

Response Measures Against Covid-19 Outside the Health Cord Tested by Practical Standards in Parakou

Gbènakpon Angelo Kpotounou

Political scientist, Researcher associated with CERGED-PPA and at CiAAF

Abstract: In an environment where daily survival requires the mobility of populations and where official reactions to the advance of Covid-19 have been faster than in the countries of the North, and truly appear more rigorous; that is to say, the authorities in Benin closed the borders and imposed various forms of confinement, isolation, quarantine, ban on gatherings, wearing masks; It is clear that the daily experience of the population is far removed from this image of the effectiveness of public authorities. Immersion in such an environment over a period of two weeks (from April 18 to 25) during peak hours reveals how populations in these public mixing environments experience the health crisis outside the cordon demarcated by the authorities, which shows of the existence of a contrast between formal norms and practical norms. The particular choice of observing the behavior of the population of Parakou in large places of public mixing, social environments through which the qualitative investigation made it possible to cumulatively scrutinize national and local action measures reveals that public decisions do not do not, in fact, present identical characteristics in all political societies. Each regime, each national or local institutional order has its specific style of public action.

Keywords: Benin, Covid-19, formal norms and practical norms, political society, parakou population, regulatory policy.

INTRODUCTION

The health crisis that the world is going through is undoubtedly the first global crisis¹ contemporary

¹ The health crisis is a “Global Crisis” because it is disrupting lifestyles across the entire planet, but it has also brought entire sections of the global economy to a standstill, and the responses that have been made made by States lead in turn to a crisis in almost all sectors of the life of our societies. Its impact is unprecedented on globalization. Indeed, since the rise of globalization, the world has become a small neighborhood where people can easily interact with each other without facing serious obstacles. This has become both beneficial and harmful to the social, political and economic sphere when it comes to people's well-being. In other words, despite the free movement of people, goods and services that globalization brings, which stimulates socio-economic development, it has also become a source of the spread of diseases. As a result, due to the technological development factor of globalization, an epidemic such as that of Covid-19 has transformed into a major pandemic disease that has affected more than a million people worldwide, regardless of their differences in geographical location. William De Vijlder, “Covid-19: the impact on the global economy”, <https://group.bnpparibas/actualite/covid-19-impact-economie-mondiale> 09.04.2020; Kitege Yusuph Seleman, «Mondialisation et Covid-19 : Quel est l'impact sur l'économie africaine », <https://www.un.org/africarenewal/fr/derni%C3%A8re-heure/mondialisation-et-covid-19-quel-est->

which threatens the world with generalized anomie as well as its new economic option, globalization². It struck China, settled in Europe and struck down the United States while rapidly progressing on other continents, in this case Africa. The Covid-19 pandemic took a long time to arrive in Africa, probably because of the weakness of trade and tourism between the Chinese epicenter Hubei and the continent, unlike Europe and America. But China is still Africa's largest trading partner. There are numerous air connections between them; There are many companies or large projects in Africa employing a predominantly Chinese workforce who come and go. Still, the first case in Africa appeared on February 14, 2020 in Egypt, a month and a half after the first case announced in China. Most of the early African cases came from European countries. In Europe and America, the first cases were observed towards the end of January 2020 for most countries. Concerning those which reached hundreds of thousands of proven cases, we notice on the curves of figures that the switch between the thousands of cases took place

[l'impact-sur-1%C3%A9conomie-africaine](https://www.impact-sur-1%C3%A9conomie-africaine). April 15, 2020.

²Jean-Michele De Waele, Laurent Sernet, Call for the creation of a research network: political and legal recomposition, the State put to the test of COVID-19, Agence Universitaire de la Francophonie, 04/08/2020.

around the sixth week of evolution: Italy, Spain, France, United States, Germany³

From May 13 to 20, 2020, the number of cases of coronavirus infection (Covid-19) in the Africa region of the World Health Organization increased by 34%, reports the weekly report of the regional division of the 'organization. These new cases were observed in nine countries: Mauritania with a number of positive cases increasing by 1538%, from 8 to 131 in 7 days, the Central African Republic, with a toll increasing from 130 to 411, an increase of 90% , Uganda (106%, from 126 to 260 cases), Zambia (75%, from 441 to 772). Then Gabon 74% (from 863 to 1502), Equatorial Guinea 71% (from 522 to 890), Togo 70% (from 199 to 338), Madagascar 70% (from 192 to 326) and South Sudan 62% (from 174 to 282)⁴.

