

# COVID-19

## Impact monitoring

### Internally Displaced Persons

## Burkina Faso



Bulletin No.1 — May 2021 Round

#### KEY MESSAGES

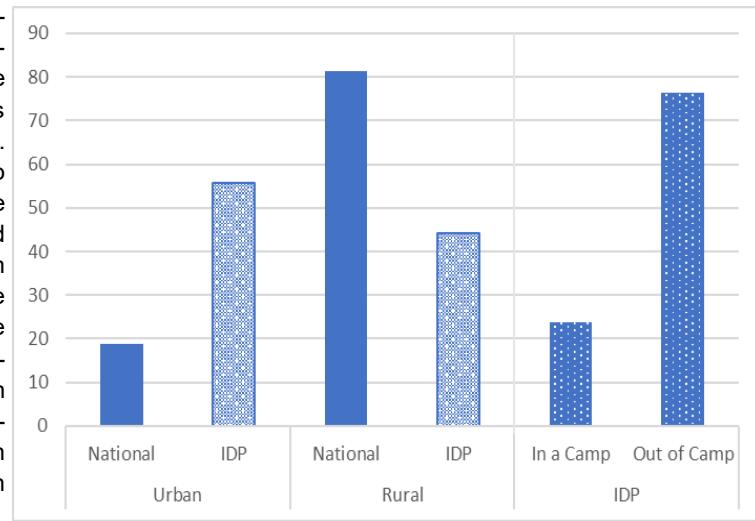
- Although nondisplaced households suffered during the pandemic, the socioeconomic outcomes of IDPs were frequently worse.
- Food insecurity is particularly pronounced among IDPs, who are nearly 50 percentage points more likely to be moderately or severely food insecure than nondisplaced households. Food insecurity is more severe for rural households compared to the urban households for both the IDP and national populations.
- The challenge of food access is much more prominent for IDP households: Moreover, 23.3% of IDP households were not able to access at least one of three basic food items, compared to 3.2% for the rest of the population. The ability to access foods was even more challenging for IDPs that did not live in camps. The lack of money was the predominant obstacle to food access.
- Employment outcomes improved contemporaneous to the easing of some COVID restrictions. In the week preceding data collection, eight of ten respondents were employed nationwide, yet only five in ten IDP respondents were employed. This reflects difficulties for IDPs in securing income-generating activities. The employment rate is slightly higher for out-of-camp IDPs (53.2%) compared to camped IDPs (48.5%). Urban-rural locality seems uncorrelated with employment.
- Across all sub-groups, most respondents reported falling incomes over the last year. While more than three in five Burkinabe households (61.9%) nationally saw their incomes decrease, four in five (83.1%) displaced Burkinabe reported an income drop.
- IDPs living in camp are highly reliant on family and non-family assistance (including remittances from abroad), while those living out of a camp are more likely to engage in non-farm business.
- Although IDPs are much more likely to report needing health care than non-displaced households (60 versus 46 percent), very few in either group (less than 4 percent) indicate that they were not able to access health care when needed.



#### - CONTEXT

This brief presents the results of the first round of the Covid-19 High Frequency Phone Survey on IDPs in Burkina Faso (BFA HFPS-IDP), administered between May 03 and May 23, 2021. The survey was designed to assess the impact of the Covid-19 pandemic on Internally Displaced People (IDPs). The survey was conducted conjointly for IDPs and the rest of the (non-IDP) population in the country, allowing for an assessment of potential differences in the experience of the displaced and non-displaced during the pandemic. The sample frame used for IDPs is the CONASUR database, an administrative dataset that is continuously updated by the government of Burkina Faso. A total of 1,581 households were targeted in this first round, and 1,156 households were successfully interviewed, resulting in a response rate of 73.1%. As in previous rounds for the non-displaced population, a sample was drawn from the 2018/19 EHCVM. The survey was successfully conducted for 1,971 households in this round. For both subpopulations, sample weights were adjusted to correct for non-response. This round administered three main modules: Access to basic services; Employment and income; and Food security. In this brief the IDP population refers to the population from the CONASUR sample, while the national population refers to the population from the EHCVM sample. Because the IDP sample does not include any households from the area of Ouagadougou<sup>1</sup>, in this brief the statistics on urban areas drops urban dwellers from the capital for the national sample, such that both the urban national and urban IDP samples are for urban dwellers that do not live in greater Ouagadougou.

