Improving the Protection and Dignity of People Affected by Humanitarian, Food, and Nutrition Crises through a Multisectoral Response:
Project Achievements and Lessons Learned

Context

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Burkina Faso is currently experiencing one of the worst humanitarian crises in the world, with an estimated 10% of the population (approximately 2 million people) internally displaced due to high levels of armed violence and insecurity (UNOCHA 2024b). As of 2024, with an estimated 40% of the country under the control of non-state armed groups, approximately 6.3 of the 23.3 million people living in the country were in need humanitarian assistance (ACAPS 2024, UNOCHA 2024a). Forced displacement has led to the healthcare system becoming severely disorganized, which has exacerbated preexisting health challenges, such as malnutrition and inadequate sanitation, especially for internally displaced persons (IDPs). Nutritional indicators for IDPs, particularly children, are far worse than those for non-displaced individuals. This is partly due to the heightened risk of infectious diseases, such as diarrhea, which is linked to limited access to water, sanitation, and hygiene (WASH) resources in host communities (Ouedraogo et al. 2020).

Health facilities in Burkina Faso offer some basic sexual and reproductive health (SRH) services; however, service quality varies across facilities, with particular challenges in family planning and emergency obstetric and newborn care due to supply shortages and a lack of trained professionals (Casey et al. 2015). The need for gender-based violence (GBV) prevention and care is also increasing as the security situation continues to rapidly deteriorate. Girls and women are particularly vulnerable to GBV—including forced marriage, sexual violence, physical assault, emotional abuse, and denial of resources and services—due to the precarious living conditions and dangerous travel circumstances associated with displacement and the humanitarian crisis.

Project Description

With funding from the United Nations Office for the Coordination of Humanitarian Affairs and associated Regional Humanitarian Fund for West and Central Africa, EngenderHealth implemented the Improving the Protection and Dignity of People Affected by Humanitarian, Food, and Nutrition Crises through a Multisectoral Response project in Burkina Faso from 2023 to 2024 in partnership with a local youth-led nongovernmental organization (NGO), SOS Jeunesse et Defis (SOS Youth and Challenges). This project improved the living conditions of people affected by crises in the Dédougou, Nouna, and Solenzo municipalities of the Boucle du Mouhoun region by expanding access to primary healthcare services, strengthening multisectoral management of GBV cases (especially sexual exploitation and abuse), enhancing medical management of severe and acute malnutrition, and increasing access to WASH infrastructure. We integrated a gender, youth, and social inclusion lens and applied an accountability to affected populations framework to analyze and respond to the needs of different subgroups of our impact population—including girls, women, boys, and men—and to prevent any unintended negative consequences.

Activities and Achievements

Recognizing that the humanitarian sector must collaborate with GBV prevention and response, nutrition, SRH, and WASH actors to respond to the needs of IDPs, the project employed an integrated approach with the aim of maximizing impact and ensuring sustainable solutions.

Stakeholder Collaboration and Coordination

Including local communities and stakeholders in the design and implementation of development and humanitarian programs is critical, their knowledge and experience are key to ensuring activities respond to local needs and results are sustainable. Further, those experiencing and working in crisis-affected areas bring an unparalleled understanding of the unique challenges and local conditions.

EngenderHealth conducted a stakeholder mapping of health and humanitarian response organizations to identify the expertise of the organizations, where the organizations were working, and the extent to which the organizations were working with women, young people, and/or other marginalized groups. We also generated a list of critical actors within the health and humanitarian response system (and their positions and roles) to identify and prioritize training activities. For example, we identified local NGOs, such as SOS Jeunesse et Defis, and key government directorates and providers, such as the Provincial Director of Humanitarian Affairs and Social Affairs, the Provincial Director of Water and Sanitation, and the head doctors of the health districts through these mapping activities. This information was essential to informing coordination efforts across the project's four focus areas: GBV, nutrition, SRH, and WASH.

