



## KEY MESSAGES

- Almost one-third of households of Internally Displaced People (IDP) experienced episodes of **insufficient access to potable water**, compared to the national average of about 18 percent. Paradoxically, IDPs *not* living in camps are more likely to report having potable water than those that do live in camps, but those who do live in camps are more likely to have access to soap and non-potable water for handwashing.
- Similarly, nearly one third of IDP households **did not send their children back to school**. This was far higher than the national average of 10 percent of households whose children did not return to school.
- **During the Pandemic, access to financial services has been severely limited** for both IDPs and the Burkina population generally. Over the survey period, informal sources such as friends and relatives were virtually the only source of credit for IDP households, who borrowing was mainly to purchase food products (68 percent).
- IDP households **coped with shocks** in very different ways than the national population as a whole. Nationally, households reported that they rely on savings, selling assets, or friends for help. IDP households rely on friends, too, but primarily look to government and non-government organizations, suggesting that the displaced may have already lost savings and assets.
- Similar majorities of households from the displaced and general population were **concerned with the health** implications of the pandemic, yet while a higher share of the population nationally was concerned about the economic fallout of the pandemic, IDPs were more likely to be concerned about physical security and social relations.
- IDPs, particularly IDPs living in camps, are significantly more likely to be willing to **participate in a vaccination** campaign than the national average (82 and 88 percent versus 68 percent). For those reluctant to be vaccinated, the IDP population was more skeptical about the effectiveness of the vaccine but less concerned about side effects than the national average.



## CONTEXT

This brief presents the results from the second round of the High Frequency Phone Survey on Internally Displaced People (IDPs) in Burkina Faso, that was conducted between May 25 and June 17, 2021. The survey was designed to assess the socio-economic impact of the Covid-19 pandemic on IDPs. This brief focuses on the following modules: access to basic services, access to financial resources, coping with shocks, COVID-19 related concerns, and Covid-19 Testing and Vaccination. This brief focuses on results from the June round only. Analysis of trends for labor market and food security modules, which are included in all three rounds of the survey for the IDP sample (May, June and July), will be included in the July round brief. The survey draws a random sample of IDP households using as its sampling frame the CONASUR<sup>1</sup> database, an administrative dataset that is continuously updated by the government of Burkina Faso and is intended to be a complete list of all internally displaced persons in the country. A total of 1,156 IDP households were targeted in this second round and 1,112 households were successfully interviewed, with a response rate of 96.19 percent.

The survey for the IDP sample was fielded concurrently with that of a nationally representative sample of households in Burkina Faso, thereby allowing for an assessment of potential differences in the experience of the displaced and non-displaced during the pandemic. The survey on the IDP sample ran contemporaneously to the same survey on a representative sample of 1,946 households residing in Burkina Faso<sup>2</sup>, drawn from the 2018/19 EHCVM<sup>3</sup>. For both the IDP and the national sample, sample weights were used to adjust for non-response<sup>4</sup> to make the samples as representative as possible.

In this brief the “IDP sample” refers to the respondents drawn from the CONASUR sample; the “national sample” refers to the respondents drawn from the EHCVM sample (which, because it is representative of the population as of 2018/19, may include some households who were then or have since been displaced). The IDP sample does not include any households from the area of Ouagadougou because less than 1 percent of the IDPs included in the CONASUR frame were living in Ouagadougou when the sample was drawn. Consequently, to facilitate comparability within urban areas, the urban IDP statistics from the CONASUR sample are shown alongside urban national statistics from the EHCVM sample disaggregated by Ouagadougou and other urban areas.

<sup>1</sup> More information on CONASUR can be found [here](#).

<sup>2</sup> More information on the Covid-19 High Frequency Phone Survey on nondisplaced population can be found [here](#).

<sup>3</sup> More information on the EHCVM survey can be found [here](#).

