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The world in crisis – climate change, pandemic, and war

Enfants du Monde's experience in Burkina Faso

The challenge of insecurity in the context of a multifactorial crisis

By Thomas Rodrigues

The diffuse and gradual insecurity in Burkina Faso is a new and great challenge for a development NGO such as Enfants du Monde. Our organization shares here its experience of adapting to such a context and the main lessons learned which led us to develop some prospects. Thus, the need for innovation appears to be essential in developing the familiar concepts of complementarity between emergency and development, or cross-sectoral synergy.

 The challenge of insecurity in the context of a multifactorial crisis

Handing over of the COVID-19 protection material in the health centre of Mangodara, Burkina Faso. Photo: © Enfants du Monde

Enfants du Monde has been supporting the Ministry of Health of Burkina Faso in the implementation of health promotion activities in the field of maternal and neonatal health since 2008. In a rationale of development cooperation based on principles such as non-substitution, capacity building or institutionalization to promote scaling up, Enfants du Monde does not intervene directly in the implementation of activities. The approach is more oriented towards supporting the health authorities at different levels and civil society partner organizations.

Since 2016, Burkina Faso has been going through a multifactorial crisis, which has been accentuated by interrelated security, political, climatic, and demographic factors. Diffuse insecurity has gradually taken hold throughout the country, with various organized armed groups escalating their attacks. These armed attacks have resulted in the internal displacement of large populations (1.9 million people) and the closure of basic service structures. According to OCHA data, as of 15 September 2022, 595 health structures have been affected, either closed (192) or operating at minimum capacity (363), IDP (internally displaced people - IDP) camps have formed in some localities, and individual movement is significantly limited or even prohibited in some areas. Access to healthcare is therefore a key issue for the population, particularly for pregnant women, newborns, and young children.

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Enfants du Monde's experiences in crises situations

Enfants du Monde began working in Burkina Faso when the security situation was favorable and does not yet have a wide experience in the humanitarian field. While the organization has been able to continue, adapt and develop its emergency activities in the field of education, it has not yet made the same transition in the field of health. However, some initiatives have already been successfully implemented and reflect the opportunities that exist within Enfants du Monde to do so.

Two realities need to be distinguished:

- Covid-19 health crisis: in the completely new and disruptive context of the pandemic, Enfants du Monde was able to contribute to the response efforts of national authorities by adapting its activities. For example, digital health prevention tools were developed and disseminated, and protective equipment was distributed to health centers.
- Security crisis: in areas with a high security deficit, Enfants du Monde has not been able to continue all its activities by adapting its modes of intervention. Its partners, both the authorities and the local partner (NGO), have been forced to stop site visits. Enfants du Monde therefore does not have any concrete experience in the healthcare field in a difficult security situation.

The challenge for the organization is, therefore, to be able to adapt and think of new actions, taking into account the expertise and health experiences in stable contexts, but also the emergency interventions recently carried out in the education sector.

 Pregnant woman at the health centre in Mongnaba, Burkina Faso. Photo: © OUEDRAOGO B. Emmanuel

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The challenge for the organization is, therefore, to be able to adapt and think of new actions, taking into account the expertise and health experiences in stable contexts, but also the emergency interventions recently carried out in the education sector. The latter have given Enfants du Monde new capacities for action in fragile security situations.

Today, Enfants du Monde is starting to think about this; proposals are being developed to adapt its approach to this type of situation with a view to meeting the needs of displaced populations and the additional strain on the already fragile health system. They are specified in the paragraph "Prospects for Enfants du Monde".

The stakes are high. In addition, Enfants du Monde must continue its efforts to convince its financial partners of the relevance of this approach, which focuses mainly on health promotion and education. Enfants du Monde has submitted two project proposals to the humanitarian response appeal. These submissions were unsuccessful, in particular because of the perception of the proposed health promotion approach. Although it is essential for empowering populations facing crises, it does not seem to be considered a priority by donors of emergency, compared to the provision of emergency medical care. Furthermore, the "development" label associated with Enfants du Monde's expertise, despite its proven, albeit recent, experiences surrounding education in emergencies, may have been a hindrance. As a result, activities that could undeniably be deployed in hard-to-reach areas (digital training, digital prevention tools, etc.) have not yet been mastered.


Lessons learned

1. **It is necessary to think about better complementarity between emergency and development from the outset of an intervention in a country affected by diffuse and shifting insecurity (Sahel).** The impossibility of access to certain areas (local NGO partners and/or authorities) tends to freeze any intervention from the start, if it is not thought through in terms of a nexus from the beginning. However, there are means can be put in place beforehand to ensure continuity priority activities of a project by designing interventions that can be carried out without a direct presence such as: digital training and coaching, promotion tools /health education accessible online on mobile phones, the establishment of strong links with local communities built beforehand by the intermediary partners, etc. More broadly, we need to think differently about the way projects are implemented to ensure a more sustainable impact and to avoid a situation where once the humanitarian actor, who is often present in the short term, has left, nothing lasts. **How can this be done? Here are some ideas:** - Local capacity building. Community agents are valuable resources in health and remain active in the communities, - by default, act directly, but if possible with subsidiarity with other state, UN or local actors, - articulate interventions with public institutional policies, even if it means adapting them to be more relevant in these fragile contexts. The state remains *ultimately* responsible for the health services offered on its territory.
2. **Synergies between the education and health sectors** in responding to emergencies are not sufficiently developed and recognized by funding partners (for example, the

integration of health education and first aid in educational structures for displaced learners). This is a significant loss considering the benefits that could already be brought to affected communities. Advocacy must integrate this linkage.