These stakeholders played a crucial role during the project inception phase in identifying and mapping the locations of IDPs. During the implementation phase, EngenderHealth strengthened the technical and financial management capacity of these partners. For instance, we conducted training workshops on gender, youth, and social inclusion and accountability to affected populations and helped establish community accountability mechanisms, such as complaints and suggestions boxes and referral linkages for GBV survivors' care.

Community Engagement

Recognizing that our impact population must inform programming to ensure sustainable solutions that respect local culture and individual dignities, we identified and engaged community leaders with critical knowledge of the local context. The project then used EngenderHealth's gender, youth, and social inclusion tools to explore sociocultural barriers and understand the needs of the impact population. We used these findings to design social and behavior change strategies and activities, for instance, tailoring project messaging and identifying messaging platforms to best reach our impact population and subgroups within, such as GBV survivors. We also worked closely with influential community members—including local leaders, men, and boys—to facilitate community awareness events. For instance, male community leaders frequently led community engagement initiatives, including by delivering messages that challenged social norms, promoting positive masculinity, and demonstrating positive deviance.

We trained 50 community leaders and sensitized 867 community members on positive masculinity. The project also produced two educational radio programs with multisectoral messaging to promote healthy behaviors, which reached more than 15,200 community members, including 582 people living with disabilities. Similarly, we supported 12 community theater performances to generate awareness and promote behavior change. Coupled with our work with community health workers, the project's

social and behavior change communications activities enabled us to sensitize more than 2,900 people on GBV prevention and care and more than 4,000 people on WASH.

Health System Strengthening and Integration

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The project supported an integrated and collaborative approach to improving the quality of and accessibility to GBV, nutrition, SRH, and WASH services with the aim of maximizing impact and sustainability. This included strengthening comprehensive primary healthcare systems as the foundation for delivery of a range of health services. In partnership with Ministry of Health, we supported health system resiliency and strengthened healthcare workers capacities to deliver specialized care to IDPs. For example, we conducted a five-day training for community health workers (known locally as *agents de santé à base Communautaire*) on menstrual hygiene management, handwashing, and management of drinking water. We also supported a comprehensive package of GBV, SRH, and maternal and newborn care services comprising clinical care for survivors of sexual assault, access to voluntary contraception, testing and treatment of sexually transmitted infections, and safe and respectful maternal and newborn care. For instance, we trained 30 community health workers and village midwives to treat postpartum hemorrhage and provided those trained with the medicines and tools necessary for delivering such treatment. Further, the project helped increase access to diagnosis and treatment of acute malnutrition by strengthening four severe acute malnutrition care units within district health facilities, training 30 peripheral community health workers, and distributing 700 nutrition kits to health workers. These kits contain baby formula for supplemental and therapeutic feeding and medical equipment (e.g., capillary glucometer, muscle aspirator, oxygen extractor, and portable pulse oximeter) for assessing nutrition status and treating severe acute malnutrition.

Dignity, Hygiene, and Nutrition Kits

Women living in humanitarian settings face multiple challenges that affect their dignity, health and hygiene, security, and more. To fill the void created by the ban on cash transfers, the project procured and distributed kits tailored for different needs. For example, we acquired and distributed 893 dignity kits with hygiene and sanitary items and 133 rape kits to help GBV survivors avoid unwanted pregnancies and sexually transmitted infections; 700 nutritional food kits (containing beans, corn flour, fish, oil, rice, and more) and 100 non-food kits (with related items, such as cleaning products, cups, jugs, and pots for cooking) to mothers with children experiencing malnutrition; and 470 WASH kits to address basic health and hygiene needs of children and families. Further, the project used the distribution of these kits as an entry point to deliver additional information and support, such as referral linkages to available services.

