
Partnering
with communities to
co-design humanitarian
health strategies:
A SeeChange CommunityFirst
Framework for implementation in
MSF projects
By the SeeChange-MSF CommunityFirst TIC Project Team

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**SeeChange**

SeeChange is a social purpose organization founded in 2018 in Canada. It is dedicated to supporting vulnerabilized communities to respond to health crises through a CommunityFirst approach and taking part in decolonizing humanitarian action. SeeChange presently works with communities in Northern Canada, Latin America, and Sub-Saharan Africa.

SeeChange aims to shift the paradigm of traditional top-down humanitarian assistance to create solutions that consider communities as active agents of their own process of recovery and resilience.

**MSF TIC**

This project is supported by the MSF Transformational Investment Capacity (TIC) which provides an opportunity for MSF staff and association members to bring forward new ideas to change how MSF works to better meet the evolving needs of patients and communities. MSF invests funds, intellectual capital and human resources to improve its ability to deliver urgent, lifesaving care both now and in the future.

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# Acronyms and definitions

**Acronyms**

**ASRHR:** Adolescent sexual and reproductive health and rights
**CBOs:** Community-based organizations
**DDEI:** Decoloniality, Diversity, Equity and Inclusion
**LGBTQIA+ :** Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual +
**FGM:** Female genital mutilation
**HP:** Health Promotion
**MoH:** Ministry of Health
**MOU:** Memorandum of Understanding
**MSF:** Médecins Sans Frontières
**OC:** Operational Centre
**OCA:** Operational Centre Amsterdam
**OCB:** Operational Centre Belgium
**OCP:** Operational Centre Paris
**PMEAL:** Participatory, Monitoring, Evaluation, Accountability and Learning
**SGBV:** Sexual and gender-based violence
**SOGIESC:** Sexual orientation, gender identity, gender expression and sex characteristics
**SMART:** (Specific, Measurable, Achievable, Relevant, Timebound)
**SRHR:** Sexual and reproductive health and rights
**TIC:** Transformational Investment Capacity

**Terms and definitions**

**Co-design:** Co-design is a participatory approach to create solutions, in which community members are treated as equal collaborators in the design process. In this process, equal value is given to all expertise, whether coming from lived experience (social movements, local actions), professional experience, or education.

**Community:** A group of people that recognises itself or is recognized by outsiders as sharing common cultural, religious, or other social features, backgrounds, and interests. It forms a collective identity with shared goals.[01]

**Community activators:** Members of the community who are interested in and will be responsible for leading activities throughout the different phases of the MSF project.

**Community health analysis:** MSF team members and local actors by which community members identify their health priorities and challenges, analyze their social determinants of health and root causes of health challenges.

**CommunityFirst:** CommunityFirst is an approach designed by SeeChange that aims to involve community members in the design, implementation, and ownership of the solutions to the health problems they face. Through this process, it mobilizes the latent capacities, knowledge and strengths of communities.

**Decolonizing global health:** "A movement that fights against ingrained systems of dominance and power in the work to improve the health of populations, whether this occurs between countries, including between previously

01 The UN Refugee Agency. Handbook on Procedures and Criteria for Determining Refugee Status and Guidelines on International Protection [Internet]. Geneva: UNHCR; 2019 [cited 2023 Nov 13]. Available from: https://docs.google.com/document/d/1Y23YDanVnjmWWydth8CfTuDKk6SL2JxxFm2M-HF32EQ/edit#:~:text=https%3A//www.unhcr.org/sites/default/files/legacy%2Dpdf/5ddfcdc47.pdf

colonizing and plundered nations, and within countries."[02]

**Participatory methods or methodologies:** Include a range of activities with a common thread: enabling ordinary people to play an active and influential part in decisions which affect their lives. This means that people are not just listened to, but also heard; and that their voices shape outcomes.[03]

**Social determinants of health:** The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. These factors either support or limit the health of a population.[04]

**Vulnerabilized communities:** Communities that have been made vulnerable by systemic forces (i.e. colonization, systemic racism, discrimination, extractive industries, institutional neglect and the proliferation of lllegal, informal and criminal economic activities throughout rural and Indigenous land).

02 Khan M, Abimbola S, Aloudat T, et al. Decolonising global health in 2021: a roadmap to move from rhetoric to reform BMJ Global Health [Internet]. 2021 [cited 2023 Nov 15];6:e005604. Available from: https://gh.bmj.com/content/6/3/e005604.citation-tools. doi: 10.1136/ bmjgh-2021-005604.

03 Institute of Development Studies. About Participatory Methods [Internet]. UK: Institute of Development Studies [cited 2023 Nov 13]. Available from: https://www.participatorymethods.org/page/about-participatory-methods.

04 World Health Organization. Social Determinants of Health [Internet]. World Health Organization [cited 2023 Nov 13]. Available from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

# 1 Introduction

## The imperative of partnership in humanitarian action

**by Rachel Kiddell-Monroe**

."The world is collapsing in on itself," says Solomon Benatar.[05] The world is witnessing cascading crises caused by war and conflict, climate change, racism and socio-political polarization. The impact on people most vulnerable to these crises is already devastating and will only continue to escalate. The current humanitarian system is unable to meet the needs of today, let alone tomorrow.

Globally we are beginning to accept this massive upheaval and collectively strive to reach a new status quo. To play its role in alleviating suffering and restoring dignity, the humanitarian system will have to undergo a fundamental transformation, the beginnings of which are starting to emerge. MSF, as a leading medical organization, has the potential to play a determining role in that transformation. To realize that potential, MSF needs to adopt and incorporate new ways of doing that respond to where the world is today.

On one hand, there is the pragmatic argument: leveraging the strengths and assets of communities and local organizations allows humanitarian action to be more cost-effective, at a time when the system is said to be underfunded. With that, we can then acknowledge that communities are often best placed to understand their own needs, that they are often the first responders in a crisis, and that they will be there long after the crisis ends. Furthermore, in a protracted and chronic crisis, we can foresee communities filling the gaps in our current approaches that are unsustainable and falling short.

On the other hand, we are obliged to stretch ourselves beyond pragmatism and look to the

05 Presentation at the "Decolonization of Humanitarian Action", McGill University Global Health Programme, Executive Summer Course 2022 (led by Professor Rachel Kiddell-Monroe and Dr Teresa Bonyo). He also said this in a presentation to the MSF International Board in Spring 2018.

ethics of our actions. We know that today's humanitarian system remains anchored in a colonial structure and mindset, embedding racism and social injustice into our humanitarian practices. Unwittingly and painfully, we constantly perpetuate the domination of Western culture, values and approaches. We have seen how this has undermined our responses to Ebola and COVID-19.

We need to counter that reality in MSF. Restoring dignity requires us to change our relationship with communities; instead of owning and imposing the crisis response, we strive to be partners in the co-creation of that response.

This requires humility as a precursor.[06] Alleviating suffering becomes a common cause between the community and MSF; a common ethical responsibility which we work together to achieve. This re-empowers the community and brings the possibility for autonomy and resilience to face the transition ahead of us.

These represent fundamental shifts in mindset, culture and methodology. The purpose of the CommunityFirst Framework is to guide us in how this can be done.

06 Personal Commentary of Carmen Chilton, a Canadian Indigenous medical doctor speaking during an MSF Canada General Assembly in 2023. Like all other Indigenous leaders, she emphasizes that working with communities "is all about relationships" and respect for traditional practices.

# 2

# Purpose and use

The CommunityFirst Framework is intended to be implemented by field teams at MSF. The theoretical aspects and evidence presented on the importance of community engagement are intended for all MSF staff seeking to learn more about why and how to shift the way we work with communities as humanitarians.

We believe this guideline, and other tools like it (including OCA's Person-Centred Approach Guidance[07], and MSF Vienna Evaluation Unit's Guidance for Involving Communities[08]), to be an important contribution to the growing movement of communities and humanitarian actors who are pushing for changes in the humanitarian system that translate to dignity, health, justice, equity and self-determination for communities around the world.

Specifically, the CommunityFirst Framework is intended to guide MSF teams to co-design health strategies with communities, throughout all stages of the project cycle, for exploratory missions, projects that are just opening, projects that have been running for some time, or those that are closing.

At the time of publication, the CommunityFirst Framework has been tested in pilot projects in: (1) Madre de Dios, Peru (MSF OCP, August 2022), (2) Tonkolili, Sierra Leone (MSF OCA, November 2022) and (3) Anzoátegui, Venezuela (MSF OCB, February 2023) The experiences from these pilots (feedback from teams, implementation results, adaptations to each context, etc.) have informed the adaptation of the Framework.