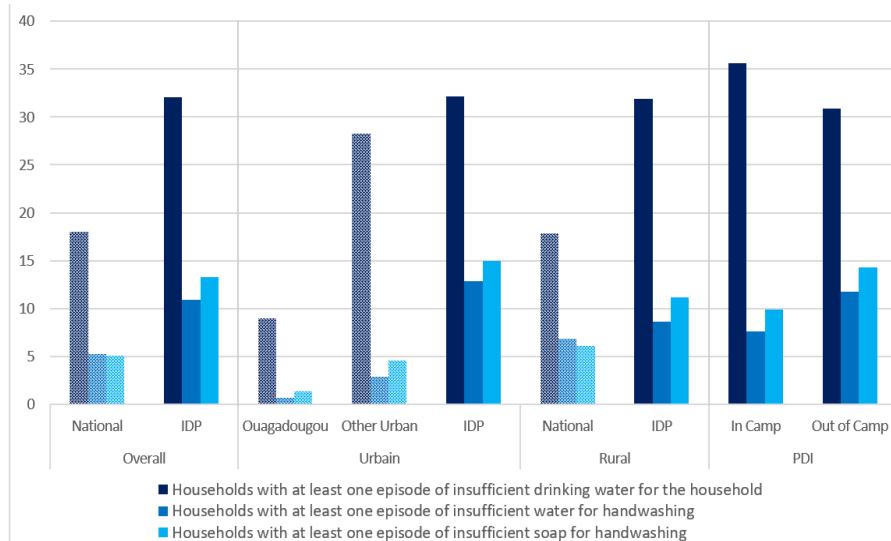
<sup>4</sup> For more information on the sampling strategies see the Survey Methodology Note.



## ACCESS TO BASIC NEEDS: WATER AND HYGIENE

The precariousness of living conditions of the IDP population is reflected in the challenges they faced in accessing basic needs such as water and hygiene during the pandemic. Figure 1 reports the percentage of households that experienced insufficient access to drinking water, handwashing water and soap in the week prior to the interview. IDP households were more likely to experience each of those problems than households from the comparable national sample: 32 percent of IDPs had insufficient potable water (vs 18 percent), 11 percent had insufficient hand washing water (vs 5 percent) and 13 percent had insufficient soap (vs 5 percent).

**Figure 1: Households with episodes of insufficient access to water and basic hygiene needs in the last 7 days<sup>5, 6</sup>**



We also notice in- and out-of-camp differences in access to these services. A higher share of out-of-camp IDP households lacked non-potable water (11.8 percent) and soap (14.3 percent) when compared with households living in camp, 7.6 percent of whom lacked non-potable water, and 9.9 percent lacked soap. Yet somewhat surprisingly, IDP households living in camps were more likely to report incidents in which they lacked drinkable water (35.6 percent) than non-camp IDP households (30.8 percent).

<sup>5</sup> Here, as in other graphs in this brief, "national" refers to a sample representative of the population of Burkina Faso, which appropriately includes a small fraction of displaced households. Because very few IDP households are in Ouagadougou, the national urban sample is split between Ouagadougou and other urban areas to provide both comparability and completeness.

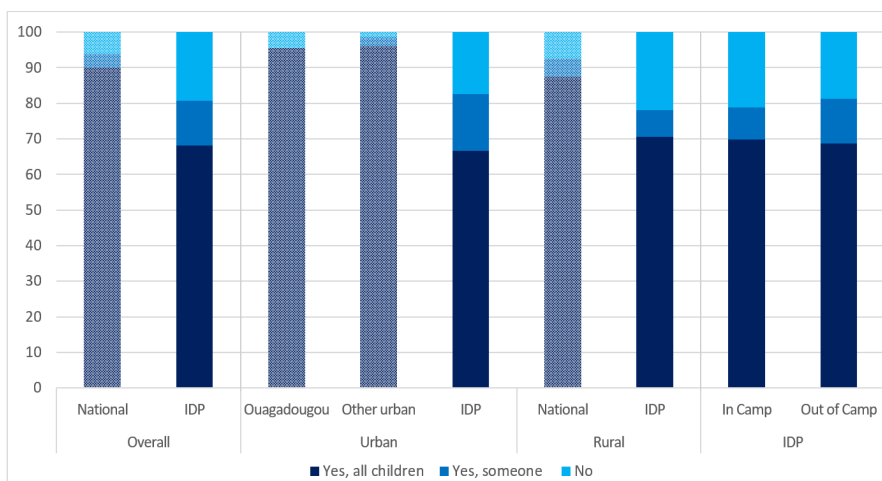
<sup>6</sup> In the graphs for this brief, the national sample results are in lighter shade and the IDP results are in fully saturated colors.



