

Lewis and Clark College
“Better Health for Internally Displaced Burkinabé”
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Kaya, Sanmentenga, Burkina Faso

A. Project Summary

This initiative strives to advance peace and encourage inclusivity, and solidarity by addressing the educational needs and healthcare requirements of individuals impacted by terrorist attacks in Burkina Faso. It significantly contributes to enhancing public health in the region by raising awareness, providing screenings for chronic diseases like hepatitis and cervical cancer, and making vaccinations available to internally displaced individuals, thus reducing the impact of disease in the country.

B. Project Description

This project was conducted in Kaya, a city in northern Burkina Faso with the highest population of internally displaced people (IDPs), in collaboration with the High Commissioner of Sanmentenga, the Provincial Director of Solidarity, Humanitarian Action, National Reconciliation, Gender, and Family of Sanmatenga, the Chief Medical Officer of the District of Sanmatenga, the Inspector of Primary and Non-Formal Education (IEPENF) serving at CEB 2 of Kaya, and the Radio Television of Burkina (RTB).

Our successful collaborations with government officials in the city of Kaya greatly facilitated the implementation of this project. The Chief Medical Officer allowed us to conduct screenings and vaccinations at the Health and Social Promotion Center (CSPS) in Sector 6 of Kaya and provided nine (09) nurses and four (04) supervisors. We covered the costs of medical materials (vaccines, speculums, etc.) and the compensation for the medical personnel. To support the activity, the Provincial Director of Solidarity helped us identify the most vulnerable internally displaced women around the camp and assisted us in accessing Kaya Parade Square.

To raise awareness about cervical cancer and hepatitis, we first organized an opening event at Kaya Parade Square. During this event, we sensitized the public about these diseases. Then, to incentivize participation, we donated ten (10) 50kg bags of rice and 5 liters of oil to the first ten internally displaced women and children who agreed to participate in the activities. The women were divided into three groups, with one hundred (100) women invited to the health center each day. Since the Hepatitis B vaccine requires prior testing, we funded hepatitis tests in addition to providing the three doses of the Hepatitis B vaccine. For cervical cancer screening, the women attended one-on-one sessions with doctors where they received further education about the disease and underwent screening.

The results of the screenings and vaccinations are summarized as follows: **234 women participated in the program.** Among them, **one woman was diagnosed with cervical cancer,** and **15 women were diagnosed with vaginal infections and received prescriptions.** Additionally, **16 women tested positive for Hepatitis B (among them, 8 women were pregnant).** **218 women tested negative for hepatitis B and received their first dose of the vaccine.** Note that the project covered the cost of all three doses, and

the women will receive their remaining doses at the Health and Social Promotion Center (CSPS) in Sector 6 on their scheduled appointment dates.

As a reward for participating in the project, **each of the 234 women received 25kg of rice and 2.5 liters of oil.**

C. Reflection

As Thomas Carlyle said, "He who has health has hope, and he who has hope has everything." The importance of health cannot be overstated, and this project was especially needed in the city of Kaya, particularly for the internally displaced women who struggle to access basic healthcare.

While this project was a great success and helped us establish new partnerships, we encountered several challenges. First, I couldn't travel to Burkina Faso for the duration of the project due to personal issues and immigration paperwork. I had to delegate some tasks to my team members and constantly communicate with them virtually (mainly via WhatsApp and Messenger) to provide support. Second, on the first day of screening, some women left in the afternoon because they were hungry and thirsty (this was the main reason we didn't reach our target of 300 women). Due to our limited budget, we couldn't provide food, so for the remaining days, we brought coolers with water bottles to the health center for all participants. Finally, it was heartbreaking to be unable to immediately assist those who tested positive for Hepatitis B and cervical cancer. Due to the confidentiality of health data, we couldn't meet them directly.

To this day, we are engaged in active discussions with the Ministry of Health in Kaya and the Provincial Director of Solidarity to explore potential funding and support for these individuals.

D. Personal Statement

This project has humbled me greatly and reminded me why I need to keep fighting for my community. A sustainable community starts with collaborative and collective efforts and, I will continue to be the voice for those who are voiceless, neglected, and marginalized.