CommunityFirst builds on existing community engagement work inside MSF and contributes a practical framework for co-designing health initiatives with communities. To avoid duplicating efforts and resources around community engagement inside MSF, the appendices in this guideline largely refer to already existing MSF resources.[09]

This guideline is meant to be a living document that can evolve and be adapted given the experience of MSF staff and community members and diverse community contexts. This guide can be used by anyone in MSF who is interested in partnering with communities to improve the responsiveness and impact of their humanitarian programs. This is the first iteration of the document. Subsequent iterations will be published based on additional testing during future phases of the CommunityFirst TIC project. If you use this guideline and have feedback or thoughts, reach out to our team at: communityfirsttic@rio.msf.org or hello@seechangeinitiative.org.

07 Burtscher D. Involving Communities: MSF Guidance Document for Approaching and Cooperating with Communities. 2013. MSF Vienna Evaluation Unit.

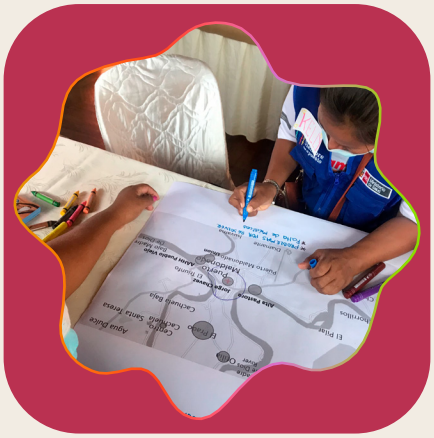
08 Hoetjes M. Integrating a Person-Centered Approach in an Emergency Response and Throughout the Project Cycle. 2022. MSF OCA.

09 There is a particular focus on those resources created by the OCA guide: Integrating a Person-Centered Approach in an Emergency Response and Throughout the Project Cycle (Maartje Hoetjes, MSF OCA, 2022)

3

# Piloting CommunityFirst of the MSF projects

During Phase I of CommunityFirst TIC, this guide was tested and adapted in three different MSF projects to support MSF teams in co-designing strategies with communities. The pilots were conducted across different Operational Centers, as well as in projects in distinct phases of the project cycle. These pilot projects will be used as examples throughout this guide of how the CommunityFirst Framework can be applied in different operational settings.



## Madre de Dios, Perú

The first pilot project was carried out in Madre de Dios, Peru (OCP), as part of an exploratory mission in a violent peri-urban context affected by exploitation and informal extractive industries, human trafficking, sexual and gender-based violence and limited access to health and social services.

There are 35 native communities present in the area that face serious difficulties in accessing healthcare due to the distance from health centers and the discrimination from staff and providers.

The objective of this pilot was to engage SGBV frontline responders and community members who are volunteer health promoters in the area to support MSF in understanding their priorities, challenges, strengths and existing solutions in order to co-design a proposal for MSF Peru's potential project in Madre de Dios.

## Tonkolili, Sierra Leone

The second pilot took place in Tonkolili, Sierra Leone (OCA), a rural context where adolescents are highly exposed to sexual, physical, and psychological violence within their homes and communities. As part of this pilot, a new adolescent sexual and reproductive health and rights (ASRHR) initiative was developed in an existing maternal and child health project together with MSF teams.

This collaboration aimed to promote the participation and leadership of adolescents living in highly vulnerable situations who require quality and adapted SRH services. The initiative contributed to strengthening both the capacity of MSF team members and adolescents to co-design together and create a network with local community-based actors working on ASRHR in the region.

## Anzoátegui, Venezuela

The third pilot was in Anzoátegui, Venezuela (OCB) which is a complex humanitarian crisis setting. We worked with the MSF team to strengthen the target population's access to preventive, educational, restorative and participatory community activities.

Together we designed workshops that led to a collaborative community health analysis of the local area and strengthened the communities' capacity to respond by designing health promotion materials and taking on leadership roles in responding to their health problems.

# 4

# The CommunityFirst Framework

## What is it?

The CommunityFirst Framework consists of a cycle of four phases: Connect, Engage, Activate, and Reflect. During these phases, the MSF team works together with community activators (members of the community who are interested in and will be responsible for leading activities throughout the different phases of the MSF project) to facilitate a process by which community members lead their own analysis of the public health challenges they are facing, design initiatives that build on the strengths of communities and complement existing local solutions, and engage in monitoring and evaluation that is driven by the communities' own view of success. This analysis can be oriented towards a specific health challenge (i.e. mental health of migrants or adolescent SRH) or can cover community health more broadly, with the goal of identifying the community's priority areas.

This process is not meant to be separate from the activities of the regular project cycle of MSF, and as such, can be integrated into a regular project cycle (see diagram on following page).

Above all, this Framework should be understood as adaptive; the phases, steps and tools outlined in this guide are meant to provide a framing to support the co-design process. Of course, every application will be different and the unique social, economic, environmental, political and health factors in each context (and the ways in which these factors may affect community members differently by age, gender, etc.) may require distinct tools, techniques and resources.

It is important to note that this guide has not yet been adapted for or tested in an emergency context, however this testing and adaptation will occur in the subsequent phases of the MSF CommunityFirst TIC project.

## Who is it meant for?

While community engagement is often relegated to health promotion teams in MSF, this approach is transversal and is meant to incorporate all departments. It is recommended to discuss with the team to determine a plan and assign roles, responsibilities and timelines for all departments. Documentation of the process is important, and teams should consider who will be responsible, how and where the information will be recorded and updated and how it will be shared with community members and MSF team members.

## Connect

Conduct a context analysis

Map & connect with community leaders & stakeholders

Understand community's relation to health and health services

## Engage

Engage with community & form a team

Create agreements of collaboration

Prepare team for workshop

Reflect on tools


## Reflect

Co-create a PMEAL system with the community

Think about partnership closure & lessons learned

Strengthen network and identify ways to amplify the knowlege

## Activate

Co-facilitate a workshop using participatory methodologies for community health assessment

Co-design a community health action strategy

Connect communities to external actors

Implement activities

## When should it be used?

The ideal time to use this guide is at, and even before, the exploratory stage of a project, where it is essential to understand the challenges, strengths, interests and priorities of the community and begin to build trust and establish partnerships. However, communities should have an active role in design and implementation throughout all phases of a project cycle and this guide can also be used in order to reorient activities in an existing project. The cycle can be repeated over and over again, maintaining a constant and open dialogue with community stakeholders to understand new or changing needs and priorities, levels of satisfaction with MSF response and to continue to work in partnership with communities throughout MSF program assessment and evaluation.

## Why CommunityFirst in MSF?

Recent operational research[10] conducted by Gabrielle Schittecatte in DRC, Lebanon and Venezuela demonstrates a clear discordance between MSF institutional policy around community engagement and implementation at the field level. Schittecatte notes that community engagement is repeatedly stated as essential in institutional policy documents, yet in practice, while MSF projects generally establish links with communities, MSF largely remains the sole decision-maker on the medical and humanitarian content, and communities are punctually engaged, largely on terms determined by the organization. Furthermore, while field and HQ staff interviewed generally agreed on the importance of community engagement, the definition of community engagement, its objectives, process and evaluation varied significantly. To better understand these disparities around community engagement in MSF, see Appendix 1.

Considering this gap between theory and practice, we consider the CommunityFirst Framework to be one way to embody and embed community engagement throughout operations. It is a reflection of community engagement as a way of working; a process, rather than a one-off educational activity.

CommunityFirst is a way to increase the representation and meaningful participation of communities in the design of health programs so that communities can create solutions to public health challenges that respond to their own needs, priorities and interests and mobilize their own assets, knowledge and capabilities.

CommunityFirst seeks to generate responses that go beyond the traditional biomedical model of humanitarian programs, to those that analyze public health challenges from a holistic perspective, recognizing how the socioeconomic, political and environmental context (present and historical), as well as inequalities based on ethnicity, disability, socioeconomic status, age and SOGIESC (sexual orientation, gender identity, gender expression and sex characteristics) affect access to health services and the well being of communities.

This approach does not suggest that communities should have to respond to their needs alone, but in collaboration and coordination with humanitarian actors, governments and local authorities as needed. This approach recognizes community members' role as active agents in their own political, economic, and social processes through which they seek to live dignified lives, free of violence and able to exercise their basic human rights.

To achieve this vision, it is important to ensure that objectives of community engagement are not limited to raising awareness of disease-specific information and MSF services, but incorporate the following:

- Community involvement and collaboration in the definition of their major health

10 Schittecatte G. How can you measure what you can't define? A qualitative study exploring community engagement at Médecins Sans Frontières [Master's thesis]. Institute of Tropical Medicine Antwerp; 2021.

challenges and priorities.

- Collaboration in **definition of solutions** for identified needs.
- Integration and involvement of a diversity of community members in **monitoring and evaluation** of strategies.
- Involvement of communities across the operational project planning cycle to **shift power** to communities.
- Respect for the medical principle of do no harm.
- Systematic integration of mechanisms for communities to voice their feedback and for MSF to **listen and adapt.**
- An **equitable, respectful and trusting relationship** built between MSF and communities.

