

# SETTING UP A SUCCESSFUL INTERSECTORAL COLLABORATION – AN EXAMPLE FROM BURKINA FASO



DECEMBER 2021

## ACKNOWLEDGEMENTS

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## ACRONYMS AND ABBREVIATIONS

**AIDS:** Acquired Immunodeficiency Syndrome  
**ARI:** Acute Respiratory Infection  
**BCC:** Behaviour Change Communication  
**BSFP:** Blanket Supplementary Feeding Programme  
**C19:** COVID-19  
**CHW:** Community Health Worker  
**CLTS:** Community-Led Total Sanitation  
**CONASUR:** Conseil National de Secours d'Urgence et de Réhabilitation (National Council for Emergency Relief and Rehabilitation)  
**CSPS:** Centre de Santé et de Promotion Sociale (Centre for Health and Social Welfare)  
**DN:** Department of Nutrition  
**ECD:** Early Child Development  
**EPI:** Expanded Programme on Immunization  
**EUD:** European Union Delegation  
**EB:** Exclusive Breastfeeding  
**GAM:** Global Acute Malnutrition  
**GASPA:** Groupe d'appui et de soutien aux activités de l'ANJE (IYCF-E support group)  
**GFD:** General Food Distribution  
**GNC:** Global Nutrition Cluster  
**HD:** Health District  
**HRP:** Humanitarian Response Plan  
**IDP:** Internally Displaced Persons  
**IEC:** Information Education Communication  
**IM:** Information Manager  
**IMAM:** Integrated Management of Acute Malnutrition  
**IMCI:** Integrated Management of Childhood Illness  
**INO:** Inventaire National des Ressources en eau (National Inventory of Water Resources)  
**IPC:** Integrated Phase Classification  
**ISC:** Intersectoral Collaboration  
**IYCF:** Infant and Young Child Feeding  
**IYCF-E:** Infant and Young Child Feeding in Emergencies  
**MAM:** Moderate Acute Malnutrition  
**MPA:** Minimum Package of Activities  
**NGO:** Nongovernmental organization  
**OCHA:** Office for the Coordination of Humanitarian Affairs  
**OTP:** Outpatient Treatment Program  
**PHC:** Primary Health Care  
**PLW:** Pregnant and Lactating Women  
**RCCE:** Risk Communication and Community Engagement  
**RHD:** Regional Health Directorate  
**SAM:** Severe Acute Malnutrition  
**SMC:** Seasonal Malaria Chemoprevention  
**TFP:** Technical and Financial Partners  
**UNICEF:** United Nations Children's Fund  
**VAS:** Vitamin A Supplementation Days  
**WASH:** Water, Sanitation and Hygiene  
**WHO:** World Health Organization

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## SUMMARY

Burkina Faso has faced a highly complex, severe and multi-faceted crisis since 2015. The situation has worsened since 2019 due to the increasing activities of armed groups and inter-community tensions, posing significant security risks. The crisis is also related to other factors, such as natural disasters, the effects of climate change and the resulting food and nutritional insecurity, and more recently, the COVID-19 public health crisis.

In terms of population movements, insecurity had caused the forced displacement of over 1.5 million<sup>1</sup> people up to December 2021, most of them in six regions (Nord, Est, Sahel, Centre Est, Centre Nord and Boucle de Mouhoun), which face severe security challenges.

In late 2020, the Water, Sanitation and Hygiene (WASH), nutrition, health and food security clusters examined their capacity for responding to the needs of the population in light of the worrying humanitarian situation in these six regions. Humanitarian needs were evaluated sector by sector, followed by a joint analysis. An analysis of the response and needs showed that coverage was poor. Given the complexity of the situation in the six humanitarian regions, the needs of the affected populations and the challenges observed, the four clusters decided that the best way of responding to all these needs efficiently and effectively would be to collaborate closely on an intersectoral response plan.

Several steps were followed while preparing the development of the intersectoral approach:

- 1) organization of joint working meeting to raise the clusters' awareness of the importance of implementing integrated, multisectoral projects. The sectors then defined intersectoral vulnerability indicators for the map of priority areas, as well as integrated packages of multisectoral activities.
- 2) technical support from the emergency nutrition working group at the UNICEF regional office in Dakar
- 3) technical support from the GNC ISC help desk

The four clusters agreed that their overarching objective was to contribute to reducing malnutrition-related mortality and morbidity in the most vulnerable areas of the six regions in a state of emergency in Burkina Faso.

The intervention areas were prioritized based on the vulnerability criteria selected by each cluster, namely: Integrated Phase Classification (IPC); the percentage of closed health care facilities; the percentage of internally displaced persons (IDP) compared with the population; access to water (quantity and waiting time) and sanitation (number of people per latrine and cleanliness of latrines), and the prevalence of global acute malnutrition (GAM) among children aged under five years.

A score was assigned to each criterion and the total scores combined to indicate the severity of each area's situation. In 2021, nine health districts were classified as priority 1, 23 as priority 2 and 38 as priority 3.