Figure 1: Distribution of the IDPs population by residence areas



<sup>1</sup> The CONASUR data indicate that very few IDP households live in Ouagadougou. For this reason, the stratum of Ouagadougou was excluded from the sample.

In Burkina Faso, only one in four IDP-families outside Ouagadougou (23.7%) live in camps. Estimations from the Covid-19 High Frequency Phone Survey on IDPs in Burkina Faso indicate that a high proportion of IDP-households are living in urban areas (55.6%) excluding Ouagadougou (Figure 1).

This is different from the spatial distribution of the population at the national level excluding Ouagadougou, which is mostly concentrated in rural areas. Taken as a whole, the vast majority of the population (81.22%) lives in rural areas<sup>2</sup>.

<sup>2</sup> The percentage of the population living in urban areas increases to 68.3% if Ouagadougou is included in the sample.



## ACCESS TO BASIC FOOD ITEMS AND FOOD SECURITY

Food security is a persistent concern for all, and particularly for the displaced. Several questions inquired whether respondents' household had problems with money or other resources during the last 30 days, and how these problems impacted the household's ability to meet its basic food needs. Based on these questions, it was possible to compute the Food Insecurity Experience Scale (FIES). Food insecurity is highly pronounced among IDPs compared to the rest of the population (Figure 2). About four in ten IDP households are severely food insecure, compared to a bit less than one out of ten for the rest of the population: indeed, nearly 80% of IDP Burkinabe are moderately or severely food insecure—almost 50 percentage points more than the non-displaced population. This result generally holds for both camped and non-camped IDPs. Combining households who are moderately food insecure and those severely food insecure makes it clear that food insecurity

Figure 2: Food Insecurity Experience Scale

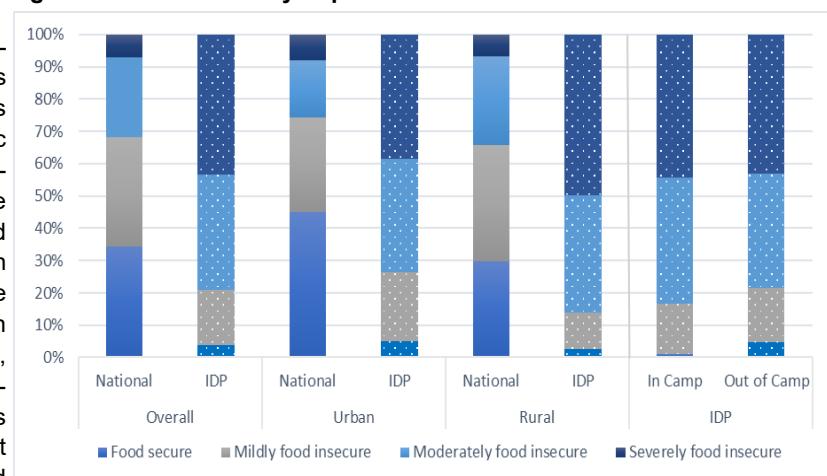


Figure 3: Households that were not able to access at least 1 of the 3 basic food items