As such, the following **outcomes** are expected :

- Communities lead their own initiatives to respond to the health challenge; these initiatives build on their own skills, capacities, culture, knowledge and strengths thereby supporting communities to **achieve their own health objectives.**
- Resilience of communities to respond to current and **future crises** is strengthened.
- **Most vulnerabilized** communities are reached.
- Enhanced **relevance and responsiveness** of project to community through their continual involvement.
- **Improved coordination with other actors,** especially community actors, and limited duplication of efforts.
- Increased **accountability** of MSF to communities.
- Improved **sustainability** and quality of **health outcomes.**
- **Community-based surveillance** system established.
- **Decision-making power** on operational objectives is shared.
- Communities **better equipped to advocate** for their health needs to government and humanitarian actors.
- Communities can **exercise their rights** and duties to participate individually and collectively in the planning of their healthcare.[11]

11 Pan American Health Organization / World Health Organization. Declaration of Alma-Ata [Internet]. Pan American Health Organization / World Health Organization. USSR; 1978 [cited 2023 Nov 9]. Available from: https://www3.paho.org/hq/index.php?option=com_content&view=article&id=13774:declaration-of-alma-ata&Itemid=0&lang=en

**Roots in Participatory Approaches**

This guide draws on methodologies used in community-based participatory action research[12] and *"Diagnósticos Rurales Participativos"*[13], which were founded on the emancipatory ideas of Kurt Lewin and by Paulo Freire. Today, these techniques are widely used by researchers and practitioners in the fields of international development, global health, agriculture and peacebuilding. The aim is to co-create strategies and solutions with communities that are grounded in the social determinants of health, social justice and social change. They have been used in programs responding to substance-use prevention with youth, HIV and Hepatitis B[14], Hepatitis C[15], harm reduction[16], SRH programs for racialized groups[17], NCDs[18], occupational health, and environmental health among others.

CommunityFirst is inspired by participatory methodologies from these approaches, and adapts them for the design of actionable strategies for community-led responses to health and humanitarian crises.

12 Wilson E. Community-based participatory action research. In: Liamputtong P, editor. Handbook of Research Methods in Health Social Sciences. Berlín, Alemania: Springer; 2019. p. 285–98.

13 Expsito Verdejo M. Doagnóstico Rural Participativo. Una Guía Práctica - Centro Cultural Poveda.

14 Ma GX, Gao W, Tan Y, Chae WG, Rhee J. A community-based participatory approach to a hepatitis B intervention for Korean Americans. Prog Community Health Partners [Internet]. 2012 Spring [cited 2022 May 23];6(1):7–16. Available from http://dx.doi.org/10.1353/cpr.2012.0002

15 Serumondo J, Shilton S, Nshimiyimana L, Karame P, Dushimiyimana D, Fajardo E, et al. Values and preferences for hepatitis C self-testing among the general population and healthcare workers in Rwanda. BMC Infect Dis [Internet]. 2021 [cited 2022 Jun 22];21(1):1064. Available from: http://dx.doi.org/10.1186/s12879-021-06773-6

16 Lazarus L, Shaw A, LeBlanc S, Martin A, Marshall Z, Weersink K, et al. Establishing a community-based participatory research partnership among people who use drugs in Ottawa: the PROUD cohort study. Harm Reduction J [Internet]. 2014;11(1):26. Available from: http://dx.doi.org/10.1186/1477-7517-11-26

17 McCuistian C, Peteet B, Burlew K, Jacquez F. Sexual health interventions for racial/ethnic minorities using community-based participatory research: A Systematic Review. Health Educ Behav [Internet]. 2021 [cited 2022 May 23];10901981211008378. Available from: https://pubmed.ncbi.nlm.nih.gov/33870765/

18 Campbell JA, Yan A, Egede LE. Community-based participatory research interventions to improve diabetes outcomes: A systematic review. Diabetes Educ [Internet]. 2020 [cited 2022 May 23];46(6):527–39. Available from: https://pubmed.ncbi.nlm.nih.gov/33353510/

# 4.1 Getting Ready

## Organizing with your MSF team

Prior to launching the CommunityFirst Framework in your project, it is important that, regardless of your role, the rest of your team at project, country, regional or OC level are on board, aware, and supportive of the process, as well as engaged in trying to implement the outcomes.

**Discuss:** Organize team meetings to review the framework together and the team's understanding of community engagement in the project. Discuss how using this framework could benefit communities and impact the activities of each department.

Through these discussions, assess the willingness of the team to engage in this type of participatory approach and the competencies you may need to develop to carry out this plan. For any additional support, contact communityfirsttic@rio.msf.org or hello@seechangeinitiative.org

- ***1. Tip:*** Materials about CommunityFirst and on the importance of community engagement in humanitarian responses may be useful when you lead these discussions (Appendix 2: CommunityFirst presentation, Appendix 3: MSF Southern Africa's FAQs on Community Engagement in MSF).

- ***2. Tip:*** As high staff turnover is often noted as a barrier to sustaining engagement with the community, it will be important to ensure that onboarding for new staff members includes information about this initiative.

## Assess capacity and commitment

- **Scope:** Identify MSF's limitations, obligations to communities, and the areas in which it can commit to collaborating.

- **Human and Financial Resources:** Ensure available budget (ideally either during annual planning or mid-year review) for community activities (considering stipends for community activators, transportation costs, workshop materials, food) and staff availability.

- **Skills:** This framework often requires the use of participatory methodologies. Facilitate a discussion with the implementation team around participatory methodologies. In Phase 3, Step 1, you will find a sampling of participatory methods utilized in the pilot projects. For additional ideas of participatory methods and more information, see: https://www.participatorymethods.org/methods. For further training in participatory methodolgies, enroll in OCA's Methodshop course, available on Tembo: https://tembo.msf.org/course/view.php?id=1369

- ***1. Tip:*** Take a moment to ask if any team members already have skills or experience working with these methods. If some teams have already worked in communities, ask these team members if they can help to strengthen the capacity within the team. For those with experience working in communities, ask what techniques have

been used in the past and how effective they were.

- **Biases:** Work with the whole team to critically reflect on and address biases and assumptions. See Appendix 4 for practical considerations for the team around Decoloniality, Diversity, Equity and Inclusion (DDEI).

- **Lived experience and knowledge:** Are there MSF team members who identify as part of the community(ies) in question? Ensure that these team members can take on leadership roles in the implementation of this framework if they so choose, and have the space to share their knowledge and insights.

    - ***1. Tip:*** Consider the different possible interactions that each department has with communities, thinking beyond just teams that traditionally work with communities, such as HP. For example, can the relationships the logistics department have with vendors, or the medical department with health zone staff be leveraged?

- **Plan:** Determine who wants to be involved from the different technical departments and who will be responsible for each task within the Framework, identifying one or two people who will be stewards and can form a committee to lead the implementation. Ideally, team members from all departments should play a role to ensure transversality.

- **Propose & Coordinate:** Once you have an initial plan for who will be involved in what from the MSF team, and when the initiative will be launched, involve country and regional coordination and ensure buy-in.

    - ***Tip:*** Make note of any activities that require financial or material resources and coordinate with the team to make this available.

On the road to co-design...

# Connect

Phase 1

# Connect

**Objective:** *Build and nurture a trusting relationship with the community in order to understand the community's own priorities and perspectives on their health.*

This phase focuses on understanding the experiences of the communities and how certain factors (i.e. social and political conflict, poverty, discrimination, violence against women and girls, intergenerational trauma, discrimination) are perceived by the community members to affect health and well-being. In this phase, you will gauge the interest of community members and local actors in collaborating with MSF and start to identify potential areas of collaboration.

It is important to note that this phase should not consist of one-off activities performed solely before the project begins, but is rather an adaptive process that can be repeated and documentation updated throughout the duration of the project as the context and actors change.

Throughout this phase, the information acquired from background research and in-person dialogues should be well-documented and triangulated.