The group then developed a matrix of intersectoral links, the aim of which was to enable each sector to identify the contribution made by or to the other sectors, in terms of information and an integrated response based on multisectoral activities. The intersectoral package was then defined based on the minimum package of activities for each sector and an analysis of

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<sup>1</sup> 1,579,976 people according to the Conseil National de Secours d'Urgence et de Réhabilitation (National Council for Emergency Relief and Rehabilitation (CONASUR), as of 31 December 2021.

opportunities for intersectoral activities between nutrition and the other sectors. The package contained nutrition-specific and nutrition-sensitive interventions recognized as having a significant impact on preventing and treating malnutrition. The four clusters then developed an intersectoral indicators framework to monitor the activities agreed in the intersectoral package. The process resulted in the development of multisectoral projects for the Humanitarian Response Plan (HRP) 2021. A total of five multisectoral projects out of the 21 proposed were approved by the four clusters. Eleven out of 18 projects for the HRP 2022 are multisectoral. The number of intersectoral programmes included in the humanitarian response plan rose from 24 per cent in 2021 to 61 per cent in 2022.

Nonetheless, the four clusters and partners faced numerous obstacles in the development of the response and intersectoral programming. These included: projects that were still largely designed to be sector specific, or conversely, that were designed to be multisectoral but were implemented without any real convergence; difficulties accessing the most affected areas because of insecurity; significant problems mobilizing the financial resources required; the limited level of multisectoral advocacy, which impacts the funding of intersectoral programmes; the COVID-19 pandemic, which prevented the organization of intersectoral workshop to build capacity among actors; and the limited operational capacity among partners, which often have inadequate financial resources and lack qualified human resources to provide a multisectoral response.

Overall, intersectoral collaboration in Burkina Faso is a holistic approach, which is transferable and applicable to different contexts, including emergencies, transition or development. The process used to develop an intersectoral approach there can be used as an example for other countries. The documents produced, including the integrated package of intersectoral activities, the matrix of intersectoral links and the development of a list of indicators to monitor intersectoral activities offer a starting point for thinking about developing this type of approach in a different context.

## CONTEXT & PROBLEM STATEMENT



*Burkina Faso has faced a highly complex, severe and multi-faceted crisis since 2015. The situation has worsened since 2019 due to the increasing activities of armed groups and inter-community tensions, posing significant security risks.*

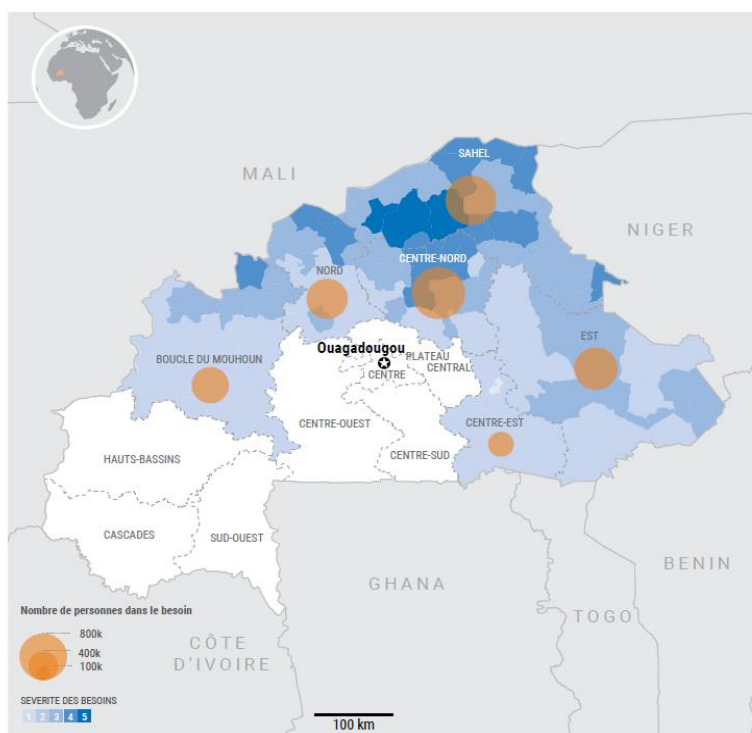
## CONTEXT

Burkina Faso has faced a highly complex, severe and multi-faceted crisis since 2015. The situation has worsened since 2019 due to the increasing activities of armed groups and inter-community tensions, posing significant security risks. The crisis is also related to other factors, such as natural disasters, the effects of climate change and the resulting food and nutritional insecurity, and more recently, the COVID-19 public health crisis.

Burkina Faso is ranked 144th out of 157 countries according to a new Human Capital Index developed by the World Bank, with 40.1 per cent of the population living below the national poverty line (October 2020). In economic terms, Burkina Faso is characterized by its vulnerability to internal (such as climate hazards) and external shocks (such as soaring energy costs or fluctuations in food prices).

