



For this assessment, a total of 5 of the 9 secteurs 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

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.

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 re average

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 %asecurity+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.

The a

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.

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, ahBT35 Tm[,)]Tarf

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.