As of June 24, 2020, Benin crossed the 1000 case mark with a total of 1017 confirmed cases of Covid-19 infection, 715 people are under treatment, 288 people cured and 14 deaths⁵, and this, despite all the regulatory policies⁶. The virus, in view of the numerous screening tests, is no longer just imported but is already rampant in the community despite the battery of decisions taken by the various authorities at the national and local levels in response to its spread. Measures ranging from social distancing to basic hygiene rules of hand washing with soap and water, including the determination of areas at high risk of spread of the disease through the establishment of the sanitary cordon, etc. Each municipality has adopted the barrier measures advocated by the health authorities to adapt it to its territory. We therefore notice varied specificities which go from one municipality to another.

³ Djamila Ferdjani. « Evolution du Coronavirus Sars-Cov2 en Afrique », Article publié sur le forum ‘‘Lasdélien Université d’été 2018’.

⁴

<https://www.financialafrik.com/2020/05/23/bilan-du-coronavirus-en-afrique-en-7-jours-le-nombre-de-cas-a-augmente-de-34/>.

⁵ <https://www.gouv.bj/coronavirus/#documents>.

⁶ Regulatory policies (individual and direct constraint). Public action consists of publishing mandatory rules that apply to any individual in a given situation - in other words, the State obliges or prohibits it in specified circumstances. Patrick Hassenteufel, Political sociology: public action, Paris, Armand Colin, 2008, p.10.

While thinking that rigorous documentation of what is really happening on the ground is preferable, even if the first observations offer an overview, still imperfect, of the overall situation, knowing that there is a wide variety of situations depending on the country and within the different localities, the choice of observing the municipality of Parakou is inherent to its nature as a town with a special status and a showcase town in northern Benin, a crossroads town, a town which serves the South and the others communes of northern Benin. Indeed, of the three cities with special status in Benin, two (Porto Novo and Cotonou) were within the cordon santé, only Parakou was not there due to its geographical location. Given its nature as a city with a special status, we are able to measure the representation of the populations of this city with regard to the health crisis that the country is facing, in order to determine whether the behavior of the populations is in line with the situation. This status, with the measures recommended for the response against Covid-19. The town of Parakou is limited to the north by the commune of N’dali, to the south, east and west by the commune of Tchaourou. It extends over an area of 441km², 66% of which is urbanized. It is located approximately 435 km from the economic capital Cotonou and represents the only city with a special status in Northern Benin. With an average altitude of 350 m, it is located at 90 15’ and 20 45’ East longitude. The commune of Parakou is subdivided into three (03) districts and fifty-eight (58) city districts.

It is important to specify that this article does not want to study health policies, nor measure the effects of the different measures taken or not, but rather aims to reveal through factual or empirical elements, how populations outside the sanitary cordon represent themselves. this period of health crisis and understand all the practical measures to respond against the spread of the disease in the population. In other words, to see and explain through empirical investigations how the health crisis is experienced outside of the demarcated sanitary cordon in order to make intelligible the enormous gap that exists between formal norms and practical norms in a context where daily survival requires mobility of the population.

Clarification regarding the concept of “standard” is necessary. The world of standards is immense, and covers very different realities or meanings. In his already long-standing attempt to take stock of the question on the concept of norms in sociology,

Gibbs⁷ noted the lack of agreement on a common generic definition and highlighted the variety of typologies proposed. This observation is even more true today. Classic approaches to norms in the social sciences, following Emile Durkheim⁸, and until the middle of the 20th century, correspond to a relatively high level of abstraction: norms are very close to values or merge with them, and are embedded in ideologies, even worldviews. Furthermore, they are assumed to apply to societies, ethnicities, or macro-social groups that are the supports of the main stratifications, such as castes or classes⁹. We note that the concept of “standard” in itself is too vague and general. In the context of this article, we will be led to use more particularly the concepts of formal norms and practical norms¹⁰. These two main categories of standards bring together most of the work on standards. They are interested in the “problem of gaps”, to the extent that some (the official standards) are precisely those from which the target actors distance themselves (more or less), and the others (the practical standards) have often been invoked as the cause of these differences¹¹.