Insecurity caused the forced internal displacement of over 1.5 million<sup>2</sup> people up to December 2021, most of them in the six main regions. Internally displaced persons often leave places where health care facilities and schools have closed because of violence. In addition, over two million people remain in areas that have been severely affected by insecurity and lack basic social services, leaving them dependent on humanitarian aid to survive. The six regions most affected and requiring a humanitarian response are the Nord, Est, Sahel, Centre Est, Centre Nord and Boucle de Mouhoun.

Number of people in need and severity of needs:



(Source: OCHA, Humanitarian Need Overview (HNO) 2021)

<sup>2</sup> 1,579,976 people according to the Conseil National de Secours d'Urgence et de Réhabilitation (National Council for Emergency Relief and Rehabilitation (CONASUR), as of 31 December 2021



According to the Cadre Harmonisé for June to August 2020<sup>3</sup>, around 3,280,800 people (around 15 percent of the total population) were estimated to be in food insecurity phase 3 to 5, and in need of immediate humanitarian assistance. This situation was around 57 per cent higher than forecast in March 2020. According to the results of the Cadre Harmonisé analysis of March 2021, it was estimated that during the forecast period (June-July-August), a total of 2.9 million people would be in a situation of acute food insecurity, including 2.5 million in crisis (phase 3) and 344,370 in an emergency (phase 4) situation. This represents a 28 per cent increase compared with the period March to May 2021, when almost 2 million people were in a food insecurity situation.

From a health perspective, it is important to note that as well as the common illnesses that regularly affect children aged under five years, Burkina Faso is also experiencing epidemic peaks, mainly in the six regions affected by insecurity, including measles (61 per cent of cases in the six regions), meningitis, poliomyelitis and malaria. The health system remains severely impacted by the security situation in Burkina Faso; in November 2020, just 63 per cent of health care facilities were operating in the six regions. 2020 was particularly marked by the COVID-19 pandemic, with all six regions affected. The pandemic caused a delay in implementing health and nutrition activities, as well as a reduction in the use of services (as a result of the lockdown and fear of being infected).

2020 also saw an exponential rise in the number of people in need of water, sanitation and hygiene, among both displaced persons and their host communities. This number increased from 472,430 people (early 2019) to 2,373,528 (June 2020) and to 2,548,537 in 2021 in the six regions in humanitarian crisis. The average rate of access to water and sanitation in the 20 communes hosting the most displaced persons is 44 percent and 14 per cent respectively, according to data from the WASH cluster.

The results of the national nutrition survey (SMART), conducted between October and November 2020<sup>4</sup>, show that the prevalence of global acute malnutrition on a national scale, was 9.1 per cent (CI: 8.6-9.8) (of which 1.0 percent (CI: 0.8-1.2) were severely malnourished). The Sahel is marked by a prevalence of global acute malnutrition above the critical thresholds established by the World Health Organization (WHO) ( $\geq 15\%$ ), while the Boucle du Mouhoun and Centre Nord regions are in a serious situation (10 to 14.9 per cent WHO). Moreover, according to the vulnerability analysis associated with global acute malnutrition produced in December 2020<sup>5</sup>, 631,787 children aged six to 59 months and 128,672 pregnant and lactating women suffered from GAM in Burkina Faso in 2021.

Following the SMART survey, it became apparent that there was a need to intensify emergency nutrition interventions in places with a high prevalence of malnutrition. Malnutrition in Burkina Faso is due to multiple, multifactorial causes, the response to which requires intersectoral actions supported by intersectoral coordination. Without these interventions, the nutritional situation could continue to deteriorate.

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<sup>3</sup> Cadre Harmonisé for analysis and identification of at-risk areas and estimated populations in food insecurity in the Sahel and West Africa – [Results of the current acute food insecurity analysis June to August 2020 – Burkina Faso](#)

<sup>4</sup> National Nutritional Survey, SMART - December 2020  
[https://reliefweb.int/sites/reliefweb.int/files/resources/bfa\\_rapport\\_smart\\_2020\\_vf.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/bfa_rapport_smart_2020_vf.pdf)

<sup>5</sup> Burkina Faso: Acute Malnutrition Situation October 2020 - January 2021 and Projections for February - April 2021 and May - July 2021 <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152986/?iso3=BFA>

## PROBLEM STATEMENT

In late 2020, the Water, Sanitation and Hygiene (WASH), nutrition, health and food security clusters<sup>6</sup> examined their capacity for responding to the needs of the population in light of the humanitarian situation in the six regions most affected in Burkina Faso.

Humanitarian needs were evaluated sector by sector, followed by a joint analysis. An analysis of the response and needs showed that the coverage of the humanitarian response compared with needs was poor overall. The challenges commonly encountered were: an absence of multisectoral synergy in the areas affected; insecurity reducing access to the population and the ability for people to travel freely to health centres; inadequate financial resources; the shortage of human resources and their lack of skills and experience in emergency response; the rapid increase in the number of humanitarian actors in the same intervention areas, with no real effort to pool efforts and resources and the limited resilience of the state system when faced with a sudden humanitarian crisis.