## STEP 1: Analyze the context and social determinants of health[19]

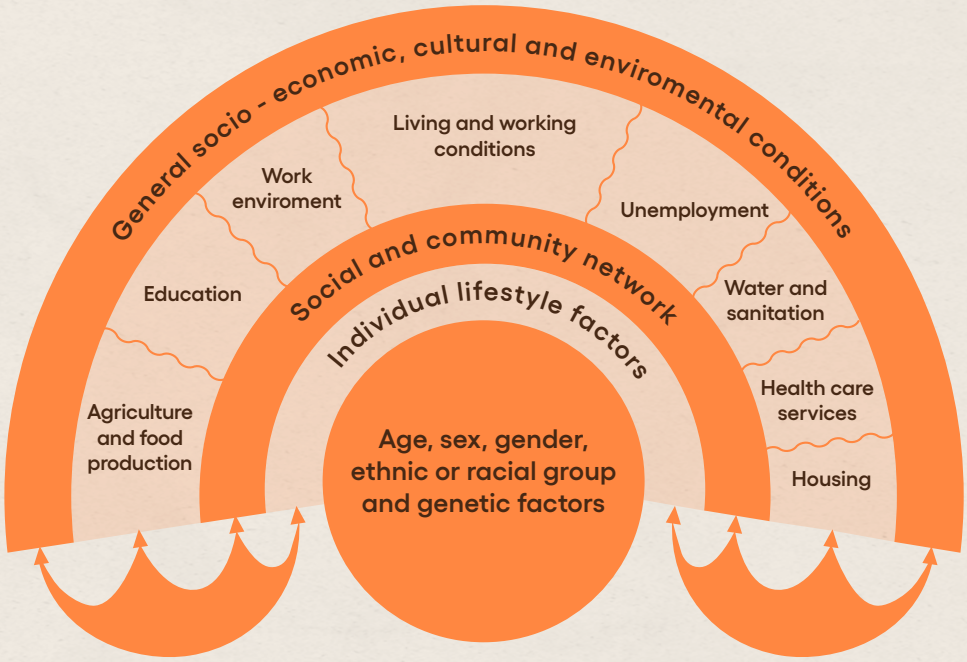
Before organizing meetings with community members, collect information about the communities-- this can be from reports from community-based organizations, other NGOs, news media, social media, academic texts, MoH, or previous MSF accounts. This is done to meet community members from an informed and respectful place and complement the information gathered from community interactions in Step 2 of connect.

Search for information on existing health centers, hospitals, types of services, referral routes, medical and logistical resources available. Sketch a rough idea of possible gaps, while staying open to new ideas and perspectives communities may raise in Step 3 of this phase.

### Tips for collecting background information

- Gather epidemiological data on morbidity and mortality by age and gender, vaccine coverage, health coverage, malnutrition and food security, mental health, SRHR, vector-borne diseases, access to water and sanitation, SGBV and other public health concerns depending on the context. Identify possibly vulnerable groups.
- Analyze demographic data, and information on religion, ethnicity, education, political context, employment, economy and poverty. Use government data if available and reliable, and cross-check with data from other local health actors.
- Access MoH country and regional health strategies, humanitarian needs overview, country cooperation strategy (WHO) and the strategy to address the Sustainable Development Goals.
- Use any existing MSF Rapid Health Assessment reports, Explo reports, HP rapid assessments.
- Understand leadership and decision-making structures in the community as well as any gatekeepers to information.
- Understand the history of vulnerabilization of the community (i.e. colonization, wars, conflicts, epidemics, pandemics).
- Evaluate environmental factors (chemical, air or soil pollution, climate change, natural disasters, biodiversity loss, poor water quality, natural resource extraction, etc.) that may impact health.
- Identify security concerns through reports from local authorities and local and regional NGOs, community alert networks, news reports, etc.

19 For more information, see WHO Overview on Social Determinants of Health




***Social determinants of health*** *refer to access to power, money, and resources and the conditions of daily life that affect health and well being for groups of people. These conditions support or limit the health of a community or a population. Health disparities or inequalities occur when there are differences in conditions—where people are born, live, work, and play—across different groups*[20].

20 Chapter 2. Other models for promoting community health and development [Internet]. Ctb.ku.edu. [cited 2023 Nov 13]. Available from: https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/social-determinants-of-health/main

## CASE STUDY: MADRE DE DIOS, PERÚ

The health of communities in Madre de Dios is affected by complex and intersecting political, environmental and socioeconomic factors. Illegal mining, human trafficking, corruption, exclusion of native communities, internal displacement, sexual gender-based violence significantly affect the health of people in Madre de Dios.

To better understand the overall context in the region, the MSF team and SeeChange carried out a context analysis through a combination of background research and an actor mapping using internet searches, social networks of key stakeholders and through existing SeeChange and MSF contacts. The team identified and filtered actors representing a diversity of sectors, including: Indigenous associations, community leaders, research centers, academics, artists/writers/filmmakers, and government officials. The focus was primarily on actors working on SRHR, human trafficking, Indigenous rights defenders and gender-based violence.

Semi-structured interviews were conducted remotely with key actors to discuss issues relevant to the communities. An interview guide was designed that included questions around the main challenges, priorities and assets existing in the communities, their relationships with health centers and other actors, and their perceptions of the most common diseases.

### STEP 2:
### Map and create networks with key actors

Identify actors within communities who may be interested in collaborating with MSF, and whose insights may contribute to a better understanding of needs and solutions.

#### Starting to identify actors

Internet searches and social media can be used to identify the international, national and community actors responding in the community and the region. Reports (journalistic, academic, organizational), advocacy initiatives, activist networks, as well as recommendations from others living and/or working in the region can be helpful places to start.

It may be useful to search for the following type of actors:

- Actors and groups involved in the health and wellbeing of communities.
- Social and human rights organizations working with the most vulnerabilized groups.
- Community-led initiatives.
- Local or diasporic artists, musicians, poets, writers, campaigners, researchers, speakers.

Tip: While key stakeholders may include those who are the head of organizations or are considered leaders, it is important to be able to identify those key actors who may not be in positions of power, but who have an important perspective to share. These could include ethnic groups, women or youth, LGBTQIA+, people with disabilities, older persons, or those who are economically disadvantaged.

See Appendix 5: Stakeholder mapping tool (MSF OCA, 2022)

### STEP 3:
### Get to know the community first-hand

Once in the community, walk around (ideally with a trusted community member(s) to get a lay of the land, and meet informally with different community members, shop-keepers, service providers, and begin to observe the dynamics and geography, environment and social fabric of the community.

### STEP 4:
### Begin dialoguing with actors

After identifying a variety of actors (community leaders, local organizations, representatives from MoH, INGOs, NGOs), set meetings with these actors. In this first meeting, introduce MSF, what we do, our capacities and limitations and express the intention to collaboratively address health challenges through the process of co-designing with communities. This is a moment to gauge the interest and willingness of these different actors to form part of the response.

This step is just the beginning of what should be ongoing dialogues with the different actors in the communities.

***Tip:*** Ensure that MSF local and/or national leadership representatives are present in conversations with local actors and are committed to having clear lines of communication.

#### Questions to consider in dialogues with actors:

- **What are each actor's greatest strengths and challenges?**
- **What is their relationship with the community(ies)?**
- **Which populations do each actor reach and what services do they provide?**
- **What gaps do they see?**

## CASE STUDY: Tonkolili, Sierra Leone

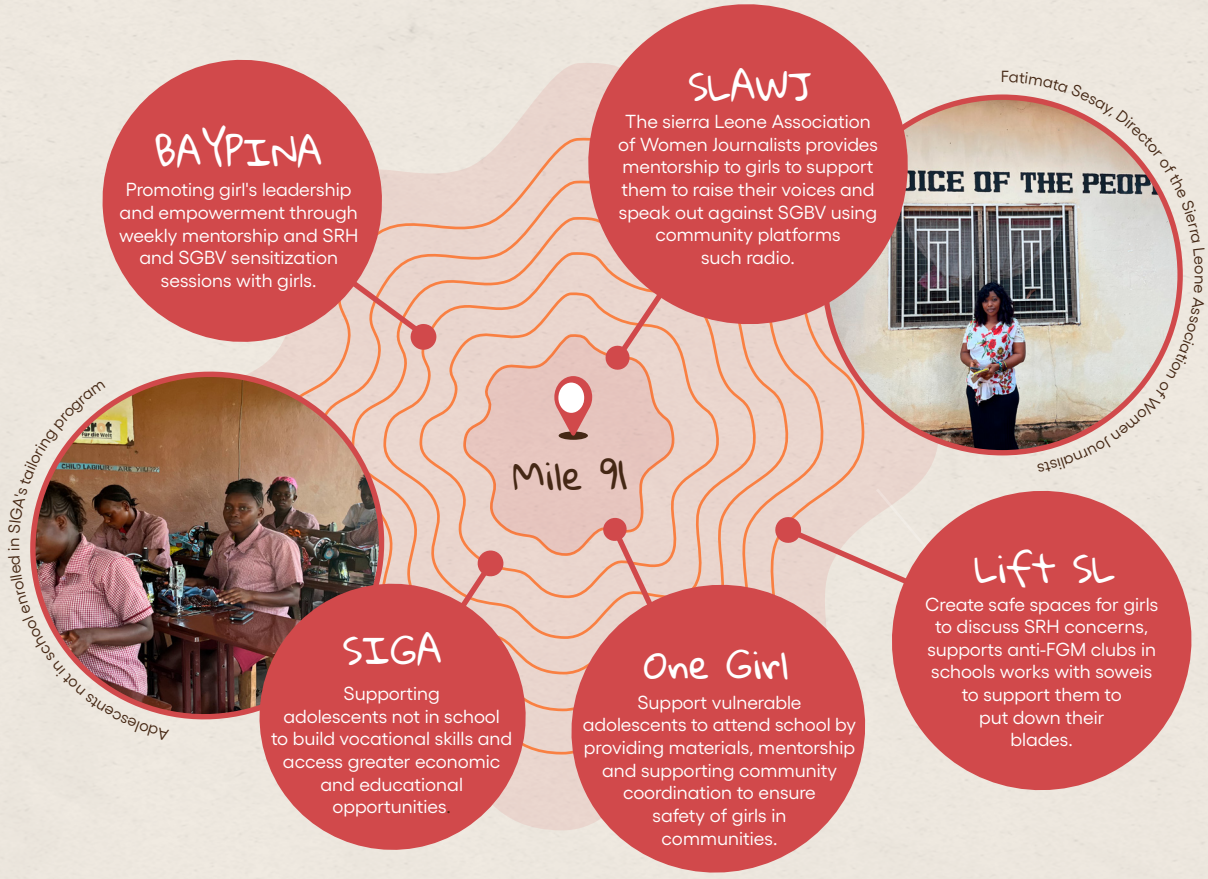
Before beginning the collaboration with MSF Sierra Leone in Tonkolili District, a stakeholder mapping was conducted through an internet search of reports by international organizations, advocacy campaigns, social media, documentaries, and adolescent activists advocating or conducting activities related to ASRHR at the regional and local levels.