Official standards constitute a large family of standards which include in particular legal standards, professional standards and bureaucratic standards. They express rights and duties explicitly recognized by public institutions. They incorporate sanction systems guaranteed directly or indirectly by the State and its arbitral and legal mechanisms.¹² In our case, this concerns all the decisions taken by the Councils of Ministers and those of local authorities as part of the response against Covid-19 in Benin. Several decisions have been taken both at the government level and at the local level. This set integrates what we put in the formal standards. While official or formal

standards regulate what is sometimes called the public sphere, provided that professional worlds are included in this, whether private or public, we can define practical standards as “the various regulations informal, de facto, tacit or latent, which underlie the practices of actors having a gap with official norms (or social norms)”¹³. They express the relative convergence and recurrence of these practices, and make it possible to describe and understand the deviations or the “play” with official norms and social norms. Official standards and practical standards are in fact superimposed, overlapping, entangled. It is the gap between official standards and practical standards which is significant, and which creates a specific space for the strategies of the actors. Practical standards are virtual¹⁴.

¹³ Olivier de Sardan used the term “practical standards” for the first time in 2001 (Olivier de Sardan, 2001), which he himself encountered in texts by Daniel Ambrosetti, in relation to international arenas. It was also used by Patricia Vasseur (2004, 2009) regarding midwives in Senegal.

¹⁴ As an illustration, the highway code in Hanoi and Cairo is almost identical to that in force in Paris or Berlin, and incorporates almost universal official driving rules (apart from typically British right-hand driving). But drivers, in these two cities, move away significantly from it when they are behind the wheel. They do not follow official standards, or very little. Moreover, if by chance a foreigner wanted to drive in Hanoi or Cairo while respecting the highway code, he would not go 10 minutes without having a serious accident. On the other hand, the inhabitants of Hanoi and Cairo do not do anything, otherwise the pileups would be almost permanent. Their ways of driving follow unspoken and shared rules. Jean Pierre Olivier de Sardan, “From the “problem of gaps” to “practical standards”. Informal regulations within public bureaucracies (in Africa and beyond), 15 p; Jean-Pierre Olivier de Sardan, Mahaman Tahirou Ali Bako and Abdoutan Harouna “Practical standards in force in the education and health sectors in Niger A basis for reforms anchored in realities? », in *Studies and Works*, n°127, 2018, 139 p.

⁷ Jack P. Gibbs, *Justice et compromis. Elément de sociologie morale et politique*, Liège, l'Université de Liège, 1965.