Given the complexity of the situation in the six humanitarian regions, the needs of the affected populations and the challenges already mentioned, the four clusters (WASH, nutrition, health and food security) decided that the best way of responding to all these needs efficiently and effectively would be to collaborate closely on an intersectoral response plan.



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<sup>6</sup> The four clusters were activated in 2019.

# INTERSECTORAL COLLABORATION PROCESS & DEVELOPMENT OF THE INTERSECTORAL PACKAGE



*The four clusters agreed that their overarching objective was to contribute to reducing malnutrition-related mortality and morbidity in the most vulnerable areas of the six regions facing an emergency in Burkina Faso.*

## INTERSECTORAL COLLABORATION PROCESS

Regular coordination meetings between the four sectors (WASH, nutrition, health and food security) took place at the instigation of the nutrition coordinating team to strengthen collaboration between the clusters and thus improve the humanitarian response in general, and the nutritional response in particular, by implementing intersectoral operations in the areas identified as a priority.

Several steps were followed while preparing the development of the intersectoral approach:

### **1. Organization of joint working meetings**

Several sessions were organized to raise the clusters' awareness of the importance of implementing integrated, multisectoral projects to combat malnutrition effectively, and to formalize the determining factors of malnutrition in Burkina Faso. These meetings were also an opportunity for each cluster to present its priorities, current activities and the gaps observed in their respective areas, and to prioritize the geographical intervention areas.

During these sessions, the sectors also defined intersectoral vulnerability indicators for the map of priority areas and developed intersectoral activities to define the integrated package of multisectoral activities.

### **2. Technical support from the emergency nutrition working group at the UNICEF regional office in Dakar**

Organization of a multisectoral meeting with the technical group in Dakar, including discussions on the context in the six regions affected, defining the broad outlines of priority activities for the development of the integrated package of multisectoral activities, joint development of a matrix of integrated and multisectoral activities and organization of technical guidance sessions for the clusters' partners on the various next steps in the process of developing the integrated package of multisectoral activities for emergency situations. The technical working group also helped with validating the documents produced.

### **3. Technical support from the GNC ISC help desk**

The GNC ISC help desk supported the process by providing examples of how other clusters in other countries have defined their intersectoral programming, notably by including priority geographical areas and target populations for interventions. The GNC help desk made itself available to respond to our technical questions throughout the process.

## DEVELOPMENT OF THE INTERSECTORAL INTERVENTION PACKAGE

Given the multiple causes of acute malnutrition, the population's limited access to humanitarian assistance due to the insecurity situation and the limited availability of resources, the nutrition cluster proposed to implement integrated packages of intersectoral activities. The aim of the intersectoral package is to guide the development of projects as part of the humanitarian response plan; it supplements the existing reference documents and training tools developed by the Ministry of Health through the Department of Nutrition.

The four clusters agreed that their overarching objective was to contribute to reducing malnutrition-related mortality and morbidity in the most vulnerable areas of the six regions facing an emergency in Burkina Faso. The working group's specific objectives were to define

integrated and intersectoral packages of activities and to ensure they were adopted and implemented by the members of the four clusters.

The four clusters then developed their collaboration and intersectoral programming to offer joint actions to the populations affected at the same time, to optimize the impact of the selected interventions.

### 1. Prioritization of intervention areas

The first step is to define the criteria for prioritizing the intervention areas based on humanitarian needs.

