support from both the Ministry of Water and the Ministry of Finance. While the Ministry of Water plays a lead role in both water and sanitation, the Ministry of Finance is also involved in both with a supporting role.

For drinking-water in rural and peri-urban areas, Burkina Faso reformed the water infrastructure management in 2000. The reform aims to achieve sustainable management of water infrastructure through the delegation of project ownership to local authorities. Additionally, the beneficiaries of water projects are involved in their management through the creation of Associations of Water Users. Trained and licensed personnel carry out maintenance work. Rural areas also benefit from subsidized drinking-water. Because poverty in Burkina Faso is more concentrated in rural areas, the government directs more funding to them. For WASH, 66% of funding goes to rural areas.

Communities are also involved in sanitation. For example, the Association of Mothers and student education and health clubs help manage and oversee maintenance of sanitation in schools. The government also provides subsidies for sanitation in institutional and public places.

Human resources strategies are in place for water and sanitation and one is being developed for hygiene. Salaries offered by the public administration are much lower than in the private sector; therefore trained professionals prefer to work in the private sector. To improve human resources capacity in Burkina Faso, a center for water professionals has been created and training and recruiting plans are being developed.

# Highlights based on country reported GLAAS 2013/2014 data<sup>1</sup>

## I. Governance

Two ministries and institutions share the lead for sanitation services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Water, Water Projects and Sanitation	✓	✓	
Ministry of Health			✓
Ministry of Environment and Sustainable Development	✓		

Number of ministries and national institutions with responsibilities in WASH: **9**

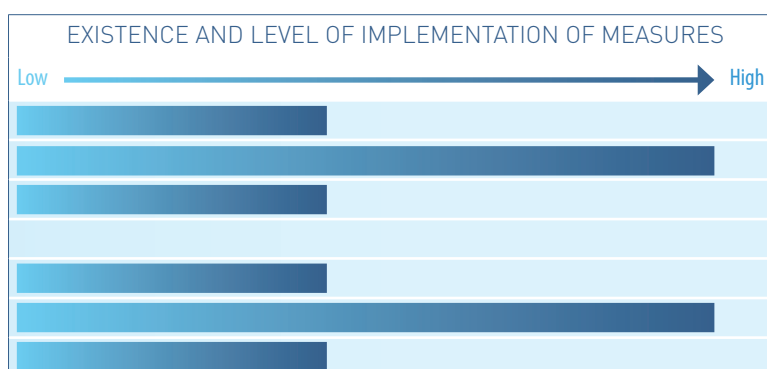
Coordination between WASH actors includes: ✓ All ministries and government agencies  
 ✓ Nongovernmental agencies  
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	57	2015
Rural sanitation	✓	54	2015
Sanitation in schools	✓	100	2015
Sanitation in health facilities	✓	100	2015
Urban drinking-water supply	✓	87	2015
Rural drinking-water supply	✓	76	2015
Drinking-water in schools	✓	100	2015
Drinking-water in health facilities	✓	100	2015
Hygiene promotion	✓	100	2015
Hygiene promotion in schools	✓	100	2015
Hygiene promotion in health facilities	✓	100	

There are specific plans implemented addressing the issues of improving the reliability/continuity of urban water supply and ensuring drinking-water quality meets national standards.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

Keep rural water supply functioning over long-term
Improve reliability/continuity of urban water supply
To rehabilitate broken public latrines
Safely empty or replace latrines when full
Reuse of wastewater or septage
Ensure DWQ meets national standards
Address resilience to climate change



<sup>a</sup> Including implementation.