Safe Spaces

In collaboration with the Provincial Director of Humanitarian Affairs, the project supported the revitalization of four safe spaces (two in Nouna and two in Solenzo) for girls and women who have experienced the compounded trauma of displacement and GBV and may require healthcare and emotional support in a protected setting. We designed these safe spaces to be client-centered, tailored to GBV survivors' needs, and capable of delivering integrated information and services. For example,

GBV survivors received contraceptive counseling, nutrition information, and hygiene education and products, such as menstrual hygiene management and/or dignity kits. The project also supported construction of critical WASH facilities (water pumps and latrine blocks) near the safe spaces in Solenza to support healthy hygiene practices and applied EngenderHealth's Men as Partners© approach to encourage male community members to help with the construction and maintenance. This WASH infrastructure now supports those accessing the safe spaces as well as the surrounding communities. Through the water pumps, the project supported access to clean drinking water for 31,000 people.

GBV Prevention and Response

We employed a holistic, multisectoral approach to GBV prevention and response. In addition to generating awareness at the community level, distributing dignity kits to survivors, and improving clinical care skills among providers (as previously described), this included strengthening a GBV case management package comprising health, legal, and social services for survivors. For example, we trained of 46 members of women-led organizations on GBV prevention, counseling, and psychosocial support; trained 30 social workers on GBV case management; and provided 133 rape kits to project-supported health facilities. We also established a referral system to help GBV survivors access facilities offering care and treatment and instituted a voucher system to help cover costs associated with accommodations, transport, and legal services. In total, 94 GBV survivors benefited from project-supported services.

Community Accountability and Sustainability

Ensuring activities were responsive to local needs and sustainable beyond the life of project were key considerations for project design and implementation. One way we ensured programming responded to local challenges and leveraged local capacities was by establishing complaint and accountability committees in project-supported districts (two seven-person committees per district). These committees included diverse representation to help the project best serve those most in need—including women, young people, and people with disabilities—as well as influential community members, such as community and religious leaders. These committees elicited and collated feedback from their respective communities to refine project activities and messaging and to establish a sustainable framework for accountability. These committees were essential to helping the project identify and respond to challenges, expand upon successes, and ensure that local institutions and organizations acted in the interests of those they serve.

To facilitate the sustainability of the safe spaces, we coordinated with the Gender Directorate and relevant NGOs and engaged women and girls to manage the facilities. We also collaborated with community members, including GBV survivors, to design project activities and messages that would resonate locally. We instituted feedback mechanisms (including complaint and redress mechanisms) that enabled the project to respond to the needs expressed by GBV survivors, including the need for establishing safeguards to protect those affected by sexual abuse and exploitation. Similarly, the project established four WASH committees to serve as a community-based monitoring and maintenance system for regularly assessing and servicing local infrastructure. We trained WASH committee members to manage the infrastructure and provided the equipment necessary to support any required maintenance for the infrastructure.

Monitoring, Evaluation, and Learning

The project established a monitoring, evaluation, and learning plan and system to ensure project activities yielded intended results. We designed the plan and system with the flexibility required to

respond to shocks and stressors, recognizing the uncertainty and instability associated with working in a humanitarian context. The project conducted routine monitoring and facilitated supportive supervision to track progress, building on existing mechanisms to foster sustainability. For example, the Gender Directorate conducts monthly visits with community leaders; we leveraged these visits to monitor the quality and consistency of the messages delivered in support of the project's goals. Each quarter, we reviewed activity data with key stakeholders, discussed related outcomes at the community level, and adjusted activities as necessary to mitigate challenges and maximize impact.

Challenges

While the project achieved numerous successes, we also faced several critical challenges.