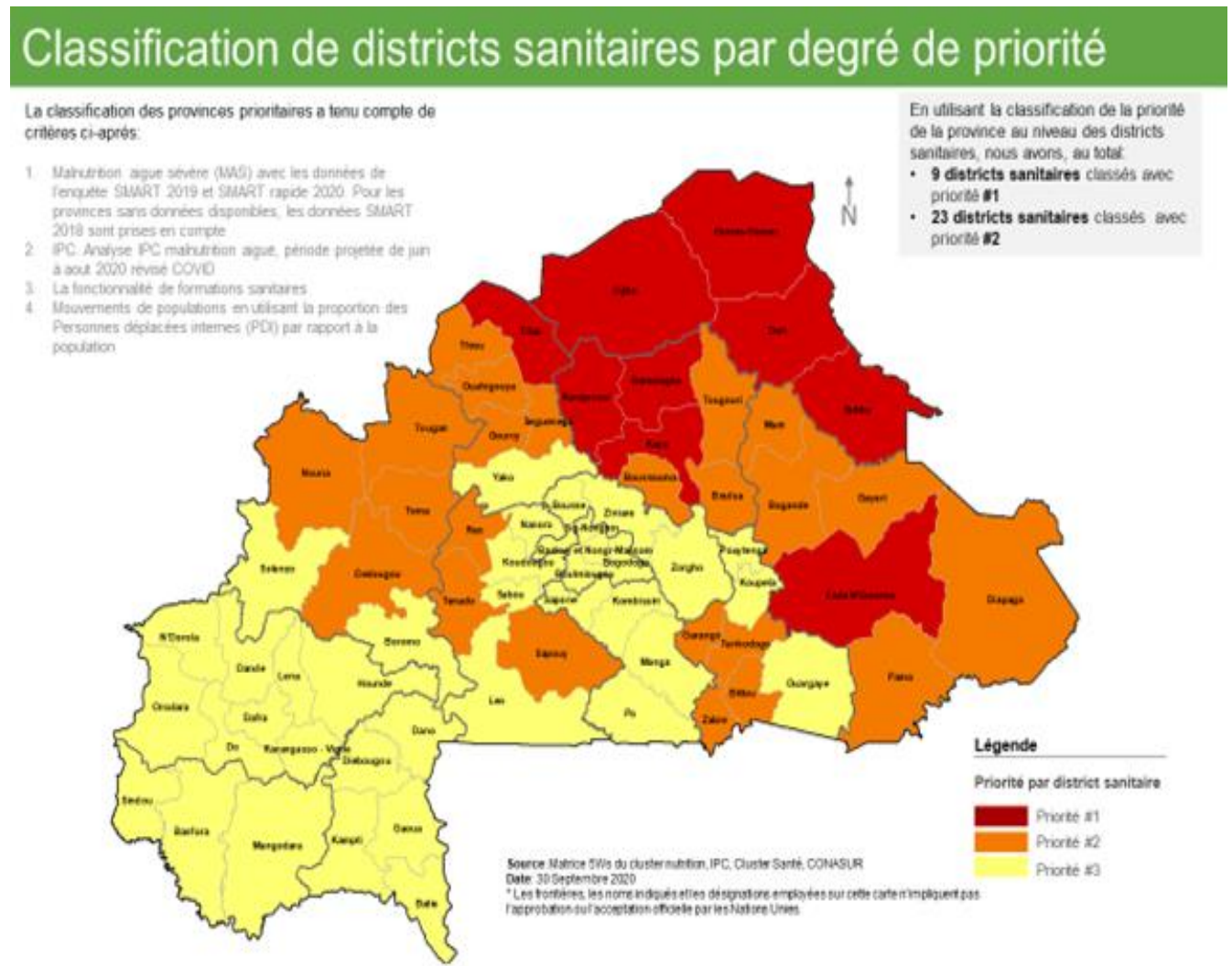
The table below shows the vulnerability criteria taken into account by the various clusters:

% (WHO classification)	GAM	WASH severity Access to water	WASH severity Access to sanitation	Health care facility closed (% of population affected)	Cadre Harmonisé (Food Security)	IDP (% of IDP compared with the population)	Total weighted value
<= 9.9%: weighted value 1	9.9%:	55% to 65%: weighted value 1 (Severe)	25% to 50%: weighted value 1 (Severe)	<10%: weighted value 1	Phase 1: Minimal	<1%: weighted value 1	<10: weighted value 1
10% to 14.9%: weighted value 2	10% to 14.9%:	35% to 55%: weighted value 2 (Extreme)	7.5% to 25%: weighted value 2 (Extreme)	Between 10% and 30%: weighted value 2	Phase 2: Stressed Phase 3: Crisis	Between 1% and 10%: weighted value 2	Between 10 and 15: weighted value 2
15% and over: weighted value 3	15% and over:	<35%: weighted value 3 (Catastrophic)	<7.5%: weighted value 3 (Catastrophic)	>30%: weighted value 3	Phase 4: Emergency Phase 5: Famine/Catastrophe Intervention from phases 3 to 5	>10%: weighted value 3	> = 15: weighted value 3

The prioritization calculation was carried out at the communal and provincial level and then projected to the district level and adjusted based on the opinions of members of the clusters' strategic orientation committees.

By applying these criteria in the six regions in January 2021, nine health districts were classified as priority 1 (with a score of more than 15); 23 as priority 2 (with a score between 10 and 15) and 38 as less affected (with a score of less than 10). In this example, the four clusters prioritized the health districts with a weighted value of 2 and 3.

**Figure 2: Map showing breakdown of health districts by degree of priority (January 2021)**



## 2. Development of a matrix of activities by sector:

In order to define the package of intersectoral activities, the group produced a matrix, where each cluster listed the activities to which it could contribute to have a positive influence on the implementation and success of activities in the other sectors, to support the overall objectives of the intersectoral interventions.