Once our team arrived in the community, through discussions with MSF staff and community members, we identified additional local actors working with adolescents, some of them CBOs and others local chapters of national or INGOs.

By working with initially identified community organizations and groups, we were able to connect with other less visible local organizations addressing ASRHR issues with more vulnerable groups. A positive finding of this process was the identification of organizations that worked with out-of-school adolescent girls and boys in highly vulnerable situations, who were among the most important groups to be included in the ASRHR co-design strategy.

Discussions were held to dialogue and better understand their areas of work, perceptions of ASRHR in the district, referral pathways, and the organization's strengths and challenges, as well as their desire to collaborate and strengthen the ASRHR response.

### "Sierra Leone Actor Mapping"




## STEP 5:
## Understand the community's relationship to health and health services

This phase consists of community dialogue circles, focus group discussions or one-on-one dialogues with community members, and can serve to further inform and complement the context analysis and mapping of actors.

The purpose of these discussions is to better understand different community members' perspectives on the health issues they are facing, as well as their health-seeking behaviour.

To best facilitate trust and active participation, an ideal size for these discussions is around 5-7 people. The groups should have some connecting factors. For example, if the focus is on adolescent sexual and reproductive health, discussion groups could be broken into 1) adolescents in school, 2) adolescents out of school, 3) parents and 4) teachers.

## Best Practices - Tips for organizing a community dialogue circle

- Choose a space that is safe (according to the project's security protocol), comfortable, central, quiet and at a time that is convenient for participants.
- Provide compensation for transport, food and drink during the discussion and monetary incentives/honorarium for participation.
- Review discussion questions with a trusted community member or local MSF staff members (of different genders) to ensure culturally appropriate and sensitive language and formulation.
- Provide consent form and/or ask for oral consent of participants to participate (ensuring parents provide consent for minors).
- Co-facilitate the dialogue with a community member or MSF local staff.
- If sensitive topics will be discussed, consider having a counselor present during the discussion or available for afterwards.
- Clearly explain the purpose of the discussion to the participants and the intention of co-designing.
- Discourage group members from using names or identifying attributes of individuals in any anecdotes they may share.
- Emphasize the importance of confidentiality, and have participants agree at the outset that they will not share personal information shared by others outside the group.

See Appendix 6 (Focus Group Discussion Topic Guide, MSF OCA, 2022)

See Appendix 7 (Conducting Key Informant Interviews, MSF OCA, 2022)

If initial information searches indicate a specific health challenge (i.e. SRH, tropical diseases, mental health), the questions can be oriented accordingly. Regardless, it is important to keep an open mind and listen to communities and how they express their health challenges. Groups who are most affected and vulnerable in regards to certain issues should be identified and included in initial dialogues.

## Orienting Questions

- What health challenges most frequently affect the community?
- What are the hygiene, sanitation and water conditions in the community?
- How is waste managed in the community?
- What are the most common causes of death?
- What are the diseases (including those related to mental health and SRH) that most commonly affect the community?
- What type of treatment exists for these diseases?
- What knowledge does the community have about the existing health services?
- What is the relationship to existing health centres/services?
- What prevents the community from accessing adequate health services?
- Who in the community faces the most barriers to accessing adequate health services? Why?
- What other forms of medicine exist in the community and who provides it?
- Who in the community provides health education and information? What type of information is provided?
- How does the community's referral pathway work? What gaps exist?

## STEP 6:
## In community dialogues, continue to reflect with communities on their experience responding to health challenges and crisis

### Orienting Questions

- What other challenges are communities currently experiencing or has the community experienced (social, economic, environmental)?
- Are there any local responses, capacities, skills that the communities use to address these challenges? What are they?
- Have the communities or other actors in the area responded to similar health challenges in the past?
- What learnings were gained from that response?
- What were the strengths and weaknesses of the response?
- Who was involved in that response? Were women, children, youth, people with disabilities and older people taken into consideration?
- What are the skills, networks, infrastructure, resources and traditional medicine that could be used to respond to these challenges?
- What prior experience has the community had with external actors (NGOs, INGOs, government, academics)?
- Do community members feel represented by local governance structures?

## What happens when communities are outside MSF's initial project scope?

### CASE STUDY: Madre de Dios, Perú

During the pre-exploratory phase, it was evident that the native communities of Madre de Dios faced serious health problems and significant barriers to accessing adequate healthcare. Many have to travel on foot, by river and by road for days to reach the urban center of Puerto Maldonado to receive care. Transportation is limited and the high costs make it inaccessible to the most isolated communities. In addition, Indigenous people face discrimination, as well as linguistic and cultural barriers within the healthcare system.

*"The hospital is a place we only go to when we are on the verge of death" - Indigenous community member, FENAMAD*

Although the scope of MSF's initial exploratory work was focused on the Puerto Maldonado area, we made efforts to initiate dialogues with the native communities to highlight their needs, priorities and potential opportunities for collaboration.

Given the high cost to reach them and the low number of inhabitants compared to the general population, native communities are often neglected by government and humanitarian programs, making invisible the situations of violence, extractivism, food security, chronic diseases and mental health that they face.

For this reason, it was important to create links with organizations led by Indigenous communities, such as the Federation of Native Communities of Madre de Dios (FENAMAD), and those that work directly with Indigenous communities, such as Cáritas. This is important in ensuring that the voices of these community members are incorporated into the analysis of health challenges in the area and into future phases of MSF's response, so that these actions can ultimately advocate for more dignified and adequate treatment of these communities.

### STEP 7:
### Identify any potential risks or threats that may compromise or negatively impact the communities and MSF's response to the identified health challenges

**Orienting Questions**

- How could the political, economic, environmental or social context impact the response?
- Are there any other risks that could threaten the well-being of community members who are involved in the response?
- Are there any organizations (community-based, local or national, public or private) that can provide support/partnership to mitigate threats/ risks?
- See Appendix 8: Safeguarding Risk Assessment Tool (MSF OCA, 2022)

### STEP 8:
### Triangulate information and reflect on the findings

Take the information provided by communities on their current health and associated challenges, as well as information from your background search and build an overall understanding of possible needs and priorities. (See Appendix 9: Community Profile (MSF OCA 2022).

Bring the MSF team together as well as several community members for this reflection. If not everyone was involved in community dialogues, share the major takeaways from these discussions. Then, ask the different teams to reflect on the above guiding questions. Bringing in all departments will allow you to have a wide range of experience and perspectives.

# Engage

Phase 2

# Engage

**Objective:** *Identify the people who will form the group of community activators[21] throughout all phases of the project cycle.*

In this phase, it is important to ensure a diverse and broad representation of the community, with special consideration for the most vulnerabilized groups and those who face the most barriers to participation. These groups can be women, children, people with disabilities, older people, adolescents, migrants, LGBTQIA+, members of different ethnic and religious groups, and Indigenous peoples, among others. It is important to also involve key actors who can impact the response to the health challenge(s).

It is critical in this phase to establish mutual agreements between MSF and community activators, and communicate these to the wider community. This is the beginning of a partnership built on shared values and trust.