- **Security crisis:** A record-high increase of 707,000 new internal displacements combined with 148,317 Burkina Faso residents seeking refuge in neighboring countries in 2023 (NRC 2024). As the number of IDPs increased, adequately supporting services to respond the growing demand, particularly in the areas of dignity and hygiene kits, became difficult. This created an urgent need for a more robust response to meet the needs of both IDPs and host communities and compounded challenges associated with maintaining consistent services for IDPs who are often transient, moving frequently in search of safety or better living conditions.
- **Inadequate infrastructure and insecurity:** Inadequate infrastructure and increased insecurity in Nouna and Solenzo impeded project access to those residing in these areas—IDPs and host communities alike. We needed to monitor conditions daily and provide regular guidance to project staff to mitigate risk during travel to these areas and the project had to rely on collaboration with community stakeholders to access health centers as conditions allowed. In Nouna, the situation was particularly dire, requiring air travel due to land blockades; such air travel required permission from the United Nations Humanitarian Air Service for deploying project staff.
- **Fear among IDPs and activity restrictions:** Some IDPs were hesitant to engage with the project due to security concerns and restrictions on group activities made organizing outreach and support initiatives difficult. Parents were particularly hesitant to allow adolescent children to participate in project activities or to move to designated areas, fearing for their safety and well-being.
- **Ban on cash transfers:** While we initially included cash transfers as part of project design, national authorities instituted a ban on cash transfers during implementation. This required the project to redesign planned activities, which we did by converting the cash transfers into in-kind distributions of tailored kits—such as the dignity kits, nutrition kits, etc.
- **Commodity stockouts**: Stockouts at various periods throughout the life of project hindered procurement and distribution of the various kits. Challenges associated with accessing insecure areas compounded the challenges associated with these stockouts, resulting in significant delays in delivery of these essential commodities.

Lessons Learned and Recommendations

Based on our experiences implementing this project, we have identified several lessons learned and formulated related recommendations that may benefit other health programs and staff working in humanitarian settings, particularly those supporting GBV prevention and response, nutrition, SRH, and WASH services.

- **Collaboration and coordination:** Implementing a project in a humanitarian setting requires complex, multisectoral coordination with health clusters, protection clusters, and more. For instance, we collaborated with national technical directorates of gender, health, nutrition, and WASH; with local civil society organizations and national NGOs; as well as regional and international institutions, such as the World Health Organization, to foster effective, sustainable programming.
- **Integrated services:** The needs of IDPs and host communities living in humanitarian settings are vast and urgent. Integrating holistic GBV, SRH, nutrition, and WASH programming with existing humanitarian response programs can be instrumental in increasing access to essential services that are crucial to addressing the health, rights, and safety concerns of IDPs and host communities. Such integration requires substantial resources and ongoing coordination efforts but can exponentially improve reductions in mortalities and morbidities.
- **Flexibility:** Flexibility is key to operating in humanitarian settings with dynamic, uncertain environments. Incorporating mechanisms for adaptation—for instance, for rapidly redirecting resources—is essential to minimizing waste and maximizing impact.
- **Community engagement and accountability:** Engaging key community members from the outset and supporting continuous feedback mechanisms and accountability systems are essential to ensuring activities directly address the needs of communities as they evolve with their ever-shifting environments. For instance, garnering the input of GBV survivors was instrumental to ensuring messaging, services, and systems adequately addressed prevention and care needs.
- **Logistics:** Establishing effective logistics systems quickly is essential, although often underestimated. Designing and implementing such support systems requires time and resources which otherwise may be used to address urgent demands; thus, the need for effective logistics systems may be deprioritized. However, if strong logistics systems are not established early, problems may develop that can derail activities and results throughout the life of project.
- **Avoiding unintended harm:** Projects operating in all settings, but especially in humanitarian settings, must establish safeguards for protecting impact populations from sexual exploitation and abuse. Our project benefited from EngenderHealth's gender, youth, and social inclusion tools and Do No Harm Framework to ensure inclusivity and to transform harmful social norms. Such mechanisms for social transformation and inclusion are essential for mitigating unintended harm.

Conclusions

Overall, EngenderHealth and our partners have made significant contributions to improving the lives of IDPs and their host communities in the Boucle du Mouhoun region of Burkina Faso by focusing on key areas, such as GBV, SRH, nutrition, and WASH. We successfully procured and distributed related kits to respond to the immediate needs of IDPs, conducted related training sessions to strengthen local capacity for supporting IDPs and surrounding communities, and constructed essential and sustainable infrastructure to support safe spaces and WASH for years to come. While the project achieved substantial results, sustaining these successes will require further resources and support for long-term impact.

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