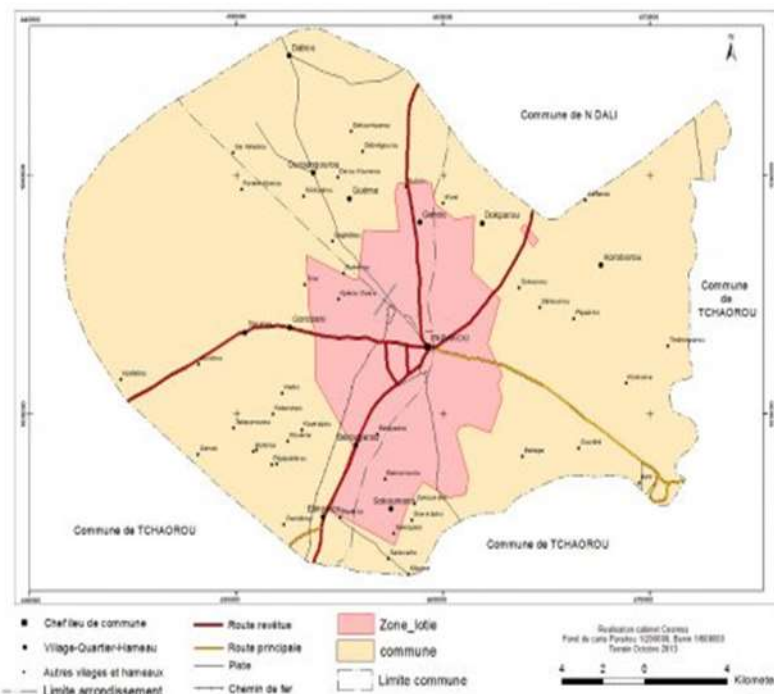
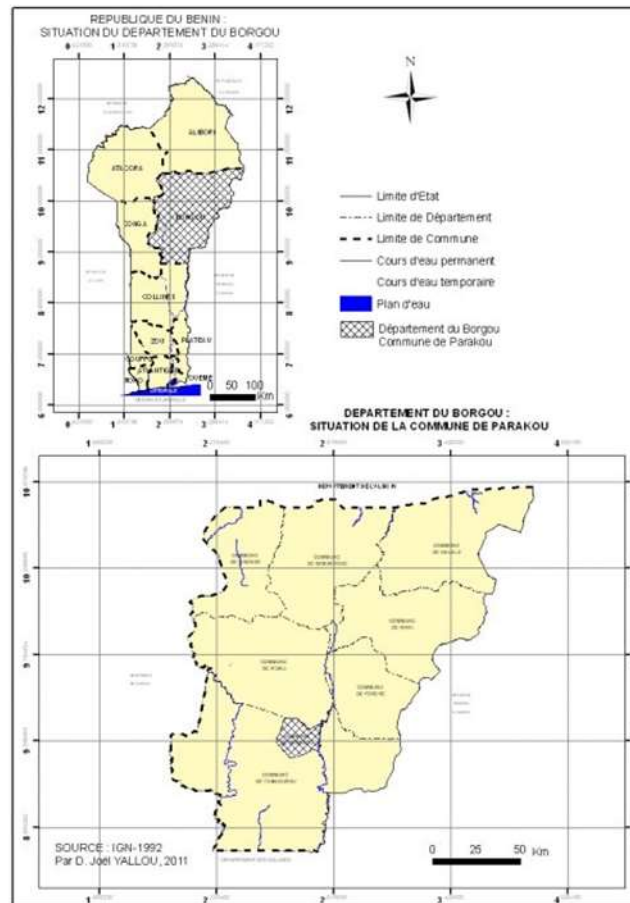
⁸ Emile Durkheim, *Les règles de la méthode sociologique*, Paris, Puf, 2007, 149 p. Du même auteur, *Leçons de sociologie*, Paris, Puf, 2010, 244 p.

⁹ Jean-Pierre Olivier de Sardan, « Du « problème des écarts » aux « normes pratiques ». Les régulations informelles au sein des bureaucraties publiques (en Afrique et au-delà) », *Etudes et Travaux du Lasdel*, n°128, 2019 15 p.

¹⁰ *Ibid.*

¹¹ *Ibid.*

¹² *Ibid.*



The problem is to know how in a town with a special status like Parakou, the populations understand the measures taken by the various authorities through the development of habits of resilience or conformity in a health crisis situation?

It is useful to specify that as part of this research, we particularly chose to observe the behavior of the population of Parakou in large places of public mixing, in particular, public markets, hospital centers, maquis and restaurant bars. The study of

these social environments through qualitative investigation makes it possible to cumulatively examine national and local action measures because in reality, public decisions do not, in fact, present identical characteristics in all political societies. Each regime, each national or local institutional order has its specific style of public action¹⁵. This observation work is supported by several field shots and the production of a short video which demonstrates the way in which populations outside the sanitary cordon in the town of Parakou are experiencing the Covid-19 health crisis.

I- **Formal Standards For Responding To Covid-19**

Today, if Africa is significantly less affected by Covid-19 than other continents, it is undoubtedly because official reactions to the advance of Covid-19 have been more rapid than in the countries of the North, and apparently rigorous. The authorities closed borders and airports, declared a state of emergency and curfew, imposed varied forms (depending on the country) of confinement, isolation, quarantine, ban on gatherings, wearing mask etc. Benin, like other African countries, has adopted a whole series of regulatory policies to limit on the one hand and fight against the escalation of the terrible virus on the other. These policies are classified into national and local public standards.

A- **National responses decisions**

The public decisions or public action of the Beninese government in response to the coronavirus correspond to all the measures taken, the effects of which are consecutive to the interactions between interdependent institutions, between the agents who sustain these institutions and a multitude of actors social sectors concerned. Studied more by their actions than by normative discourses, their formal functions or their apparent structures – even if these are variables which do not lose all their interest – these decisions carry meaning and logic according to the objectives sought. It is important, in fact, not to forget that the adoption of general or even specific rules and political deliberations, for example, remain important factors for action. So what is the content of these decisions?

