NEEDS ASSESSMENT REPORT

Burkina Faso – Sahel Region (Djibo town)

April 14, 2019

Sectors: Violence Prevention and Response; Health; Economic Recovery and Development; and Education.
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Location in Burkina Faso: Djibo town, Soum province, Sahel region. "Secteurs" (neighborhoods) 1-5 of Djibo were visited.
Data Collection: April 4 – 6, 2019 (3 days)

INTRODUCTION AND JUSTIFICATION

Since July 2018, Burkina Faso has started to see an increase in violent incidents involving militant groups causing internal displacement in the North, Sahel, Central-North and East regions. Internally displaced persons are predominantly residing within host-communities, others are in IDP sites in the Centre-Nord region. As of the time of writing, 70% of the IDP population resides in the Sahel region, and 27% of the overall displaced population currently reside in the Sahel town of Djibo. Because of this relatively new increase in displacements (2019 was responsible for over half of the current 135,000 displaced Burkinabe) humanitarian response is relatively new to the country where most actors are working on the development side. Coordination is only in the very early stages and few needs assessments have been completed in the affected regions (UNHCR conducted one in the Sahel and ACF has recently completed one in the East). The International Rescue Committee entered Burkina Faso in late March to begin an emergency needs assessment. The assessment began in Ouagadougou to conduct key informant interviews with other actors in country and to determine the priority location for this assessment details of which are included below. Primary data collection was then conducted in Djibo to better understand priority needs of displaced Burkinabe and any gaps in the services currently available.

STATEMENT OF INTENT

Objectives

- Document the priority needs of IDPs in Djibo as perceived by the population of concern, as well as variance in need depending on shelter situation (with host family vs. in public spaces).
- Better understand the functionality of health services in Djibo and feasibility of IRC involvement in providing health services.
- Understand the safety and access issues that may impact an emergency response in Djibo.
- Determine which locations within Djibo the IRC should set-up services.

Core Questions

- What barriers do people face in meeting their basic needs? How does this vary by population group?
- What security issues will impact IRC's ability to establish services in Djibo? Does it vary by sector? Are particular areas 'no-go'?
- What is required to establish a health response in Djibo based on primary health needs raised by the affected population?

- What is the most effective way to communicate with the IDP population about services and in setting up feedback mechanisms?

METHODOLOGY

The assessment included: (1) 7 stakeholder interviews in Ouagadougou focused largely on understanding the existing humanitarian response for IDPs across the northern regions (who is responding where and what gaps exist), (2) 312 household surveys in Djibo town, using a convenience sample due to the limited time available for the assessment because of security constraints, (3) 6 key informant interviews with market vendors and, (4) 3 key informant interviews with health workers in a government hospital, an urban health center (supported by ICRC) and a primary health care center. Full explanation of the methods and links to the tools used can be found in Annex 1. Key details are provided below.

Several comparative analyses of the survey were conducted looking at differences between:

- Male vs. female respondents
- Respondents residing in different “secteurs”/neighborhoods in town
- Length of displacement
- Shelter type

Differences between any of these groups were only reported when they were found to be statistically significant using a 95% confidence interval. The only exception is in the tables where groups are compared across multiple indicators. The survey included 50% female respondents as well as a mix of surveys with IDPs residing with host families versus those without formal housing.

Limitations

This assessment used a non-representative sample. The nature of a convenience sample is that it is not considered to be representative of the entire population of interest, in this case, displaced Burkinabe surveyed in Djibo town. However, because of this non-representation, the sample size is increased to help to control for any bias that is otherwise present. This is why the survey aimed to include at least 500 individuals/families. Increased insecurity and an all expatriate assessment team resulted in the reduction of available days to conduct the assessment as well as the data collection mechanisms available due to concerns related to access and security of staff. As a result, the team was unable to complete all 500 surveys.

To ensure that the sampling methods did not preclude an accurate understanding of the situation – we systematically report on the total number included in each point estimate. That is to say, if 198 people responded to the question of ‘how old are you?’ resulting in an average age of 29, there will be an (n=198), to allow consideration of the level of accuracy. In some cases, our accuracy is better than others, as some participants elected not to respond to some questions.