## STEP 1: Identify the community activators and form a group

**Objective:** *Form a group of diverse individuals from the communities that you will work with to establish concrete objectives and a plan to tackle agreed-upon health challenges.*

Encourage the participation of community members who:

- Are committed to participating in all phases of the project.
- Have a deep understanding of the local history, culture and traditional knowledge.
- Seek to promote the participation of all groups, especially those who are often excluded.
- Are or would like to be agents of change in their community.

Make an effort to also include community members who:

- Have a health background or are interested in learning more about health.
- Represent official leaders or authorities.
- Have experience in leadership, organizing and activism.
- Represent socially vulnerable groups: women, girls, youth, LGBTQIA+, people with disabilities, and other often under-represented individuals.
- Are content creators (digital, visual artists, communicators, educators).

### Tips for finding community activators

- **Ask your MSF team members about community members with whom they may be in touch.**
- **Reach out to community organizations and local actors with whom you have been in contact in the first phase.**
- **Understand how the community is already organizing itself and explore whether community members feel represented by these organizational structures.**
- **Reach out to any groups who may not be represented.**

21 Members of the community who are interested in and will be responsible for leading activities throughout the different phases of the MSF project.

## CASE STUDY: Anzoátegui, Venezuela

Understanding the historical and social contexts of communities can provide opportunities to identify individuals and groups that could be included as community activators. As the example from Venezuela will show, drawing on your background information search and initial dialogues with communities are essential for establishing a network of changemakers/activators in communities.

In most parts of Venezuela, the social fabric of its citizens is critical for survival and the government even relies on it to provide public health services. The concept of communal councils were promoted by President Hugo Chávez with the intention of advancing participatory democracy and improving the quality of life through the community-management of local services.

To create more diverse and representative groups for the co-design process, the MSF Anzoátegui teams invited people who were not only part of the previously established councils, but who were also part of neighborhood groups of different ages, diverse sexual and gender orientations and diverse political affiliations, prioritizing those who had a strong interest in volunteering in their community.

The participation of community members from diverse backgrounds allowed for reflections in the workshop that represent the health challenges, interests and priorities of more vulnerable groups, including SRH among groups of sexual diversity, chronic diseases in the elderly, and sexual and gender-based violence among girls and women living in poverty and exclusion.

### STEP 2: Establish partnership agreements with the team of community activators

**Objective:** *Build off the initial community dialogues and explore how a partnership could look between MSF and the communities for addressing health challenges.*

Organize one or several discussions. Create a safe space to talk about the process and meaning of a community health analysis[22] and what it would mean to create a partnership between MSF and the community. Discuss goals, values and priorities, and consider the added value of partnership for community activators, MSF and the wider community.

Clearly explain MSF's project, objectives, timeline, limitations and areas of expertise. Discuss MSF's code of conduct, ethics and policies.

Establish agreements with the activators around how often the group will meet, time commitments, stipends[23], organizational structure, roles and responsibilities of members, etc.

During this session, the agenda can be created for the participatory workshop(s) *(See* Appendix 10) for an example of an agenda from a CommunityFirst workshop with adolescents in Sierra Leone). It will also be important to discuss here about how to ensure confidentiality and respect for diversity.

22 A process co-facilitated by community members, MSF team members and local actors by which community members identify their health priorities and challenges, analyze their social determinants of health and root causes of health challenges.

23 Not all projects may be able to provide stipends for participation, however at the very least, transportation costs and food should be covered for meetings.

### Orienting Questions

- What is the interest of communities in partnering with MSF?
- What expectations do the community activators have of MSF?
- What are the roles and responsibilities of MSF?
- What skills are community activators looking to build on or acquire?
- How can community governance of an initiative be established?
- What form of partnership agreement (i.e. MOU) do community activators wish to have with MSF, if any?
- How will resources be used and accounted for?

Tip: Creating a safe space may be challenging when including representatives from vulnerabilized groups, as well as representatives from groups that traditionally hold power. It may be necessary to initially organize discussion groups separately so that those individuals with less official power feel safe to share their thoughts and perspectives, even if they differ from those with traditional positions of power.

**STEP 3:**
**With the community activators, reflect on and identify the tools that can be used to elicit participation in the Co-designing Community Health Strategies workshop**

### Orienting Questions

- Which tools can best help to articulate the challenges, health needs and strengths of the community? (*see toolbox in Phase 3 page 36 for ideas)
- Which tools can facilitate the inclusion of a diversity of perspectives in the community, especially those of the most vulnerable groups?
- What types of participatory methods does the community already use?
- How do community members typically like to structure workshops (including length, breaks, prayers, and customs)?
- Are there specific topics on which the activators would like to have more background knowledge as part of the workshop?

# Activate

# Phase 3
# Activate

**Objective:** *Co-design solutions that mobilize the community's strengths and assets and address the challenges identified.*

In this phase, the MSF team and the community activators will use participatory methodologies to conduct a community health analysis and propose an action plan.

The community health analysis in addition to the documentation of the information gathered in the Connect phase (reports, interviews, and focus group discussions) can help generate a deeper understanding of the health challenges, the solutions proposed by the community as well as ways to respond with other stakeholders at the local level.

We recommend creating an agenda for the workshop where you can indicate the sequence of the techniques that will be used and the responsibilities of each facilitator. A maximum of 20 participants is recommended for each workshop, divided into small groups of about five people to ensure rich participation.

**Who should be involved:**

- At least two facilitators from the MSF team (can be any member of the team, although they must have skills to facilitate participatory methodologies, familiarity with key public health concepts, workshop facilitation experience).
- Consider having co-facilitators from the community activators or local actors who are familiar with participatory methodologies.
- Team of community activators.
- Cultural facilitators as necessary.

For tips on planning, preparing and facilitating a participatory workshop, see Appendix 11: Facilitating workshops for the co-generation of knowledge: 21 tips (Institute for Development Studies).

**STEP 1:**
**Participatory community health analysis workshop**

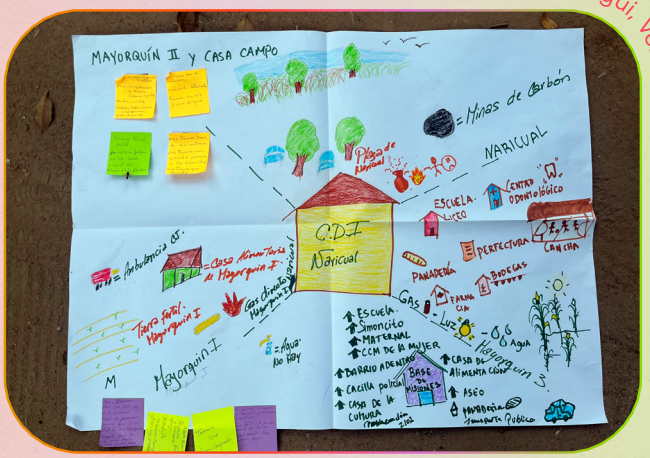
This workshop should be largely interactive, hands-on and participatory, though should include some didactic components to share information about the health topic being discussed, and public health concepts including social determinants of health.

The team should compile the results of the participatory methodologies in order to develop the health action plan. This information can complement the information already gathered in Phases I and II.

We recommend using the following three participatory techniques in the following sequence: (1) social map, (2) solutions tree, (3) map of the future. Of course, other tools and techniques can be integrated.

## Social maps

This activity asks participants to illustrate the social and environmental factors affecting health in their communities. It describes living conditions, such as access to potable water and electricity, services available in the area, and the barriers community members face concerning access to health. It also illustrates the social structure of the community, environmental factors, gender dynamics, and community assets.