<sup>1</sup> All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

## II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
<b>Latest national assessment</b>	2013		2013		2013
<b>Use of performance indicators<sup>a</sup></b>	✓		✓		
<b>Data availability for decision-making<sup>a</sup></b>					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
<b>Surveillance<sup>b</sup></b>	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓	✗	
Internal monitoring of formal service providers	✓	✓	✓	✓	
<b>Communication<sup>a</sup></b>					
Performance reviews made public	✓	✓	✓	✓	
Customer satisfaction reviews made public	✓	✓	✓	✓	

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resource strategies are developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraint identified is the lack of financial resources for staff costs.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
<b>Human resource strategy developed<sup>a</sup></b>	✓		✓		●
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>	●		✓		●
<b>Human resource constraints for WASH<sup>b</sup></b>					
Availability of financial resources for staff costs	✗		✗		✗
Availability of education/training organisations	●		●		●
Skilled graduates	●		●		●
Preference by skilled graduates to work in other sectors	●		●		●
Emigration of skilled workers abroad	✓		✓		✓
Skilled workers do not want to live and work in rural areas	✓		✓		✓
Recruitment practices	✓		✓		✓
Other	✗		✗		✗

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

## IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in absorption of donor commitments for rural sanitation. There is also an insufficiency of funds for rural areas to meet MDG targets.

### FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies <sup>a</sup>	✓	✓	✓	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used <sup>b</sup>	✓	✓	✓	✓
Estimated % of donor commitments used <sup>b</sup>	✓	●	✓	●
Sufficiency of finance				
WASH finance sufficient to meet MDG targets <sup>b</sup>	✓	●	✓	●

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

### WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure <sup>1</sup>	
2012	96.13 M.USD
Expenditure as a % GDP	
Education <sup>2</sup>	3.6
Health <sup>2</sup>	6.6
WASH <sup>3</sup>	0.9

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

<sup>3</sup> WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

## V. Equity

As a step towards addressing equity in access to WASH services, five disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed to drinking-water, however, there is a greater need for sanitation.

### EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Recognize human right in legislation	✗		✓	
Participation and reporting <sup>a</sup>				
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	✗	●	●	●
Effective complaint mechanisms	✓	✓	✓	✓

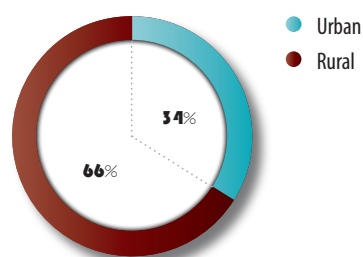
<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

### DISADVANTAGED GROUPS IN WASH PLAN

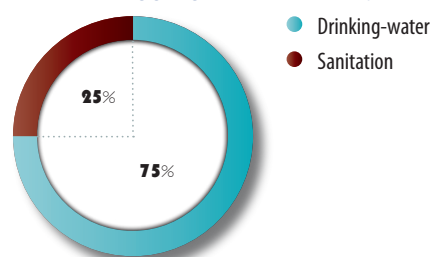
1. Poor populations
2. People living in slums or informal settlements
3. Displaced populations
4. People living with disabilities
5. Sanitation for women and girls

### EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

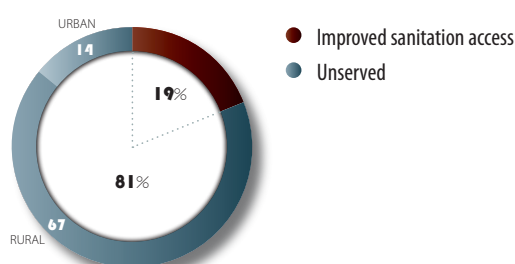


**Figure 2.** Disaggregated WASH expenditure

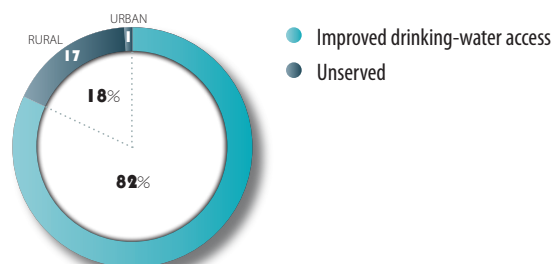


### EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



**Figure 4.** Population with access to improved drinking-water sources



<sup>1</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.