## EDUCATION

School closures likely had a disproportionate impact on IDP households. As illustrated in Figure 2, after schools reopened in October 2020, about 32 percent of IDP households had at least one child who attended school prior to pandemic school closures in March 2020 but did not return; furthermore, 19.3 percent of IDP households did not send any of their school-age children to school. This dynamic is far higher than the national average for which only 10 percent of households did not send all of their children back to school after reopening. There are significant differences between urban and rural households for both the national and IDP samples. Among both groups, we observed a higher percentage of households in rural areas that did not send their children back to school compared to their urban compatriots. In addition, children living in camps were slightly more likely to be impacted than children living in camps: although a similar level of both groups were likely to send all of their children back to school (69 percent for out-of-camp IDP households and 70 percent for in-camp households) 19 percent of out-of-camp IDPs did not send any of their children back, compared to 22 percent of in-camp households.

**Figure 2: Households that sent children to school after school reopening**



## SHOCKS

The survey investigated the shocks experienced in the two months prior to the interview and strategies adopted by households in the face of those shocks. As seen in Figure 3, the most common shock for IDP households and the national sample was an increase in the prices of the main food products consumed, which was experienced by 58 percent of IDP – a rate far lower than the 73 for the percent national sample. IDP households (both those living in and out of camps) experienced the second most common shock – illness of an earning household member – at the same rate as the national average. However, households from the national sample were three times more likely than IDP households to suffer theft (crops, money, livestock or other properties): 19.2 versus 6.3 percent. Even so, this apparent hardship for the national sample may simply point to a comparative lack of assets among the displaced. The "other shocks" suffered by 17 percent of IDP households were mainly related to food shortages and physical security.

Despite somewhat similar rates of shocks experienced during the COVID-19 pandemic, IDP households' responses to those shocks were quite different than the average national household over the two months preceding the survey (Figure 4). IDP households mainly coped with shocks through the support of family or friends (30.3 percent), NGOs (28 percent), and Government support (22.9 percent). For the country as a whole, however, households were more likely to rely on household savings (26 percent) and the sale of assets (25.6 percent), although they, too, reached out to family and friends (23 percent). Surprisingly, the national sample showed a higher incidence of reducing both food and non-food consumption than the IDP sample. Even so, IDPs are five times more likely to report that they could not buy one of three basic food items. Because we do not know the actual consumption or availability of savings or assets, we cannot say definitively whether non-displaced households are materially worse off than displaced households, but it would seem likely that nondisplaced simply had more assets, savings, and consumption that could be reduced; the displaced likely lost those resources during the displacement process.

Figure 3: Common shocks suffered by households

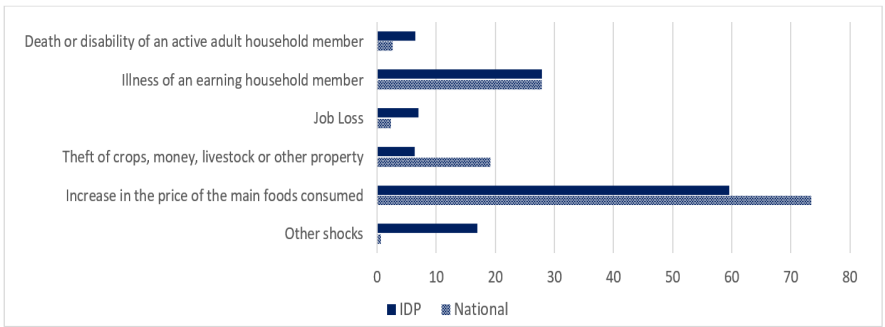
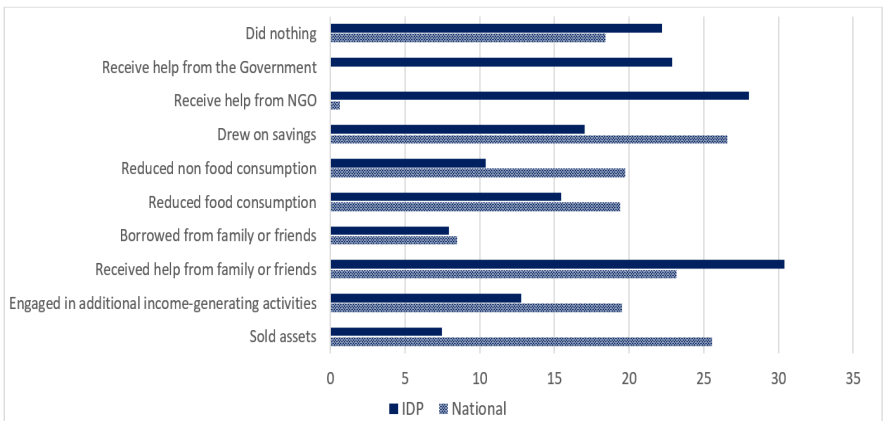