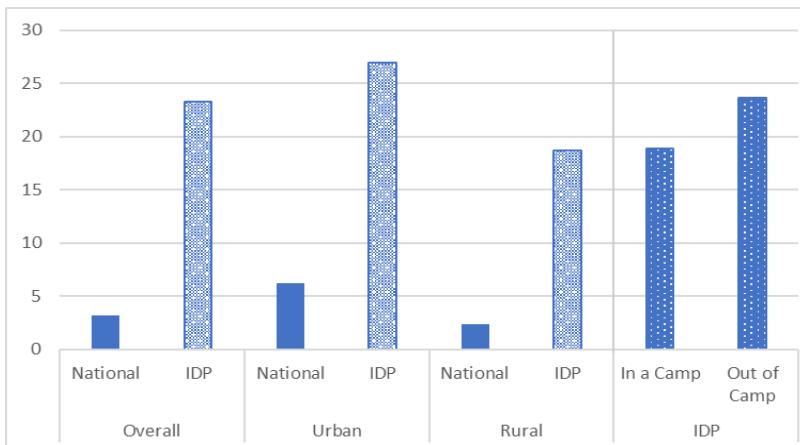
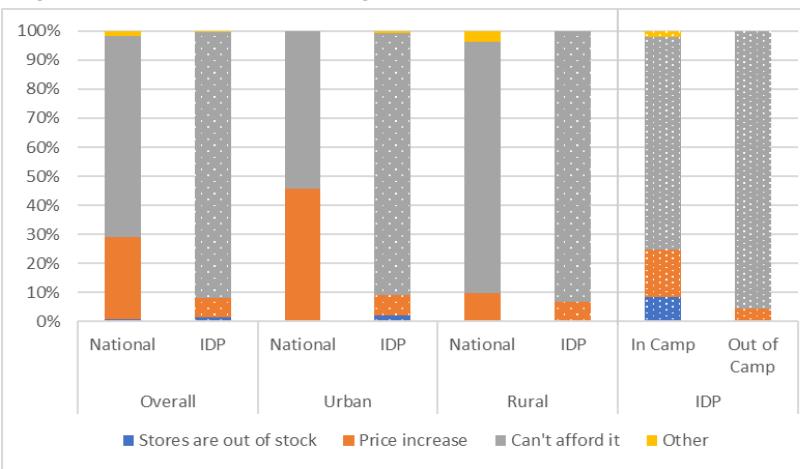


Figure 4: Reasons for not being able to access basic food items



<sup>3</sup> The selected food items by strata are the food items consumed by the majority of the population in each stratum according to the 2018/19 EHCVM data.

## EMPLOYMENT AND INCOME

 IDPs have significantly worse employment rates. During the week preceding data collection, eight in ten respondents nationally (80.3%) were employed, compared to just five in ten respondents (52.0%) for the IDP sub-population (Figure 5). The 28-percentage point gap between the two groups illustrates the difficult and challenging situation that IDPs frequently experience, especially when it comes to opportunity for them to generate income. Although there is no difference between urban and rural IDPs, the employment rate is higher for the out-of-camp IDPs (53.2%) compared to camped IDPs (48.5%).

Figure 5: Employment status of respondent (last 7 days)

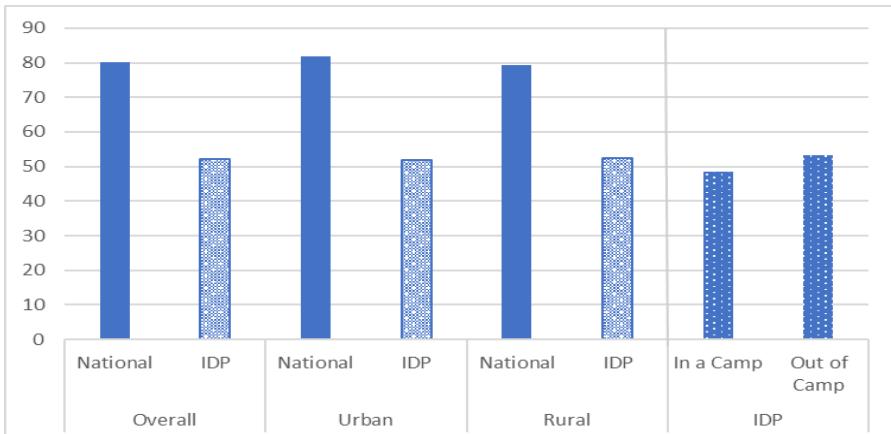
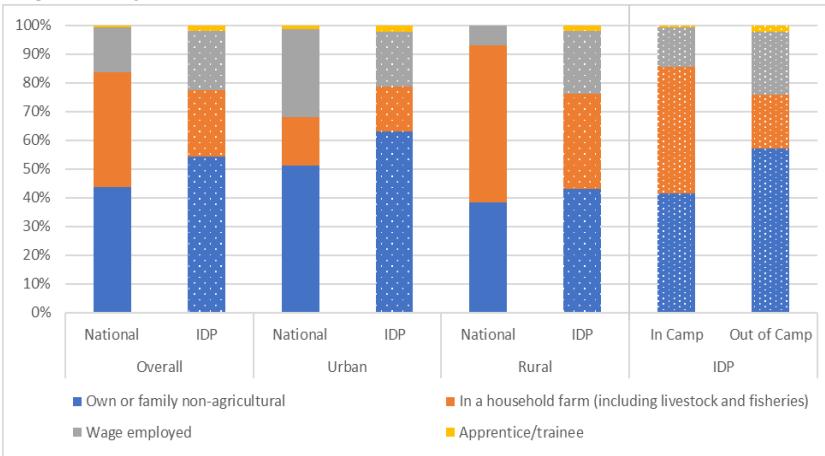