To avoid redundancy within the report all figures quoted are based on the ‘n’ noted in the table at right. Where this is not true, the ‘n’ is included with the statistic.

Category	n
All respondents	312
Secteur 1	31
Secteur 2	102
Secteur 3	28
Secteur 4	103
Secteur 5	48

LOCATIONS

After conducting a number of interviews with actors in Ouagadougou, two things became apparent, one that Soum province was hosting the largest number of IDPs, particularly the town of Djibo where an estimated 30,000 individuals have sought security, and second, that thus far, the majority of humanitarian actors are responding within the IDP sites. Considering that over 95% of the IDP population is outside of these sites and that few actors had to date delivered services within host communities, the IRC decided to concentrate this assessment on the town of Djibo where it is anticipated that services will become taxed due to the volume of new residents, if they have not already been.

For this assessment, a total of 5 of the 9 “secteur” or neighborhoods in Djibo were included. These locations were selected based on existing knowledge of IDP population concentration in these neighborhoods, and anticipated differences in shelter conditions in each to capture a range of experiences. The assessment team also sought to survey areas where we could speak with both new arrivals and families or individuals that have been in Djibo for a longer time.

KEY FINDINGS

Profile of those surveyed

Location	n
Secteur 1	31
Secteur 2	102
Secteur 3	28
Secteur 4	103
Secteur 5	48

Of the 312 Burkinabe survey participants, 45% were adult men, and 55% were adult women, no one under the age of 18 was directly surveyed in this assessment. These proportions were roughly the same across all secteurs/neighborhoods assessed.

On average, respondents are in Djibo with 12 family members with on average 3 adult men, 3 adult women, 3 female children and 3 male children per household. Of participants, 16% reside with individuals outside of their family, which includes children under 18 without their parents in 9% of all households surveyed.

Specific Need	%
Older age	45%
Nursing	45%
Pregnant	18%
Disability	5%
Injury	1%
None	29%

When asked about members of their families with particular needs, 45% reported older age family members and another 45% have nursing mothers in their households. Households included 5% with a physical or psychological disabilities.

The majority of participants were experiencing displacement for the first time (76%). For 12% it is their second and another 12% had been displaced 3 or more times.

The average amount of time that participants have been displaced was approximately 152 days or approximately 5 months (median of 90 days). The newest arrivals surveyed had been in Djibo for 2 days and the longest was 6 years. This data includes 8 households that have been displaced between 1-6 years. The average time displaced if those households are removed becomes 124 days.

The majority of IDPs surveyed expect to still be in Djibo over the coming 3-6 months (n=290). Of the 8% who said they would likely not stay over the next 3-6 months 96% said they would return home.

Communications

In order to understand how best to share information with and solicit feedback from displaced communities, all survey participants were asked about their communication preferences. The vast majority preferred telephone communication (84%), followed by radio (12%), via community leaders (1%), television (1%), word of mouth (1%), or to have someone come to their communities (1%). 93% of households surveyed have a functioning mobile phone.

OVERALL FINDINGS

Services, needs and gaps

In terms of priority needs as ranked by participants, the vast majority prioritized food across all neighborhoods and genders followed by shelter and water with slight variance in the rank of those two though they remain in the top three across the board. They are listed in the table below. Note that each participant was asked to name up to three primary needs but were not prompted by the list below:

	Priority needs of IDPs in Djibo by Secteur/Neighborhood						By gender	
Need	All	Sec 1	Sec 2	Sec 3	Sec 4	Sec 5	Men	Women
n:	312	31	98	28	101	48	139	173
Food	97%	100%	94%	100%	98%	96%	95%	98%

Shelter	77%	77%	76%	89%	73%	81%	75%	79%
Water	76%	55%	88%	54%	69%	90%	73%	79%
Clothing	19%	29%	9%	29%	29%	6%	19%	19%
Money	17%	23%	14%	32%	14%	19%	25%	10%
Health services	7%	16%	3%	21%	7%	2%	9%	6%
A job	6%	3%	3%	43%	2%	2%	9%	3%
HH goods (sleeping mats, cooking supplies, etc.)	4%	-	3%	4%	5%	6%	3%	5%
Latrines	1%	-	-	7%	-	-	1%	-
Psychological support	1%	-	1%	4%	-	-	1%	1%

Economic needs (Food/Shelter etc.) and gaps

Food

As noted above, food was highlighted as a primary need for a majority of participants. On average, households are consuming 2 meals a day, composed primarily of rice and other cereals. Over the period of a week, only 2% of participants had consumed meat, fish or eggs; only 7% had consumed fruits or vegetables. Due to lack of money, displaced Burkinabe have adapted a number of coping mechanisms particularly relying on less expensive foods (53%), limiting portion sizes per meal (43%) and borrowing food, or relying on help from a friend or relative (32%).