Figure 4: Households' coping strategies to shocks adopted in previous 2 months

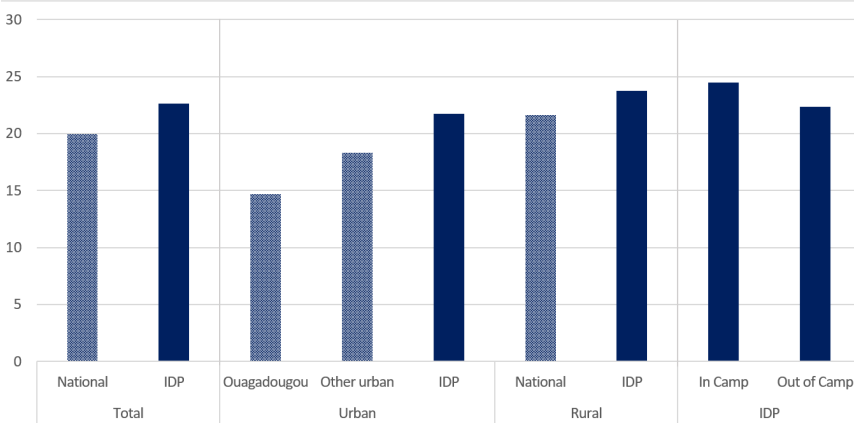


## ACCESS TO CREDIT MARKETS



In this round of data collection, households were asked whether they had successfully obtained a loan from any formal or informal sources in the 12 months preceding the survey. Figure 5 illustrates that notwithstanding the economic stress

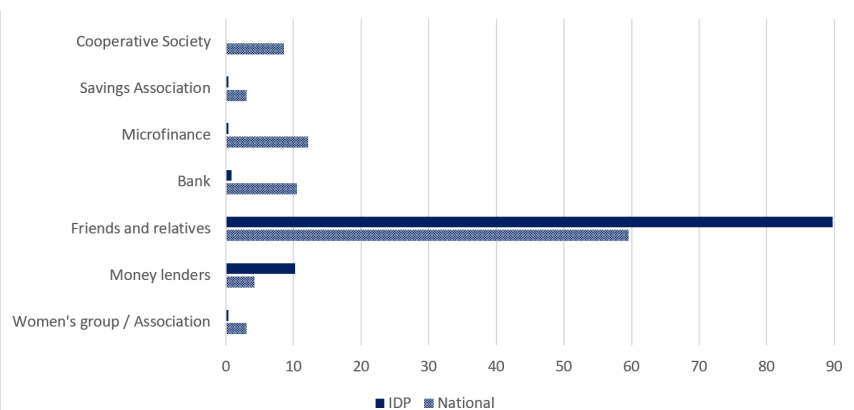
Figure 5: Share of households who had access to financial resources in the last 12 months



induced by the pandemic over that period, few households accessed credit to help mitigate those effects. Only 20 percent of households nationally and 22.6 percent of IDP households accessed credit in the 12 months prior to the survey.