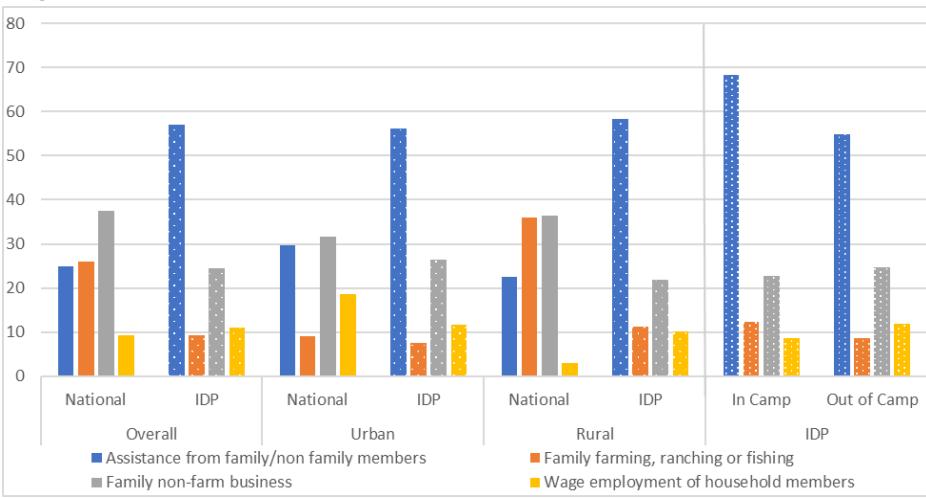
Figure 6: Type of occupation



When employed, half of IDPs are owners of a non-farm business (Figure 6). This is 10 percentage points more than what is observed for the rest of the population, reflecting the concentration of IDPs in urban areas and the lack of access to land. There are important differences according to location and whether the household is living in a camp or not. IDPs living in urban areas are more likely to engage in non-farm business compared to their rural counterparts. Similarly, those living outside of a camp are more likely to be the owner of a non-farm business.

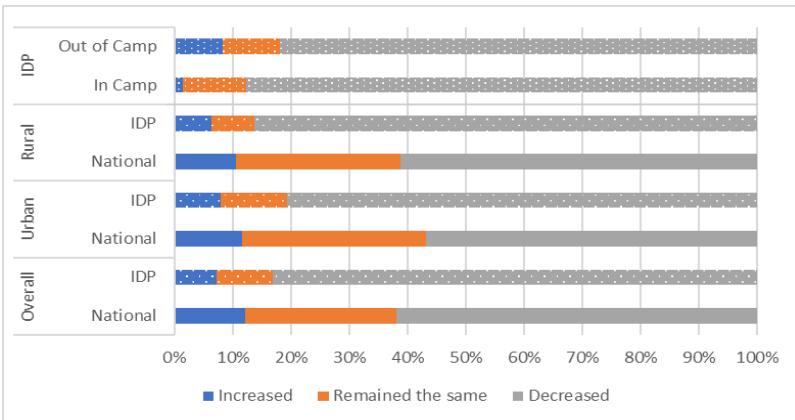
There is a big difference in income sources between IDP and non-displaced households (Figure 7). Households not experiencing displacement get their income mainly from non-farm enterprises (37.6%), and farm activities (26.1%). On the other hand, most IDPs (57.1%) receive family and non-family assistance – including remittances from abroad; income from non-farm enterprises is the most frequent source of labour income (24.4%). IDPs living in camps are more likely to rely on family and non-family assistance (including remittances), while those living outside of camps are more likely to engage in non-farm business.

Figure 7: Household main income source



The economic slowdown due to Covid-19 has translated into an economywide reduction of income (Figure 8). Across all sub-groups, most respondents saw their incomes fall over the last year, but as with trends observed in other variables, the displaced tend to fare worse.