Anzoátegui, Venezuela

**The following questions can help guide participants in creating their maps:**

- **What primary health services exist in my community?**
- **Where are the health centres and how do I feel about these services?**
- **Are there other providers of health services aside from the centres (i.e. pharmacists, traditional healers, religious leaders, etc.)**
- **What factors affect (positively and negatively) health and well-being in the community?**
- **Where in the community feels dangerous? Where in the community feels safe?**
- **What kinds of local initiatives are providing support?**
- **Which groups in the community are more vulnerable?**

**See Appendix 13: Mapping community capacity (MSF OCA, 2022) for more information on identifying community assets.**

# Incorporating a gender lens

***Working with participatory methodologies, especially in contexts of social or domestic violence, requires an understanding of power and decision making dynamics within the community and within homes. As such, it is important to include a gender perspective throughout the implementation of activities.***

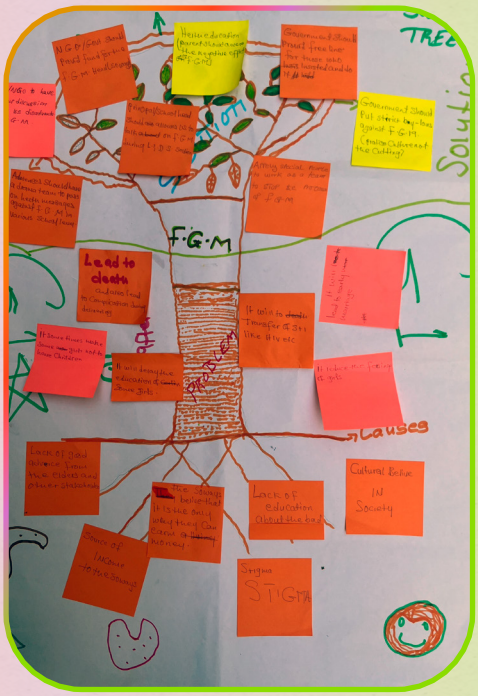
***The following are examples of questions that can be incorporated:***

- *How are decisions made within households?*
- *How do women, girls and LGBTQIA+ participate in the community?*
- *What does the community understand by violence?*
- *What mechanisms exist in the community to provide care for people (women, girls, men, boys, LGBTQIA+) who have experienced domestic violence or sexual & gender-based violence?*
- *What type of activities could be promoted at the community level to reduce gender violence and promote social and emotional well-being?*
- *Are sexual and reproductive health services available in the community for women and girls? For boys and men? For LGBTQIA+?*
- *What national legislation exists to protect the rights of women, girls and LGBTQIA+?*
- *What perceptions do community members have around Sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)?*

Appendix 12: Gender Analysis in Health Sector (MSF OCA, Adapted from IASC Gender Handbook for Humanitarian Action)

## Solutions trees

An adaptation of the traditional "problem tree," this activity involves analyzing the cause-effect relationship of various aspects of a previously determined health problem, and asks participants to consider possible solutions to the problem. The roots of the tree symbolize the causes of the problem, the trunk represents the problem itself, the middle branches represent the effects, and the top branches the solutions. The primary causes are the starting point for the brainstorming of solutions.

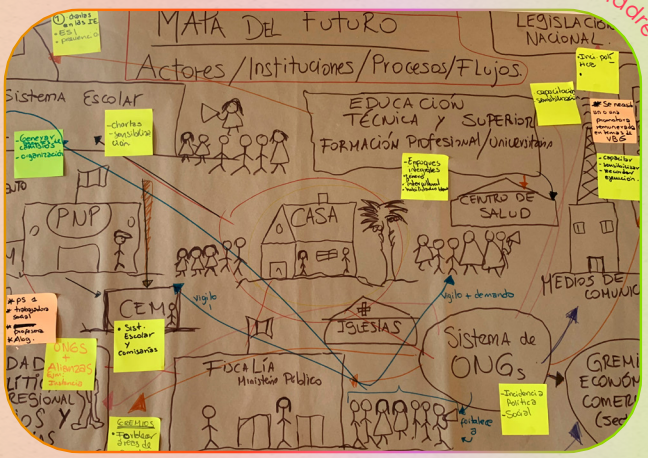



Mile 91, Tonkolili, Sierra Leona

## Maps of the Future

Building on the results and the reflections of the social maps and solutions trees, the Map of the Future asks participants to envision what their community would like in the future if the health challenge at hand is being adequately addressed.

- What new services would exist in the community?
- What kinds of activities would take place?
- Which actors would be involved and what would be the relationships between them?




Puerto Maldonado, Madre de Dios, Perú

These methods are a sampling of participatory methods utilized in the pilot projects. For additional ideas around participatory methods, see: Appendix 14: 100 participatory tools to mobilize communities for HIV/AIDS (AIDS Alliance) or Appendix 15: Participatory Methods: Useful methods and ideas (IDS). See Appendix 16 to see the Template for documentation of participatory methodology results from CommunityFirst pilot project in Madre de Dios

## Case Study: Co-designing strategies on sexual and reproductive health and rights with adolescents in Tonkolili, Sierra Leone

The Participatory workshops in Tonkolili were facilitated in collaboration with the health promotion team and adolescent co-facilitators from the community who were committed to being involved in the project.

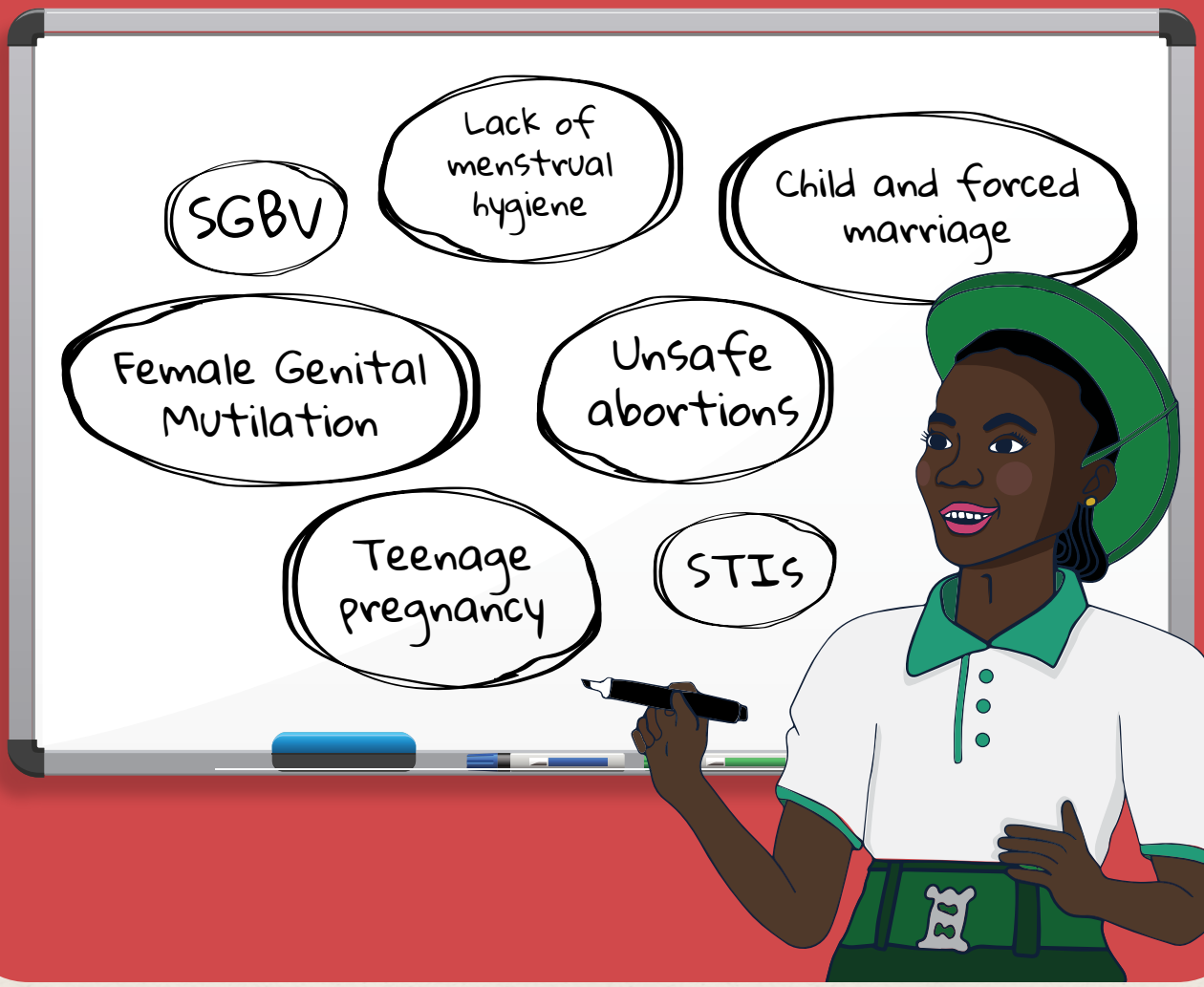
The workshop was focused on adolescents who were part of MSF's team of ambassadors, representing 20 schools in the Tonkolili district. During the workshop, we exchanged ideas on what ASRHR means to them and the social and structural factors in Sierra Leone that prohibit them from exercising these rights.

During the social map activity, adolescents described their relationships with various actors present in the area, as well as individuals (including imams, pastors, and school teachers) with whom they felt supported in relation to the health challenges they were facing. They also identified risk factors and places where they felt unsafe, particularly concerning SGBV (bars, forests, and areas lacking streetlights), especially for girls. In relation to environmental health, they identified trees as one of the essential protective factors for health, emphasizing how they help mitigate the impact of monsoons on their homes.