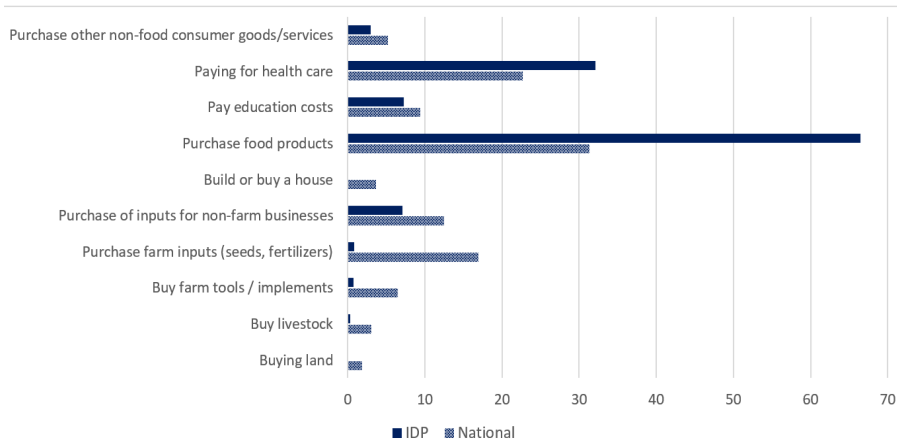
Among those who borrowed, informal sources such as friends and relatives were clearly the main source of credit in Burkina Faso, although there was a significant difference in the incidence of borrowing between the IDP and national samples. Indeed, nearly 90 percent of IDP households borrowed from friends compared to 60 percent of the national population. (see Figure 6). Some 8-12 percent of households nationally also borrowed from microfinance institutions, banks, or cooperative societies, but almost no IDP households borrowed from sources beyond friends/relatives or money lenders.

Figure 6: Lending institutions used (or attempted) by households



IDP households and households from the national sample used these financial resources in very different ways, reflecting very different socioeconomic circumstances as IDPs were more likely to use money for survival purchases (food, health care) while investment purchases (farm and non-farm business, housing and even education) were clearly more common among households from the national sample, as seen in Figure 7.

**Figure 7: Main reason for borrowing financial resources**



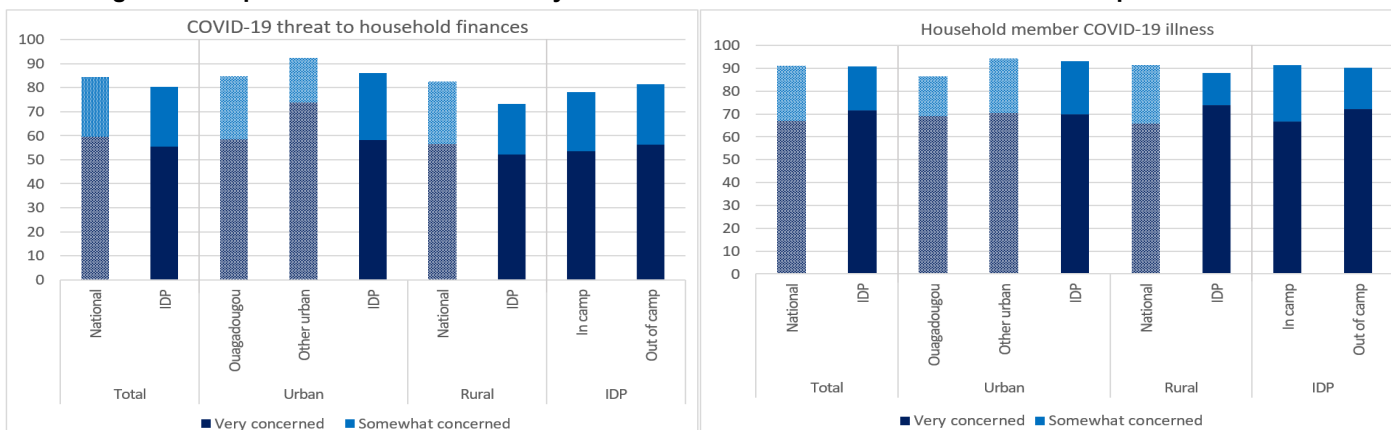
Indeed, around 66 percent of IDP households that borrowed in the past 12 months used the money for purchasing food products; although this was also the leading use of external financing for the national sample, these households were half as likely as IDPs to purchase food. Paying for health care was also the second most common expenditure category for both internally displaced and households and households nationally, but here again IDPs were much more likely to spend (32 versus 22 percent). Households from the national sample led in every other category: non-food consumption, education, housing, non-farm business, and agribusiness (farm inputs, tools, livestock and land).



