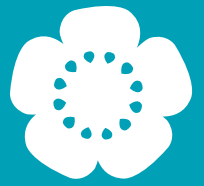


Partnering to Foster Resilience in Fragile Settings



At EngenderHealth, we collaborate with diverse partners to eliminate barriers to care and build resilient, equitable health systems that support universal health coverage. Our initiatives extend into humanitarian settings, strengthening health systems and communities to withstand shocks and stressors from natural disasters and conflict. We know that individuals in areas affected by climate change or humanitarian crises often have difficulty accessing essential healthcare services. We also know that healthy individuals are better able to manage and respond to crises. We support health systems to provide services in humanitarian and fragile settings, and we support communities to prepare for and manage responses to environmental shocks, striving for an equitable, inclusive, and sustainable future for women, girls, and marginalized communities.

In Mali, our [Kènèya Nieta](#) project works across three regions experiencing insecurity due to armed conflict. This insecurity has led to displacement and increased poverty and has exacerbated the effects of climate change. The situation is further compounded by the country's expulsion of United Nations peacekeeping forces. At the individual and community level, EngenderHealth reached more than 967,000 households with essential health messages, nutritional assessments, and child immunization sessions. We collaborated with community development agents and leveraged community platforms to advance family planning (FP) and reproductive health, maternal and child health, nutrition, and disease prevention. The project also strengthened the skills of village health solidarity committees in more than 3,620 villages to develop local funding mechanisms and emergency transport systems. Through these interventions, communities have more of the resources and information they need to address health priorities even amid the conflict.

The overlapping crises of a 2022 coup and continued political violence in Burkina Faso have led to internal displacement and food insecurity in the Boucle du Mouhoun region. Our [Improving the Protection and Dignity of People Affected by Humanitarian, Food, and Nutritional Crises through a Multisectoral Response](#) project has reached approximately 14,800 people with critical information and support thereby addressing immediate needs and strengthening systems for the long-term. We are expanding opportunities for displaced individuals and members of host communities to access essential services by facilitating the provision of primary healthcare; addressing gender-based violence (GBV); managing malnutrition; improving access to enhanced water, sanitation, and hygiene (WASH) infrastructure; and strengthening community health systems. This year, the project distributed more than 330 menstrual hygiene kits, 130 rape kits, 140 kits to manage severe acute malnutrition in children under five, and 100 clean birth delivery kits. The project also used educational messaging to encourage healthy behaviors in the community. We produced two radio programs to increase awareness about GBV and WASH, supported 12 community theater performances on these topics, and sensitized more than 2,900 people on GBV prevention and availability of care and more than 1,500 people on WASH topics.

At the health systems-level, in Burkina Faso, the [My Body, My Choices, My Rights](#) project works in a challenging and unpredictable security environment to improve FP, prevent unintended pregnancies, prevent unsafe abortions, prevent transmission and support care and treatment of HIV, and provide critical services for GBV survivors. This year, our activities were informed by the results of a gender, youth, and social inclusion analysis, which illustrated the social determinants, such access to education and healthcare, that have created power imbalances among different marginalized groups. In FY24,* we supported more than 800 survivors of GBV with care and provided 450 dignity kits to women and adolescents. We also supported FP services for an estimated 17,223 people. Support for GBV and sexual and reproductive health (SRH) services is particularly important in this setting, as the instability perpetuates GBV, including sexual violence carried out by armed forces, resulting in poor SRH outcomes.

Community outreach activity in Burkina Faso
Photo credit: Venem Digit Corporation / EngenderHealth



While not experiencing active conflict, Benin faces poverty, terrorist presence, weak governance, and the increasingly negative effects of climate change. In this fragile setting, people are particularly vulnerable to GBV. In Benin, emergency centers provide safe havens and essential support for those

* FY24 represents our fiscal year 2024, which began July 1, 2023 and ended on June 30, 2024.



experiencing GBV. Through our [Support to GBV and Gender Equality Initiatives](#) project, we are working to improve prevention and care for survivors. We provide substantial support to the *centre d'hébergement d'urgence* (emergency accommodation center) in the capital city of Cotonou. The center is managed by a local nongovernmental organization, Ya Tchegbo, which staffs the center and maintains security measures for survivors. This year, we supported 20 women and 23 children with holistic care, including medical, legal, and administrative services. We also reached more than 9,000 people with GBV information, including through a campaign designed with local artisans and a day of reflection organized to coincide with International Women's Day examining the challenges and opportunities for women's leadership within the Beninese Armed Forces. During this day of reflection, participants discussed recommendations for strengthening the role of women leaders in the army, including by allocating budgets that integrate gender considerations and applying gender approaches in military strategies.



Women in the Beninese army speak out about GBV
Photo credit: Amen Broca Djitin / EngenderHealth

In Ethiopia, where water insecurity is an increasing concern due to the impacts of climate change, EngenderHealth and our partners improved sanitation facilities and constructed latrines at schools as part of our support of integrated water management through the [Reach, Expand, and Access Community Health \(REACH\)](#) project. REACH operates in the Borena and Jimma zones, two pastoral areas experiencing prolonged drought and extreme heat, which directly threaten the livelihoods of local populations. During FY24, REACH supported 43,374 people with access to improved and inclusive sanitation facilities. In collaboration with Borena and Jimma Zone Agriculture Offices and other partners, the project facilitated ground water recharge and enhancement training for selected participants, including local soil and water management committee members, local agriculture agents, and other experts from districts and zones of agriculture and water offices. In addition, the project improved access to safe water for approximately 441,350 people and supported more than 100,000 people with referrals for SRH care.

We are active members of multiple sub-working groups for the global Inter-Agency Working Group on Reproductive Health in Crises, including those related to adolescent sexual and reproductive health and rights, emergency response preparedness, GBV, minimum initial service packages (MISPs), and training partnerships. Through these platforms, we work to advance SRH through the humanitarian-development-peace nexus. For instance, we adapted the Inter-Agency Working Group on Reproductive Health in Crises' MISP for SRH in humanitarian setting training manuals for the Ethiopian context. Specifically, EngenderHealth provided financial and technical support for the adaptation of the manuals, leveraging our recent experience in emergency GBV and SRH response and reinforcing key content from national strategies, policies, and related materials on comprehensive abortion care, FP, GBV, and other SRH issues. The updated MISP manuals will be used to equip health workers with the necessary skills to decrease SRH-related mortality, morbidity, and disability in humanitarian settings.

At the organizational level, following last year's launch of our [Accountability to Affected Populations framework](#), we introduced the framework across EngenderHealth country projects in Burkina Faso, Ethiopia, and Mali—projects which are implementing activities in humanitarian or fragile settings. This effort included sensitizing our teams on the impact of humanitarian, fragile, and unstable environments on the lives of the affected populations—especially girls, women, children, young people, people living with disabilities, and other marginalized and vulnerable groups. Our staff also integrated affected population consultations within project activity plans.

In settings with current crises and those that are fragile, EngenderHealth collaborates with partners to address healthcare challenges and strengthen health systems. Our work in all aspects of sexual and reproductive health and rights, maternal health, and addressing GBV becomes even more critical for communities affected by conflict and climate change. Individuals in these environments face multiple compounding barriers in accessing essential healthcare services, while needing such access even more urgently so they have the foundation to manage their lives and support their families and communities through hardships. Through community-centered, integrated solutions and support to national training programs and policies, EngenderHealth contributes to increased resilience and health outcomes in a range of insecure settings.