3. **There is an urgent need to develop interventions which ensure better complementarity between the provision of care and health promotion/education**, which is all the more crucial in fragile contexts, but often neglected in emergencies, or even discredited and unfunded. Of course, it is not a question of ignoring the need to prioritize interventions in such contexts, but these two approaches, thought about together, would undeniably enable a better response to the needs of populations in a sustainable way. The health approach in emergencies focuses on the provision of care with the primary objective of saving lives; health promotion is also an approach which aims to contribute to limiting the risks of complications and untimely deaths. In this sense they are complementary and necessary to ensure the continuum of care.
4. **There is a need to document and advocate for the relevance of health promotion and education** in a humanitarian intervention context, on the basis of evidence. *Empowerment* of individuals within the field of health enables people to take better responsibility for their own health and that of their loved ones without systematic recourse to a health worker and to seek care at an appropriate time.
5. **Funding mechanisms for unstable situations are very limited in regard to their openness** to approaches that are not health supply driven (e.g., do not immediately save lives) or have an unusual cross-sectoral logic (e.g. education and health).

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 Trained birth attendant counselling a pregnant woman on “Mon bébé et moi” app at the maternity of Mongnaba, Burkina Faso. Photo: © OUEDRAOGO B. Emmanuel

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Prospects for Enfants du Monde

The perspectives identified by Enfants du Monde to help respond to the health problems of populations in fragile situations are the following. They all aim to develop complementarity between emergency and development (practical and strategic needs) in the field of health:

I. Adapt its interventions to better respond to health challenges in crisis situations by taking advantage of its transferable health experiences and making better use of synergies with its emergency education interventions. This involves:

- Strengthening its links with community actors in order to have relays to pursue priority activities in the areas concerned in the event of a crisis;
- Adapting the collaboration with community health workers and structures, particularly in the selection of people, in the objectives, modalities and content of training, etc.;
- Establishing partnerships with actors (local, national and/or international) who specialise in emergency response and who are present in hard-to-reach areas and at a community level despite security concerns;
- To ally with health actors active mainly in the health care sector and/or to complement the *Enfant du Monde*'s approach by integrating a minimum of actions in the health care sector in order to ensure a better complementarity between care and promotion at;
- Adapting, developing and promoting digital tools to be used in stable contexts, which is crucial to ensure continuity in health promotion and education programmes even without the possibility of an on-site presence. This has enabled *Enfants du Monde* to continue its activities in times of Covid-19. Some tools have already been developed by *Enfants du Monde* for the education of women and families on maternal and neonatal health (smartphone application) and the distance training of health promotion providers (e-learning platform);

2. Adapting the relationships and expectations of *Enfants du Monde*'s

implementing partners so that they are better prepared to intervene in insecure areas (risk management policy, protection policies, strengthened relationships with community structures, etc.) and adapt *Enfants du Monde*'s role accordingly.

We have to rethink our operating mode

When *Enfants du Monde* started its intervention in Burkina Faso, security was not a limiting factor but rather a guarantee. The new challenge posed by widespread insecurity is prompting the organization to rethink its operating mode to ensure that the affected populations are not totally cut off from access to healthcare. This calls for innovation in terms of intervention methods on themes that are not so new: the link between emergency and development, synergy between sectors, partnerships and the use of new information and communication technologies in health. This context thus opens the way to adapting our practices in order to give concrete expression to complementarity and strengthen subsidiarity between the various solidarity actors.

References

- World Bank, Burkina Faso country profile [online, updated 13.04.2022]:
<https://www.banquemondiale.org/fr/country/burkinafaso/overview>

- OCHA, Burkina Faso Humanitarian Health Cluster Bulletin (August 2022), [online, 22.09.2022]: <https://www.humanitarianresponse.info/fr/operations/burkina-faso/document/bfa-bulletin-humanitaire-du-cluster-sant%C3%A9-aout-2022>
- OXFAM International, *Climate change in Burkina Faso: a struggle against all odds*, [online]: <https://www.oxfam.org/fr/le-changement-climatique-au-burkina-faso-une-lutte-contre-vents-et-marees>
- Reliefweb, Burkina Faso, Humanitarian situation. <https://reliefweb.int/country/bfa> [accessed 13.10.2022]
- UNHCR, July 2022 Operational Bulletin, [online]: <https://reporting.unhcr.org/document/3126>
- UNHCR, *Climate change and conflict stalk displaced Burkinabé*, [online, 25.01.2021]: <https://www.unhcr.org/fr/news/stories/2021/1/600ef4c8a/changement-climatique-conflits-poursuivent-burkinabes-deplaces.html>

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