More than three in five Burkinabe households (61.9%) nationally saw their incomes decrease; that situation was even more pronounced for displaced Burkinabe, four in five of whom (83.1%) reported an income drop. Income reductions are even more common for IDPs living in rural areas or camps. This comes against a secular trend in which there is no appreciable difference in income trajectories between nondisplaced rural and urban households.

**Figure 8: Income change compared to April 2020**

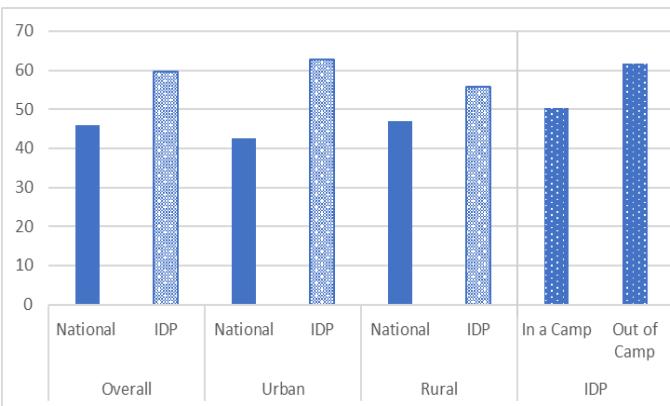
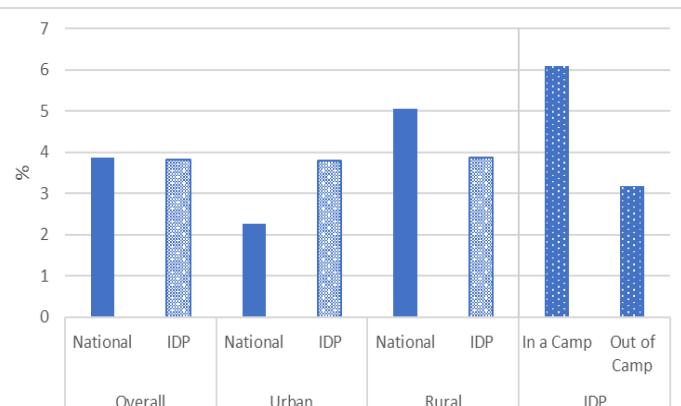
The significantly worse outcomes observed for IDPs for nearly all employment and income indicators highlight the need for specific attention to this sub-population when designing social programs to counter the socioeconomic effects of COVID-19 in Burkina Faso.



## ACCESS TO HEALTH SERVICES

There are important differences in the need for health care services between nondisplaced and internally displaced populations. Some 60 percent of the IDP populations stated that they needed health care services in the four weeks prior to the interview, compared to 46 percent for the national population (Figure 9). In urban areas, this gap widens to 20 percentage points. Additionally, IDP households living out of camps are more likely to report needing health services than households living in a camp. Child healthcare services are by far the most needed health services (68.4% and 63.3% in IDP and nondisplaced households, respectively), particularly for IDP households living in a camp (79.8%).

Despite this relatively high demand for services, very few respondents indicated that they could not access the health care they needed. Overall, just under 4 percent of the nondisplaced and internally displaced samples who needed health services have the same low likelihood of indicating that they had trouble accessing those services. While urban and rural IDPs appear to have similar access to health care, the overall rural population is slightly more likely to report challenges accessing health care than the overall urban population. While in-camp IDPs are twice as likely to report health care access challenges than out-of-camp IDPs, that difference is still very small at less than 3 percentage points (Figure 10).

**Figure 9: Households that needed health care services****Figure 10: Households that couldn't access health services**

This brief was prepared by Marco Tiberti, Clarence Tsimpo Nkengne and Marco Costantini from the World Bank, Harriet Mugera and Jeff Tanner from the WB-UNHCR Joint Data Center on Forced Displacement (JDC) and Zakaria Koncobo from the Institut National de la Statistique et la Demographie (INSD). The team benefitted from the comments by Maja Lazic (UNHCR). The report was prepared with guidance from Bjorn Erik Gillstaer (JDC), Johan A. Mistiaen (World Bank), Boureima Ouedraogo, and Jean Edouard Odilon Doamba (INSD). The team acknowledges the essential support of CONASUR in providing the sampling frame.

For further details on the data, visit <https://microdata.worldbank.org/index.php/catalog/3768> or <http://www.insd.bf/n/>