**SOURCES OF CONCERN: HEALTH, FINANCES, SOCIAL TRUST, AND PHYSICAL SECURITY**

This survey round also inquired about concerns over the impact of the pandemic on health and finances, and it asks about perceived social trust and physical security in respondents' communities. Figure 8 below shows the two main levels of concerns of respondents about the impact of the pandemic: on health and on family finances. More than 90 percent of households from both the IDP and national samples appear to be concerned or very concerned about the health implications of the pandemic<sup>7</sup>.

**Figure 8: Respondents concerned or very concerned about the health and the financial impacts of Covid-19**



Moreover, respondents from the national sample seem to be relatively more concerned about the economic fallout of the pandemic than IDP respondents. This could be because IDP households rely more on aid and external sources of support, while households from the national sample rely more on their own businesses, which are more likely to be negatively affected by the pandemic. In addition, IDP households living out of camps are slightly more likely to be worried about the financial impact of the pandemic (56 percent of the households are very concerned and 25 percent are concerned, 81 percent in total) than are IDP households living in camps (78 percent total).

**Figure 9: Respondents whose perception of social relations and physical security is low or very low**

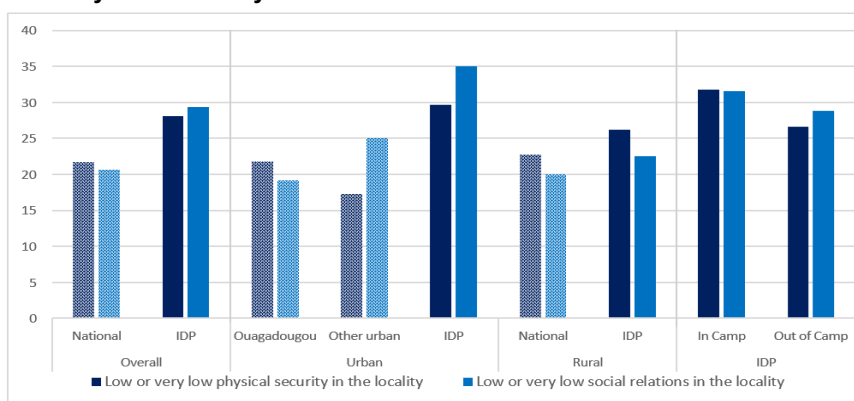


Figure 9 shows the percentage of respondents that reported having a low and a very low level of physical security and social relations in their community. Overall, IDP respondents feel more concerned about physical security (28 percent) and social relations (29 percent) compared to non-IDPs (21 percent and 20 percent, respectively). We also observe differences between urban and rural respondents: Urban IDPs are the sub-group most likely to feel low or very low social trust (35 percent), and in-camp IDPs are the sub-group most likely to feel low physical security (32 percent). For both IDPs and the national sample, those in rural areas are more likely to feel poor physical security and those in urban areas are more likely to feel poor social trust.

<sup>7</sup> This module asks whether the respondent is very worried, somewhat worried, not too worried or not worried at all about health and financial impact of Covid-19.



## COVID-19 VACCINATION

This round of data collection also asked respondents about their receptivity towards Covid-19 tests and vaccination.