It was the extraordinary Council of Ministers of Tuesday March 17, 2020, exclusively devoted to the COVID-19 health crisis, which announced the first measures to be taken to prevent the spread of the pandemic in Benin. Eleven decisions emerge from this Council of Ministers, and are valid for a period of two weeks starting from Thursday March 19 at midnight. This is concretely: - of the limitation to the extreme necessity of entries and exits at the land borders of Benin. Consequently, only essential crossings will be authorized in liaison with the authorities of neighboring countries. Thus, measures to strengthen control will be applied for the systematic quarantine of any suspicious person or person who attempts to circumvent it;- restriction of the issuance of entry visas to Benin;

- systematic and compulsory quarantine of any person coming to Benin by air;
- suspension of all missions outside the country for members of the government and for public administration executives, except in cases of absolute emergency;
- the suspension of all demonstrations and all other non-essential sporting, cultural, religious, political and festive events;
- suspension of preparations for the pilgrimage to Mecca in accordance with the arrangements taken by the Saudi authorities;
- obligations for public carriers to provide their employees as well as passengers with masks and appropriate bibs, and to respect health safety distances between occupants;
- recommendation to grieving people to limit the funerals of their deceased to the strict minimum (10 people) and to postpone subsequent events;
- recommendation to religious leaders to ensure, during worship, the health safety distance of at least one meter between worshippers, to avoid handshakes, hugs and all other contaminating gestures;
- obligation for banks, supermarkets, bars, restaurants, businesses and other establishments open to the public to provide protection and hygiene measures and to have customers and users observe the health safety distance between them;
- made available by the State for the benefit of pharmacies, supermarkets and other stock structures of protective masks whose prices will be controlled to remain accessible to all of our fellow citizens.

¹⁵Jacque Lagroye, François Bastien et al, Political sociology, (Chapter: Public action), Paris, Presses de Sciences-Po and Dalloz, 2002, p.527.

Like the extraordinary Council of Ministers of March 17, 2020¹⁶, we also have the government press release of March 23, 2020, from the Council during which the factual data on the evolution of the pandemic at the global, regional and national levels were analyzed by the government committee for monitoring the coronavirus pandemic. Thus, new measures have been taken including the fixing of the Easter holiday period for public and private schools and universities in Benin, the date of which is from March 30 to April 13 inclusive. This period will subsequently be extended until May 10, 2020. The government has also taken a measure to establish a sanitary cordon from Monday March 30, 2020 at midnight to Sunday April 12, 2020; then subsequently extended until May 10, 2020 around the municipalities most exposed to the pandemic which are: Cotonou, Abomey-Calavi, Allada, Tori, Zè, Sèmè-kpodji, Ouidah, Porto-Novo, Akpro-Missereté and Adjarra with a view to isolating them from the rest of the country. By this same measure, the government intended to reduce the mobility of people within these municipalities to the strict essentials. This restriction will be reinforced in its implementation by the press release of March 27 from the Minister of the Interior and Public Security. Consequently, additional measures will be taken to strengthen the previous measures with regard to the sanitary cordon which took effect from Monday March 30, 2020 at midnight to Sunday April 12, 2020 at midnight. Decision which will subsequently be extended until May 10, 2020. In reality, this involves the ban on entry and exit from the area of the sanitary cordon, unless waived by the prefect; the ban on gatherings of more than ten (10) people in all places except commercial areas, with the obligation to respect a minimum distance of one meter (01) between people; the ban on the circulation of public transport buses and minibuses; the ban on motorcycle taxis transporting more than one person at a time; the closure of bars, nightclubs and other places of celebration; the obligation to respect a distance of at least one meter between restaurant users and maquis.