An extract of the matrix listing the activities that each cluster could contribute to the food security cluster is shown below. The full package is here: [Inter-cluster Matrix](#)

	Food security	Health	Nutrition	Water, Sanitation and Hygiene
Food security		<p><b>INFORMATION</b> Location of different health care facilities</p> <p>Distances between health care facilities and the main town in the province</p> <p><b>ACTIVITIES</b> Mobile clinic in various general food distribution and Blanket Supplementary Feeding Programme locations (BSFP) locations (consultations and medical evacuations)</p> <p>Catch-up immunizations for children of IDPs and the children of people arriving for BSFP</p> <p>Awareness raising on preventing diseases and epidemics (COVID-19)</p>	<p><b>INFORMATION</b> Prevalence of malnutrition in the various priority areas</p> <p>Caseload for nutrition (malnourished children under 5 years for general food distribution, children aged six to 23 months and pregnant/lactating women for BSFP)</p> <p>Children under the age of five years with severe acute malnutrition (SAM) with medical complications for feeding of their caregivers in hospital</p> <p><b>ACTIVITIES</b> Nutritional demonstrations, breastfeeding practices and food supplementation (Infant and Young Child Feeding in Emergencies – IYCF-E)</p> <p>Screening and referral</p>	<p><b>INFORMATION</b> Information on the availability of water in the target community by food security sector</p> <p>Information on the presence of water supply points in food distribution locations</p> <p><b>ACTIVITIES</b> WASH mechanism in various food distribution locations</p> <p>Awareness-raising on water, sanitation and hygiene practices</p> <p>Improvement of availability of water in communities affected by food insecurity</p>

### 3. Package of intersectoral activities:

The intersectoral package was defined based on the minimum package of activities for each sector and an analysis of opportunities for intersectoral activities between nutrition and the other sectors. The package contained nutrition-specific and nutrition-sensitive interventions recognized as having a significant impact on preventing and treating malnutrition, in order to achieve the results set out in the HRP and the priorities selected by the four clusters.

Some examples of intersectoral activities are as follows: integration of nutritional screening and referral activities during the seasonal malaria chemoprevention campaign; integration of other screening activities in food security activities during general food distributions, as well as during the food supplementation (BSFP) and Infant and Young Child Feeding in Emergency (IYCF-E) programmes; integration of growth monitoring activities in the Expanded Programme on Immunization (EPI); distribution of WASH kits to malnourished households and integration of nutritional education in WASH activities.

As already mentioned, the proposed package is in addition to the national guidelines issued by the Ministry of Health. It is intended to be a dynamic document in response to the changing situation, and may be subject to change as further analyses carried out by the various clusters emerge. The intersectoral package is structured according to the priority of the various areas,

which are classified from 1 to 3. An extract from the package is shown below. This indicates the target beneficiaries, opportunities for intersectorality and activities by type of area.

The full package is available here: [Intersectoral Activities](#)

<b>CRITICAL AREA – PRIORITY 1 according to the priority classification   Nutrition Cluster</b>						
Minimum Package of Nutritional Services	Targets	Opportunities for intersectorality	Activities	Accessible areas	Inaccessible areas	IDP sites
<b>BSFP (targeted preventive food distributions)</b>	Pregnant/lactating women with children <6 months	RCCE (integration of key COVID-19 messages)	<b><u>Pregnant/lactating women with children &lt;6 months and Children (6 to 23 months)</u></b> * Targeting of same households for BSFP and GFD/Vouchers	X	X	X
	Children (6 to 24 months)	Health (Community IMCI (treatment of diarrhoea/ARI) + immunization + pre/postnatal consultation)  Nutrition (active screening and referral/VAS days)  BCC (COVID-19, WASH, Health and Nutrition)	* BSFP combined with health and nutrition activities	X		X

Intersectoral coordination must be implemented both centrally and in the intervention areas for the deployment of an intersectoral package. This makes it easier to organize joint visits, as well as a common analytical framework. The information management tools used by the information managers (IM) were used to produce the map of convergence zones and their priority, and to define intersectoral packages. However, there is still a need to produce analytical and joint presentation of results tools to visualize the impacts of intersectoral interventions among populations over time.

#### 4. Development of an indicators framework for monitoring intersectoral activities:

The four clusters developed an intersectoral indicators framework to monitor the activities agreed in the intersectoral packages. The full indicators framework is here [Intersectoral Indicators](#)



An extract from the package with the name of the indicators to collect, the methodology to be used and the frequency of data collection is shown below.

INDICATORS	Type of indicator (process/result)	Methodology/Source	Frequency
<b>INTERSECTORAL INDICATORS</b>			
Number of integrated multisectoral coordination meetings at health district, regional and national level	Process	Report	Quarterly
Number of people who received key messages on nutrition, water, sanitation and hygiene, food security and health at the community level. (Disaggregated by category: target population and Community Health Worker (CHW))	Process	Report	Monthly



## RESULTS OF THE INTERSECTORAL COLLABORATION PROCESS



“The intersectoral collaboration resulted in the development of an integrated package of intersectoral activities to respond to the needs of the population as effectively as possible.”

## RESULTS OF THE INTERSECTORAL COLLABORATION PROCESS

The intersectoral collaboration resulted in the development of an integrated package of intersectoral activities to respond to the needs of the population as effectively as possible; the development of an information matrix for the package of intersectoral activities; and the development of an indicators framework to monitor the intersectoral activities.

Another result of the intersectoral collaboration was closer cooperation between the four clusters, with regular meetings and a better understanding of the constraints faced by each cluster and the opportunities available to them, and of priority needs, targeting and planned activities.