**Figure 10: Willingness to be tested for COVID-19**

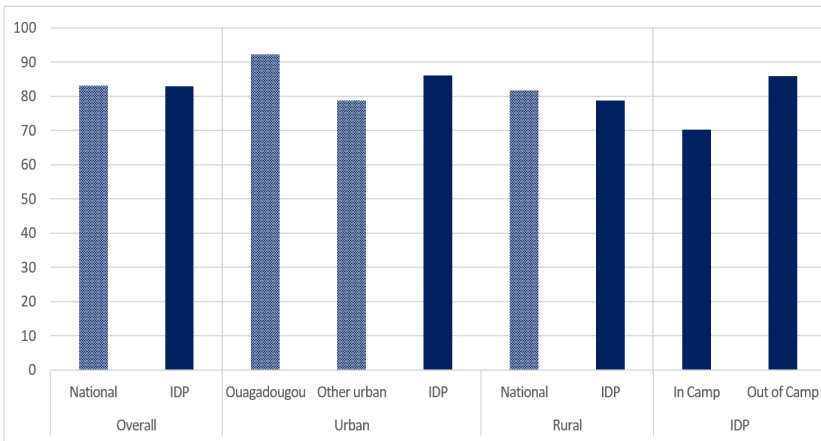
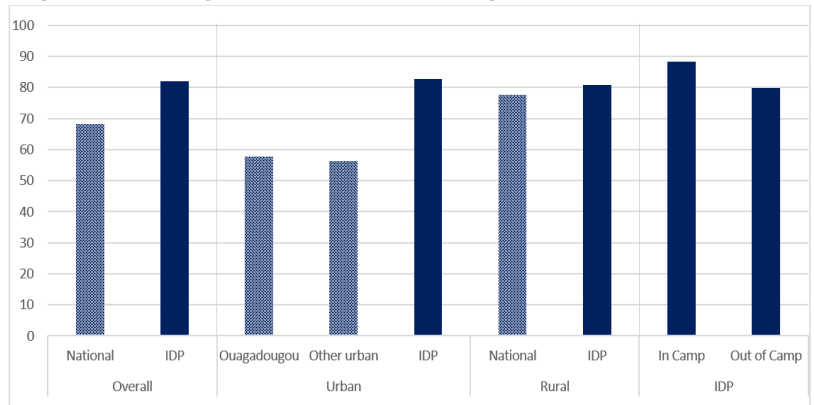


Figure 10 below shows a generally high willingness to participate in free COVID-19 testing. Overall, 83 percent of both IDPs and national sample respondents indicated that they would be willing to be tested for COVID-19. When disaggregated at the urban or rural level, results show slight differences: for urban areas outside the capital, a higher share of IDP respondents (86 percent) than national sample respondents (79 percent) would be willing to be tested for COVID-19, yet in rural areas, a greater share of national sample respondents are willing to be tested (82 versus 79 percent). Significant differences are also observed between in- and out-of-camp IDPs, where many more out-of-camp IDPs were willing to be tested (86 percent) than those living in camps (70 percent).

Stated vaccine receptivity was high, particularly among the displaced: as seen in Figure 11, 82 percent of IDPs stated a willingness to be vaccinated versus 68 percent of national sample respondents<sup>8,9</sup>. Nowhere is this differential more evident than among urban respondents: Although nearly 83 percent of urban IDP respondents are willing to be vaccinated, only 56 percent of comparable national respondents (and 57 percent in Ouagadougou) indicate that they would be vaccinated. We also observe significant differences in the willingness to be vaccinated within the IDP population; 88 percent of IDP respondents living in-camps are willing to be vaccinated, compared to 80 percent of out-of-camp IDP respondents.

Different reasons for vaccine hesitancy were exhibited across the sub-groups. Almost half of the vaccine hesitant respondents from the national sample cited concern over potential side effects (45 percent) as their primary concern compared to less than a third (29 percent) of IDP respondents. However, IDP respondents seem to be somewhat more likely to be concerned about the safety of the vaccine (33 percent) compared to national sample respondents (29 percent).

**Figure 11: Willingness to be vaccinated against Covid-19**



<sup>8</sup> According to [Our World in Data Database](#) at the date of completion of Round 2 only 0.09 percent of the population received at least one dose of vaccine against Covid-19.

<sup>9</sup> This trend of higher receptivity among the displaced was also found in other countries in a recent joint [World Bank-UNHCR Joint Data Center publication](#).

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