In terms of access to markets, 68% have a market within a reasonable distance of where they are staying though 10% feel it can be insecure to access said markets. Participants in general felt the availability and quality of products they are looking for in the market is good (74%). No statistically significant differences were noted between female and male respondents with respect to distance and safety access.

Participants noted a preference for food delivery (66%) over cash (12%) or vouchers to redeem in a store/market should an organization provide support in this area though it is not clear at this time the reasoning behind this preference. Market vendors noted that customers pay by cash transfer, check or cash.

NFI and Shelter

When asked about what would be the most useful to receive if a service provider were to carry-out a distribution of goods, 72% prioritized food distribution, which lines up with the 97% overall who noted food as a primary need. Following food, 64% prioritized blankets/sheets, and 59% selected plastic buckets. Other prioritized items were soap (45%), tarps (21%), cooking supplies (19%), mosquito nets (10%), jerry cans (7%), bamboo poles (5%) and floor mats (3%). This ranking and proportions holds true across both men and women, with only minor changes in ranking, though the top 3 are the same across the board

Shelter Concerns	N=x
Overcrowding	235
Lack of water and sanitation	139
Privacy	113
Lack of funds	91
Insecurity	90
Distance from water and hygiene facilities	87
Harsh weather conditions	68
Lack of NFI type items	51
Lack of cooking supplies	21

With regard to shelter for IDPs displaced within the host community, 74% of respondents live in rented accommodation, for which they pay an average of 8,537CFA/15USD per month (up to a maximum of 65,000CFA/100USD and minimum of 2,000CFA/4USD). Payment in the form of exchange of favors or services applied to 1% of participants and another 26% did not have to pay for their housing. The majority of those who do not pay for housing reside with a host family (62%), 17% sleep outside/have no formal shelter, and 11% sleep in tents and another 11% still reported they live in rented accommodation (perhaps they have accommodation paid for by someone else or are not paying rent in a property typically rented out).

In terms of primary concerns with their accommodation, overcrowding and lack of water and sanitation were most frequently selected. The full distribution of shelter concerns is detailed in the table above. There was no difference in rankings by gender and was generally the same across neighborhoods with the one exception being Secteur 3 in which IDP residents mentioned privacy as the largest concern, followed by overcrowding and harsh weather conditions. This difference does not obviously appear to be linked to shelter type as there is not a greater proportion in Secteur 3 residing in tents or open-air. Interestingly, well below half of those who listed "insecurity" as a primary shelter concern are those living outside/in a tent (n=12) and four participants that listed harsh weather as an issue identified their shelter as a tent or living outside.

Markets

Key informant interviews were conducted with 6 vendors (3 male, 3 female) in the central Marche de Djibo, four in stores and two working at market stalls. Only one vendor reported a current lack of stock in millet while the others have thus far been able to keep up with demand despite the fact that the majority (n=4) report a decrease in their available stock since the increase in violence in the region/arrival of IDPs. Reduced stock has been attributed to lack of funds. At right is a table noting the goods sold by the different merchants.

Products sold	N=6
Boxed food	4
Fruits and vegetables	2
Small HH items (soap, etc.)	2
Large HH items (blankets, pots, etc.)	1
Housing supplies (tarps, etc.)	2

The average number of customers per day was estimated at 29 a month ago and has increased to 33 at the time of the assessment, with two vendors noting that the majority of their customers are displaced persons. On average, vendors report it takes three days to restock (the range is from one to a maximum of seven days). The two vendors selling fresh fruit and vegetables report 1-2 days to restock. All felt they could respond to a sudden increase in demand within one week. Of the potential obstacles to restocking, the following were mentioned: insecurity (n=3), pour road conditions (n=1), and unavailability of certain products depending on the timing (n=1). Price fluctuations as reported by vendors can be found below:

Product	Average cost currently (CFA)	Average cost 1 month ago (CFA)	Average cost currently (USD)	Average cost 1 month ago (USD)	% change
Millet	225	187	0.39	0.32	+20%
Cooking oil	1,150	1,150	1.98	1.98	0%
Maize	175	137	0.30	0.24	28%
Soap	350	350	0.60	0.60	0%
Large covered water containers	10,500	5,500	18.10	9.48	+91%

While these numbers show there has not been extreme inflation around Djibo town, the increase in key food goods over a one month time, as well as the near doubling of the cost of water containers, are concerning.

Health Needs and gaps

With respect to health services, a majority of IDPs in Djibo know where to access services (98%), 26% of who have access within 1km. The remaining 59% have a health center 1-2kms away, and for 15% it is more than 2km away.

Key informant interviews were conducted with healthcare workers (n=3) who noted vaccination programs, malnutrition services and increase of inpatient units as areas that need to be expanded or made available. When asked what the three primary gaps are in the provision of health services in the area interviewees noted: training of healthcare workers (one specifically noting in the treatment of malnutrition), increased personnel, providing inpatient services, additional medical supplies and stock outs. With respect to the availability of community health workers, two of three KIs indicated that they are in place, and all noted that community health and hygiene volunteers are active in the area. An interview

Healthcare barrier	Percent
Cost	92%
Distance	38%
Lack of medication	1%
Discrimination	1%
Insecurity	<1%

with an INGO health actor indicates that only very basic curative services are available and that clinical management of rape does not exist.

Of the 56 participants who noted there was a pregnant woman in their household, 100% report they are aware of where to access relevant medical services and 86% had received prenatal care at the time of the assessment. Two of the three health care workers interviewed noted that primary health centers in the area do provide maternal health though both qualified specialists and diagnostic tools are said to be lacking. The primary gaps noted in the provision of reproductive health centered around sensitization and services for family planning, and availability of medical supplies (drugs and materials).

Out of all participants, 84% reported someone with a fever, cough or diarrhea in their family over the last 2 weeks. The table at right outlines the prevalence of heath conditions over the last two weeks as reported by survey participants or members of their families. Malaria and tuberculosis were self-reported by participants whereas the rest were directly asked.

Fever	Cough	Diarrhea	Malaria	TB
198	152	180	25	25

All health key informants reported malaria as one of the most common illnesses they see, followed by respiratory infections, malnutrition, pneumonia, and anemia. Hygiene related illnesses and diarrhea were also noted, though each by only one of the three interviewees. Epidemics of measles and meningitis are reported, and 68% of households' surveyed note that their children are not vaccinated against measles.

When asked about the primary cause of death in children under the age of 5, healthcare workers noted malaria (2), malnutrition (2), anemia (2), diarrhea (1), and respiratory infections (1). An increase in deaths of children under 5 since the start of the crisis is noted.

There was no trend in the most commonly reported cause of death for adults but cardiovascular problems, complications related to birth (only one maternal death was reported over the last month by interviewees in a later question), and COPD were all raised. They report an increase in cases and transfers to larger health facilities since the start of the crisis.

In terms of malnutrition, two of three healthcare workers report availability of treatment for acute malnutrition in the area (though only one was able to provide further details, i.e. plumpy'nut and nutritional supplements).

WASH

Water is not consistently available to IDPs in Djibo town as reported by 75% of participants, which corresponds with the fact that 83% felt they did not have adequate water to meet their daily needs. The primary challenges in water access do not trend in one particular area, though long wait times was the most commonly indicated, followed by the long distance to a water source (it takes on average 3.6hrs for participants to collect water) or lack of a protected water source in the area altogether.

While not frequently raised as an access issue 97% of respondents note they have to pay for water. Additionally, while security did not come out as the most common barrier to accessing water, 29% of respondents experience some form of hostility from the host community while collecting water.