This also led to a closer bilateral working relationship between the nutrition cluster and the other clusters. One example is the organization of joint missions between the health and nutrition clusters to set up subnational clusters, resulting in the decentralization of coordination for both clusters at the operational level in health districts, for improved efficiency.

This collaboration encouraged more frequent and technically detailed discussions between the nutrition technical group in Dakar and the GNC's intersectoral help desk.

In July 2021, the food security and nutrition clusters began drafting a joint advocacy note on the food and nutritional situation in humanitarian areas in Burkina Faso to strengthen the integrated response. The process should be completed with the four clusters in 2022.

It also resulted in the development of multisectoral projects for the 2021 humanitarian response plan. A total of five multisectoral projects out of the 21 proposed overall were approved by the four clusters. Eleven out of the 18 projects for the HRP 2022 are multisectoral. The number of intersectoral programmes included in the humanitarian response plan rose from 24 per cent in 2021 to 61 per cent in 2022.

## MAIN CHALLENGES & BEST PRACTICES



“Humanitarian actors and authorities at the operational level agree on the necessity of intersectoral collaboration and programming, and are working to strengthen intersectoral collaboration in health districts.”

## MAIN CHALLENGES

Intersectoral programming faces numerous challenges. The four clusters and partners faced numerous obstacles in the development of the response and intersectoral programming. These included:

### ✓ Organizational reluctance

A large number of organizations that are used to working in a sector-specific way face institutional pressure to pursue a traditional approach. As a result, many projects are still designed on a sectoral basis from the stage of applying for funding onwards (sometimes in response to sector-specific calls to tender); it is therefore difficult to adapt them once funding has been secured. Conversely, when innovative projects are designed on a multisectoral basis, there is always a risk that they will be implemented without any real integration in the field, with activities and teams in the various sectors remaining separate, sometimes in different intervention areas. It is also important to emphasise that it is not always possible for organizations to access expertise in all the various technical fields. Finally, in terms of seeking complementarity between different organizations for multisectoral interventions, there are sometimes planning differences between projects as well as different procedures and approaches to implementation that prevent genuine synchronization and operational integration.

### ✓ Difficulties around access in the most affected areas

Instability in the most affected areas continues to have a negative impact on access to vulnerable populations. Populations are subject to permanent displacement because of insecurity, which creates fragility in some multisectoral projects; monitoring becomes difficult, especially in relation to resilience, which requires a continuity of humanitarian assistance to consolidate resilience through intersectoral approaches.

### ✓ Funding

The major challenge is mobilizing the financial resources required to implement intersectoral projects. The intersectoral collaboration initiative has no specific funding to ensure joint support activities with partners, resulting in limited geographical coverage for intersectoral projects.

Moreover, every sector is underfunded. For example, none of the four sectors received the necessary funding expected for the HRP 2021. Up to the end of September 2021, only the food security sector had received more than 25 per cent (26.6 per cent) of the funds needed to respond to the needs of the affected populations, while the nutrition sector received 21.4 per cent, the health sector 15 per cent and the WASH sector 6.6 per cent.<sup>7</sup>

In addition, there are delays with disbursements, often more than three months after projects are submitted. This delays the start of emergency programmes and means that needs assessments are out of step with the response.

Many donors do not prioritize the funding of multisectoral projects and are limited by their sector-specific funding mandate.

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<sup>7</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/Burkina%20Faso%20-%20Financial%20monitoring%20HRP%202021%20as%20of%20September%2030%2C%202021.pdf>

✓ Advocacy

Advocacy for intersectoral collaboration and programming remains limited and needs to be increased to mobilize more resources, especially for intersectoral projects. The four sectors and their partners have agreed to work on advocacy notes and key messages in 2022.

✓ The COVID-19 pandemic

The COVID-19 pandemic remains a major challenge for intersectoral collaboration. The lockdown restricted movements in the field and disrupted joint intersectoral visits. Furthermore, it was impossible to organize workshops for building partners' capacity on strategic approaches to implementing multisectoral projects.

COVID-19 limited physical contact and meetings, which would have been more effective in accelerating the intersectoral collaboration process. All meetings of the four coordinators and working group sessions were held online, which made the process more cumbersome, weakened sectoral commitments on their level of contribution and lengthened the time required to revise and finalize documents.

✓ Lack of understanding of intersectoral collaboration

There is a lack of understanding of intersectoral collaboration among certain partners and members of the clusters. Despite the fact that each sector presented its actions and intersectoral links during cluster coordination meetings, more knowledge of intersectoral collaboration will be needed to guarantee an understanding of intersectorality, followed by an active, continuous commitment by the partners.

✓ Partners' operational capacity

As well as inadequate funding, most partners face a lack of qualified human resources and a lack of agility for working in a rapidly changing humanitarian context.

## BEST PRACTICES

✓ Active involvement of the four clusters

High level of involvement of the various coordination teams and members of the various clusters concerned in pursuing intersectoral collaboration despite busy sector-specific agendas.