Finally, let us point out that, with these government measures, the meetings of the Council

of Ministers of April 6 and 8, 2020¹⁷ decided on the one hand to make it compulsory in the twelve municipalities of the sanitary cordon mentioned above, and from Wednesday April 8, 2020 at 00 a.m., wearing a protective mask in all places, in public and private administration, in meetings, meetings, in markets, stores, boutiques, etc., regardless of the number of people present, and on the other hand, with regard to regions of the country outside the sanitary cordon, it is strongly recommended to also use masks. Preventive measures which remain strongly recommended throughout the national territory, even in private places, as long as you are in the company of someone else. Furthermore, the government reminds populations that wearing protective masks in no way exempts from the application of other preventive measures, in particular washing hands with soap and water. Finally, the measure of April 8 by which the Council of Ministers reorganized the school calendar and at the same time decided on the extension of the second term holidays which remains in progress until Sunday May 10, 2020. Au-delà de ces mesures nationales, les collectivités territoriales à leur tour se sont approprié ces mesures pour les adapter à leur territoire.

B- Local measures

It being understood that local measures are inspired by the decisions of the central State, they are therefore integrated into them and deployed locally. As such, local standards provide for several provisions. The latter are nothing other than the series of decisions against the spread or contamination of the coronavirus in the city of Parakou. Among these provisions, we can cite : - the mayor's radio press release, dated March 25, 2020¹⁸, which brings to the attention of the population of Parakou, the closure of refreshments, bars and restaurants from 9 p.m. from March 26 to April 5, 2020. It should be noted that this It is a decision which reinforces the very first initiatives undertaken by the government;

- the radio press release from the municipal authority dated April 9, 2020 which informs the entire population of Parakou of the start of an operation to control the wearing of mufflers,

¹⁷ Confer: Minutes of the Council of Ministers April 8, 2020; Government press release of Monday April 6, 2020 and the press release from the Minister of Health of April 1, 2020.

¹⁸ Confer: Radio press release, Parakou, n°50, March 25, 2020.

¹⁶ Confer: Minutes of the Council of Ministers of Tuesday March 17, 2020.

compliance with transport measures and traffic lights ;

- the press release dated April 9 in which the mayor informs his constituents that he was able to obtain from the association of tailors of the commune of Parakou the sale at the promotional price of two hundred (200) CFA francs, locally made mufflers. These nose masks, authorized by specialists in the health sector, are reusable. However, they will need to be washed with soap and bleach every evening.

- The same press release brings to the attention of the Parakou population that the wearing of face masks is now compulsory throughout the territory of the municipality of Parakou.

In view of the national measures and those of the municipality of Parakou, we can affirm that the health crisis that Benin is experiencing, like other countries in the world, is all the opportunity to raise recurring questions about action of the regime of rupture and on the capacity of the Beninese number one to “do politics” which he exposed before being elected. But the least questionable lesson from research on public action is however that those who govern only do what they can do based on the representation they have of their role as governor, or rather “the State”, is not a machine that can be controlled at will, a handy tool in the hands of leaders. Public action is concretely presented as the set of effects, not necessarily predictable and coherent, which result from interaction between interdependent institutions, between the agents who bring these institutions to life and a multitude of social actors interested in the “decisions public”, between these actors and those in power. All this is revealing of our empirical observations, the most bitter observation of which is the enormous gap that we can see between formal standards and formal practices. Indeed, it must be recognized, daily survival mobility completely undermines the basis for effective government and local action, which suffers from a lack of rigorous monitoring of the measures deployed to respond to Covid -19.

II- Practical Standards Outside The Sanitary Cordon

The central role of actors (population), their perceptions and their strategies, always far from the expectations of leaders, most of the time introduces two gaps: gaps in the implementation of intervention decisions (often documented under the name of implementation gap and normative

gaps¹⁹. The implementation gap is an inevitable process: however “well prepared” public policies may be, during their implementation they inevitably experience gaps between what was planned and what is actually happening on the ground.²⁰ Clearly, we call practical standards the gap between incorporated rules and procedures and the daily practice developed by the populations receiving decisions. The implementation of any decision matrix described above during a health crisis is not without impact on the target population.

A- Action of religious denominations, public and private schools and universities

Outside the sanitary cordon, with regard to public and private schools and universities, compliance with government measures is almost systematic. Since the measure determining the Easter holidays and the extension of this measure through second quarter holidays, it must be said that upon observation on the ground, these places of instruction and worship have remained strictly closed.