Water access issues	Percent
Wait is too long	28%
Water source too far away	23%
No protected water source in the area	22%
No receptacle to transport water	21%
Access problems because of mobility issues	3%
Insufficient funds to buy water	2%
Too dangerous to get there	1%

Water treatment	Percent
None	84%
Filter	15%
Boiling	1%

In terms of water treatment and storage, the majority of displaced Burkinabe do not treat their water (84%) and 47% store their water in an uncovered container/bucket. Treatment methods and rates are detailed in the table at below right.

Chlorine	1%
Purifying tablets	1%

With respect to access to toilets, 74% have access to a latrine at home, 14% use open defecation and 12% use public latrines. Healthcare workers all noted that toilets are not adapted and accessible for individuals with handicaps and menstruating women.

In terms of the availability of facilities to dispose of household garbage, one health worker noted they are not available, leading to the build-up of unsanitary garbage. Two of the healthcare workers note the presence of cockroaches, mice and termites around homes and shelters.

Protection needs and gaps

Because of increased insecurity in Djibo at the time of the assessment and a recent attack on a humanitarian vehicle, movement of expats in the city had to be strictly limited. As a result, the team felt it was not safe or best practice to conduct protection based focus group discussions with untrained moderators that could be hired locally. This presents a large gap in the depth of our understanding, through this assessment, of the protection concerns and gaps for IDPs in Djibo. Further investigation is needed in order to fill these gaps in the future.

During the household survey, 87% of respondents (n=128 men, n=144 women) said that neither they nor members of their community are at risk of violence. For those who did feel they or community members are at risk (n=39, 74% of who are women), the most commonly noted were people with disabilities, followed by women, boy children, adolescent boys, men and older people. Overall, 91% of participants felt if a woman experienced violence, she would seek support, most commonly from a sibling followed by a government service provider. Below are the most likely people/facilities noted that a woman would go to seek assistance, as reported by women:

Women most likely to seek support from	Percent
Sibling	40%
Govt service provider	34%
Health center	27%
Comm. Leader	23%
NGO service provider	20%
Spouse	8%
Friend	8%

RECOMMENDATIONS

Food Security/NFI

- Coordinate with food security actors to share results of the assessment and advocate for this response considering this was both the highest need and preference was expressed by the population for receiving food in-kind (vs. cash assistance). The IRC typically does not operate in food assistance in-kind in emergency response.
- In the absence of food provision by the IRC it may be most relevant to support IDP families with their other cash-based needs such as NFIs, with a priority for 1) jerry cans (based on water findings and participants priorities, 2) soap, 3) mosquito nets 4) blankets, and 5) tarps. Due both to the IDP preference for goods in kind

over cash, and the specific WASH and health concerns (including water, communicable diseases and malaria), it may be most relevant to focus on NFIs rather than cash/vouchers.

Health

- Support to existing health facilities to strengthen primary health care services, with a particular focus on:
  - Under 5 health (Integrated Management of Neonatal and Childhood Illness)
  - Expanded Program on Immunization (consider measles vaccination campaign)
  - Malaria control (bed net distribution and strengthen case management)
  - Sexual and reproductive health (focus on establishing Clinical Management of Rape services, and strengthening family planning services)
- Set up and/or strengthen existing case management services for moderate and severe acute malnutrition for children and pregnant and lactating women (Community-based management of acute malnutrition).
- Support for existing community health networks – integrated approach with health, nutrition and WASH promotion.
- Consider implementing a voucher scheme to increase access to health services for vulnerable groups.

WASH

- Partner with a local WASH actor to support the construction of protected water sources.
- NFI distribution of hygiene items.
- Distribute water vouchers where applicable for households to access water from local water vendors.
- Rehabilitate the existing water sources.
- Train hand pump mechanics and provide them with tools and spare parts.
- Establish and train water user committees comprised of both the IDPs and host communities.
- Conduct routine water quality monitoring and explore the use of household water treatment.
- Construct/rehabilitate household latrines in households hosting IDPs (HHs with no latrine or those with more than 20 persons/household.
- Establish solid waste management systems in the communities.
- Train community hygiene promotors (1/500 persons) and provide them with IEC materials.
- Conduct hygiene awareness at household level.

Protection

- As programs are established to complete a light-touch FGD-based protection assessment to better understand the nature of protection concerns, and if a response to it is both needed and likely to be utilized by the population.

ANNEXES

A. Methods Doc/Assessment Tools