✓ Active involvement of humanitarian actors and the authorities

Humanitarian actors and authorities at the operational level agree on the necessity of intersectoral collaboration and programming, and are working to strengthen intersectoral collaboration in health districts. Nongovernmental organizations (NGOs) are committed to taking on joint leadership to support the health district authority as part of the coordination effort.

✓ Technical support from the regional office and the GNC

The technical support received from the team in the Dakar regional office and the GNC help desk provided an opportunity for open discussions on the obstacles encountered during the process, possible solutions and sharing experiences from other countries, such as the intersectoral work carried out in South Sudan and Yemen.

✓ Approval of intersectoral projects for the HRP 2021 and 2022

The partners put forward intersectoral project proposals for the HRP 2021 and 2022. The proposed projects were then examined jointly by the four clusters. This enabled better support

and ownership from the four clusters, a better understanding of who would do what and where, and whether any gaps remained, so that they could be covered as far as possible by the sectors.

✓ Involvement of development and emergency technical and financial partners.

The intersectoral development projects supported by the European Union were mapped and visited in person for a better understanding of the services they provide, and to which population. This helped to ensure that there was no geographical overlap with any emergency intervention programmes. A joint meeting was held to share and discuss the use of the indicators framework by development partners to monitor the intersectoral activities developed by the four clusters.



## TRANSFERABILITY AND SCALABILITY & NEXT STEPS



*This is a holistic approach, which is transferable and applicable to different contexts, including emergencies, transition or development.*



## TRANSFERABILITY AND SCALABILITY

Intersectoral collaboration in Burkina Faso is based on the idea that responding effectively and efficiently to the humanitarian needs of the population affected by the current crisis will improve their quality of life. As such, this is a holistic approach, which is transferable and applicable to different contexts, including emergencies, transition or development. The process used to develop an intersectoral approach there can be used as an example of the steps to follow to gather different clusters/sectors around a specific problem. The documents produced, including the integrated package of intersectoral activities, the development of an information matrix for the package of intersectoral activities and the development of a list of indicators to monitor intersectoral activities offer a starting point for thinking about developing this type of approach in a different context.

## NEXT STEPS

### ✓ Development of a joint intersectoral action plan

A more formal action plan for intersectoral collaboration and programming is required. This will allow the four clusters and partners to harmonize their interventions and provide a dashboard reflecting the actions to be implemented and results of interventions.

### ✓ Support for intersectoral coordination

The four clusters will continue to work together at the national, regional, provincial and community level to support intersectoral coordination. The clusters' technical contribution to the coordination platforms that already exist at all levels will help to improve communication and collaboration between the various actors and partners.

### ✓ Organize training on the intersectoral approach to raise awareness among other clusters and partners on the importance of this approach and share examples of existing projects and tools with them. All of this will mean there are more partners working alongside us, facilitating the rollout of this approach on a larger scale.

### ✓ Incorporate the protection sector

Protection is a cross-cutting sector that is essential for integrating intersectoral collaboration for greater accountability to the affected population and respect for the principle of “do no harm”. Even though all the clusters are individually involved in protection, it is important to ensure it is also incorporated in intersectoral programs. The protection sector will be invited to join the four clusters in intersectoral working.

### ✓ Establish a link with social safety nets

This will simplify the nexus between emergency and development work and support the development of a holistic, intersectoral approach in both areas. Social safety nets that already use an intersectoral approach should facilitate this process.

### ✓ Develop an intersectoral collaboration guide

Developing an intersectoral collaboration guide based on capitalising this experience will enable the establishment of a capacity-building plan and an extension of the approach to other sectors and countries.

### ✓ Institutionalize intersectoral collaboration with government partners

The participation of government partners is essential for ensuring long-term intersectoral collaboration and programming. It is envisaged, with the support of the four clusters, that government partners will produce their own strategic guidelines, including intersectoral

collaboration as a way of responding to the needs of the population of Burkina Faso. Furthermore, this approach is not simply a “humanitarian response”.

✓ Conduct an impact assessment for intersectoral collaboration

Formal and objective assessment will help to guide intersectoral collaboration actions on the basis of the results achieved. The four sectors will produce an action plan, shared tools and a timetable to evaluate intersectoral programmes. The lessons learned will be used to improve the approach and develop the necessary tools and advice.

✓ Increased engagement with donors

The four clusters will increase their engagement with donors to raise more funds for multisectoral projects and intersectoral coordination mechanisms.

The four sectors have agreed to work on advocacy notes and key messages as part of their increased engagement with donors. They will advocate prioritizing multisectoral funding in convergence zones to enable a more effective response to humanitarian needs and to strengthen the resilience of affected populations. A workshop to finalize the advocacy document is scheduled for 2022.

One encouraging point is the investment made by some donors in funding consortia over several years. An intersectoral approach with similar mechanism could undoubtedly benefit from a change of approach from donors.

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