However, a certain particularity is observed at the level of certain religious confessions or more precisely in the conception of certain practitioners. Thus, in the Azèkè market area, more precisely at the central mosque of Parakou, in the “Goromosoh” district, certain believers from the Muslim community continue to perform community prayers at the central mosque. They, under the pretext of the non-closure of the market which is a large place of public mixing, believe rather that this ban on gathering to pray is an attack on their freedom of worship. Thus, even if all the surrounding mosques are closed at the risk of being seen and punished as was the case in the Banikanni district in the early hours of the implementation of the closures of places of worship, where the Republican police had to use warning shots against people who resisted attending places of worship, some people from the “Goromosoh” neighborhood, due to the promiscuity of the houses in the neighborhood around the central mosque, go through circuitous routes through the houses to meet in the grounds of

¹⁹ Jean-Pierre Olivier de Sardan, “Traveling models tested by contexts and practical standards: the case of maternal health. », *Studies and works of Lasedel*, 2017, p.II; Souley Issoufou M. S., “Differences from official standards in two maternity hospitals in Niger”, *Studies and work of LASDEL*, p.II5.

²⁰ *Ibid.*

the central mosque to pray in community, even if officially, all the doors and windows of the mosque are closed without raising the slightest doubt of presence inside. These practices clearly demonstrate that these believers have developed practical standards to circumvent compliance with the health barrier measures in place in the municipality. That said, if the virus should spread in the municipality, the risk of chain contamination is very high.

B- Practical standards in large public gathering places

The practical standards highlighted here are compared with formal standards to draw conclusions. The aim here is to see whether the formal norms which constitute injunctions produce effects on the social practice of populations outside the sanitary cordon. To this end, data collected in the field offer a better understanding of social practices.

In the municipality of Parakou, the major gathering places and public mixing are the Azèkè market, renowned as an international market, the depot market, the Tchakitiban market whose characteristic is that it is a place of frequentation for the population for the purpose of quenching. Finally, there is the CHUD which receives people due to its status as a hospital environment, financial establishments (banks) and public transport. In all of these environments, practical standards overlap in places.

First, starting with the Azèké, depot and Tchakitiban markets, upon the announcement of health measures to fight Covid-19, users expressed fear that the markets would be closed. This fear is justified by the daily activity of users which constitutes their means of subsistence. Ultimately, the markets were not closed to its users. However, the widely recommended barrier gestures are far from actually becoming part of the practice of users of these markets. Thus, there are no hand washing devices at the entrances to the markets apart from the depot where there are two hand washing devices towards the northern entrance to the market. The majority of sellers do not respect any social distancing measures; wearing a mask remains largely ignored by the latter. For those who come to shop in the market, good practices are the exception. Social distancing is not effective, nor is wearing a mask; to this, we must add discussions between sellers and buyers, all exposed to the saliva coming out of their mouths, the impact of which is significant. Mis à part cette

catégorie de personnes, il faut reconnaître qu'il y a une autre catégorie d'usagers du marché qui est soucieux du respect des mesures barrières mises en place. Ainsi, dans cette catégorie, d'aucuns portent les masques de protection et observent la distanciation sociale exigée. À écouter cette catégorie, on note une préoccupation liée à leur état de santé et un souci d'éviter d'être un vecteur de propagation du virus. Il vaut mieux selon eux dans ces conditions observer les mesures de barrières.

On the other hand, a detour through the University Hospital Center of the Borgou department reveals a contrast with the practical standards observed in the markets. Indeed, due to its hospital status, already at the entrance, awareness posters are posted and they attract attention; a hand disinfection system is put in place. Wearing a mask is compulsory and is systematically checked upon entry. We observe social distancing between users who are in a row whose gaps of one meter (1m) are respected. All this is under the supervision of a security agent. Failure to comply with these measures deprives users of entering the hospital. Nurses are also reduced to bedside patients. However, such a system is not without impact on the mobility of caregivers who must urgently obtain pharmaceutical products outside the center. The only portal that serves as an entry filter is also the one through which the nurses must exit. This means that the waiting time is very long in the row; which exposes patients to a delay in treatment which undoubtedly can cause loss of human life. In this queue, we noticed that tension quite often rises in the ranks of the nurses.

Furthermore, attention to financial establishments shows that they do not compromise with barrier measures. At the entrance, the awareness posters are remarkable; a hand washing system is in place requiring all users to wash their hands. These establishments also have the temperature control device called the electronic blood pressure monitor through which users must pass in order to check their temperature. Within these establishments, in order to respect social distancing, a reduction in staff numbers has been operational so that staff rotates every fortnight.

Outside of these places, it should also be noted that in public transport, social practices have not evolved. If taxis travel during the day while respecting the measures put in place, we must highlight the fact that in order to make profitable the losses recorded during the day, taxi drivers

now make enough night trips with unusual numbers. in their car. In fact, due to the absence of a fixed checkpoint by the police on the Parakou - Savè axis, taxi drivers use the route at night with passengers acquired for the cause to make these trips without respect barrier measures.

At the end of this short detour, it is urgent to affirm that the official reactions to the advance of Covid-19 were faster than in the countries of the North, and apparently rigorous. Even though the authorities in Benin have closed the borders and imposed various forms of confinement, isolation, quarantine, bans on gatherings, and the wearing of masks. It is clear that daily experience is far removed from this image of the effectiveness of powers. Better still, immersion in such an environment over a period of two weeks (from April 18 to 25) during busy times reveals how the populations in these public mixing environments experience the health crisis outside the demarcated cordon, and demonstrate the existence of a contrast between formal norms and practical norms in an environment, it must be recognized, daily survival requires the mobility of populations.

BIBLIOGRAPHY

General works

1. Durkheim, E., "Lessons in Sociology." *Puf*, (2010): 244.
2. Durkheim, E., "The Rules of Sociological Method." *Puf*, (2007): 149.

Specific works

3. Jobert, B., & Muller, P., "The State in Action." *Puf*, 1982, 242p.
4. Gibbs, J. P., "Justice and Compromise: Elements of Moral and Political Sociology." *Editions de l'Université de Liège*, 1965, 280p.
5. Lagroye, J., Bastien, F., et al, "Political Sociology (Chapter: Public Action)." *Presses de Sciences-Po and Dalloz*, 2002, 527p.
6. Padioleau, J-G., "The State in Concrete." *Puf*, 1982, 222p.

7. Hassenteufel, P., "Political Sociology: Public Action." *Armand Colin*, 2008, 289p.
8. Muller, P., & Surel, Y., "The Analysis of Policies." *Montchrestien*, 1998, 156p.
9. Mény, Y., & Thoenig, J-C., "Public Policies." *Puf*, 1989, 392p.

Items

10. de Sardan, J.-P. O., & Sardan, J.-P. O. d. "From the 'problem of gaps' to 'practical standards'. Informal regulations within public bureaucracies (in Africa and beyond)." *Etudes et Travaux du Lasdel*, 128 (2019): 15.
11. de Sardan, J.-P. O. "Traveling models tested by contexts and practical standards: the case of maternal health." *Studies and Works of Lasedel*, (2017): 11.
12. de Sardan, J.-P. O., Bako, M. T. A., & Harouna, A. "Practical standards in force in the education and health sectors in Niger A basis for reforms anchored in realities?" *Studies and Works*, 127 (2018): 139.
13. M. S., S. I. "Differences from official standards in two maternity hospitals in Niger." *Etudes et travaux du Lasedel*, 115 (2017).
14. De Vijlder, W. "Covid-19: the impact on the global economy." <https://group.bnpparibas/actualite/covid-19-impact-economie-mondiale>
15. Surel, Y. "Ideas, interests, institutions in the analysis of public policies." *Pouvoirs*, 87 (1998): 161-178.
16. Kitenge, Y. S. "Globalization and Covid-19: What is the impact on the African economy." <https://www.un.org/africarenewal/fr/derni%C3%A8re-heure/mondialisation-et-covid-19-quel-est-limpact-sur-l%C3%A9conomie-africaine>. (2020).

Webographie

17. <https://www.financialafrik.com/2020/05/23/bilan-du-coronavirus-en-afrique-en-7-jours-le-nombre-de-cas-a-augmente-de-34/>.
18. <https://www.gouv.bj/coronavirus/#documents>

Source of support: Nil; **Conflict of interest:** Nil.

Cite this article as:

Kpotounou, G.A. "Response Measures Against Covid-19 Outside the Health Cord Tested by Practical Standards in Parakou." *Sarcouncil journal of Arts humanities and social sciences* 2.10 (2023): pp 1-9