During the solutions tree activity, the adolescents brainstormed around the most common ASRHR challenges they faced, and identified seven priorities: SGBV, female genital mutilation, teenage pregnancy, lack of menstrual hygiene, unsafe abortions, STIs, and child and forced marriage. After choosing one topic per group, adolescents proposed multiple activities, including murals, carnivals, radio, theater, volleyball matches, girls' circles, discussion sessions at school, and sanitary pad workshops. The aim was to inform and engage other adolescents and combat myths and information, particularly among those who are more vulnerable and have little access to ASRHR information, such as adolescents not in school. In the process, the adolescents would build a body of knowledge around the positive and negative consequences of decision-making regarding their sexuality and ultimately be empowered to exercise their rights and promote access to comprehensive SRHR services.

During the map of the future activity, participants had the opportunity to imagine how the adolescent-friendly centre could look if there was a designated space for them to use and develop their own activities. They imagined the murals they could create to promote ASRHR information to adolescents, and proposed creating a library with computers available for research. They also suggested improving health services, emphasizing the need for girls to feel safe and have privacy.

One of the suggestions that has had a significant impact according to the adolescents was the Circle of Girls, through which mentor, Fatmata Sessay, has accompanied adolescents in creating community radio materials to disseminate messages on the prevention and mitigation of sexual violence and on menstrual hygiene.




See Appendix 17 to see the CommunityFirst implementation of these participatory methods in Sierra Leone: CommunityFirst TIC report from Sierra Leone: Co-designing on sexual and reproductive health and rights with adolescents in Sierra Leone.

### STEP 2:
### Create a health action plan to propose activities to address the health challenges identified (continuation of participatory community health analysis workshop)

Following the discussion on health challenges, facilitate a discussion with the group, to identify together key priority action areas and activities that can be implemented by the group to address these issues. The results of the participatory methodologies should be the starting point for the action plan. Through this discussion, create a joint chronogram for the implementation and identify the roles and responsibilities of the group members.

As a part of this discussion, it will be important to start to explore with the activators what the success of these activities would look like and what an exit strategy could be.

To support the activators in the creation of the action plan, consider using the following questions:

- Of the ideas generated during the activities, which are of the highest priority for the activators? Which are the most feasible?
- What resources does the community need to carry out these activities? From whom?
- What changes are expected to happen in the community with this project?
- How will community members know that this community response is successful?
- How does this plan contribute to improving access to services for the community?
- How does this plan influence structural factors that affect health?
- How does this plan involve local authorities and key stakeholders to assume their responsibilities?
- How does this plan advocate for changes in policies or decision-making at local and national levels?

For ideas around community-led activities, see Appendix 18: Alternative strategies and methodologies for community engagement

### STEP 3:
### Discuss timeline and strategy

Either as part of the community health analysis workshop or in a subsequent discussion, explore the following questions with community activators:

- What is the medium and long-term vision of the community for this initiative?
- What support (if any) does the community need from other actors in the future to sustain this initiative?
- What would be the impact on the community initiative of MSF closing its projects? Which other actors can provide support to community activities when the MSF project closes?
- In the event that the community chooses to continue the initiative beyond the length of the partnership with MSF, who in the community will continue to coordinate the activities?

### STEP 4:
### Create spaces for reflection with MSF teams, community activators and local actors (MoH, NGOs and CBOs)

Bring together community activators and MSF facilitators to share and reflect on the outcomes of the participatory workshop(s) and the initial health action plan.

#### Orienting Questions

- How can MSF coordinate with local actors to support the community's initiative and until when can it commit to collaborating?
- What type of support and accompaniment does the community implementation team require from MSF to carry out the initiative? Who will be the MSF focal points?
- To what extent are local authorities and health service providers committing to support these initiatives?
- What are the areas of technical expertise the community needs in order to carry out the project?
- Consider the possibility of creating a Steering, committee formed by members of the community who can provide feedback on MSF's strategy and project, and can contribute to reorienting activities if necessary.

**See Appendix 19:** A Short Guide to Support Development and Implementation of Community Feedback Mechanisms (MSF OCA, 2022)

For additional resources and/or support on project handovers with CBOs, contact the MSF Southern Africa Community Engagement Project[24] TIC Donald.Zhou@joburg.msf.org.

24 The MSF Southern Africa Community Engagement Project works to mitigate the impact of project closures on community health service delivery. The aim is to strengthen how CBOs provide and deliver services to their communities by aligning capacity-building efforts to their governance, management, employment practices and service delivery. See their implementation with a CBO in South Africa here: https://youtu.be/CA-8Mt2kOYw

#### CASE STUDY: Anzoátegui, Venezuela

As part of SeeChange's collaboration with MSF in Anzoátegui, the team partnered with the community journalism-focused organization, El BusTV, to hold a training workshop on alternative platforms for health promotion to explore how to use community journalism tools to communicate and promote adapted health messages.

Based on the priorities identified in the community health analysis, the activators created posters and TV sketches to convey information about dengue, mental health, sexual and gender-based violence, adolescent sexual and reproductive health rights, and malnutrition, with a particular emphasis on the inclusion of LGBTQIA+ communities and the elderly. Using these tools, the activators are now replicating these activities in their own communities.

### STEP 5:
### Integrate the community health action plan into the MSF project lifecycle.

The health plan that is defined with the communities (and informed by previous research and discussions), should have clear expected results and objectives. Indicators and a timeline for achieving these objectives can be set and should also be agreed upon with the community activators. These elements can be put into the project management tool your team uses. This will allow you to integrate the CommunityFirst Framework into the established project management used for MSF planning and reporting.

- Should you be in a project that is already ongoing and you have an existing logical framework for your project, the expected results, objectives, and related activities can be integrated into the existing framework.
- If your project is new and you have used the CommunityFirst Framework, the health plan objectives, associated activities and timeline can be used as a proposal to involve communities transversally throughout the MSF project.

To integrate these components, assign project team members to create a committee of focal points to be the liaisons with the community activators. These focal points may come from various departments.

**STEP 6:**
**Facilitate connections with other actors who can complement the community's response.**

### Orienting Questions

- How can we work with the network of local actors to reach groups in the community who are most excluded?
- How can MSF support local health authorities in their identified capacity development and strengthening needs?

### Building networks with local actors: Sierra Leone

Following the co-design workshop with adolescents, the Taffof (meaning "Let's Talk" in Temne) Committee was formed to bring together actors working with adolescents in Mile 91 to protect and promote the sexual and reproductive health and rights of adolescents. The objectives of forming the group included the following: to better coordinate actions, advocate to key stakeholders, share resources, skills and experiences as a group, and strengthen the referral pathway, particularly in cases needing specialized services.

# Reflect

Phase 4

# Reflect

**Objective:** *Support the community to achieve its health goals, with a view towards sustainability, as defined by the community.*

This phase is crucial for reflecting on the impact of activities on health outcomes and quality of care. It is therefore important to differentiate between the traditional Monitoring, Evaluation, Accountability and Learning (MEAL) vs Participatory Monitoring, Evaluation, Accountability and Learning (PMEAL).

MEAL: Monitoring systems are conventionally used to show the extent to which progress is being made toward meeting program objectives and identify areas of concern. After program completion, evaluations show the extent to which objectives have been met, shortcomings and lessons learned. In this sense, conventional monitoring and evaluation systems tend to meet the needs of external stakeholders and have "upward" accountability.

PMEAL: Participatory monitoring and evaluation, on the other hand, seeks to shift the focus from upward accountability to downward accountability. Communities themselves set the indicators of progress and success. They debate and decide how a program has brought about change and whether it has improved their lives.[25]

Who should be involved:

- Community activators
- MSF team
- Local actors

25 Macbeth S. Plan, monitor and evaluate [Internet]. Institute of Development Studies [cited 29 Jun 2023]. Available from : https://www.participatorymethods.org/task/plan-monitor-and-evaluate

Integrating into the MSF Project cycle: Where possible the participatory monitoring and evaluation should be incorporated into the existing monitoring and evaluation tools, as well as the data reporting systems. Recognize that the indicators developed by community activators may be different from those that MSF initially set for the project.

**STEP 1:**
**Develop indicators (qualitative and quantitative) with the community that reflect their idea of progress, health and sustainability.**

## Orienting Questions

- **How will community activators know that this community response is successful?**
- **What change would the community activators expect to see in X time period?**
- **Which members of the community are expected to experience change in their lives, health, well-being?**
- **What resources and outcomes are expected as a result of this initiative? How will they be used?**
- **How will health outcomes change?**
- **What skills do community activators expect to develop?**
- **How do activators expect relations with MoH and other stakeholders to change?**

**STEP 2:**
**Monitor activities and evaluate project results using participatory methods**

Work with the activators to create a participatory monitoring and evaluation plan and timeline using the indicators suggested by the community, and ensuring community feedback mechanisms.

| Participatory Monitoring Evaluation & Learning tools | | |
|---|---|---|
| **Technique** | **Uses** | **Learn more** |
| **Regular check-in meetings** | **Monitoring**<br><br>A regular (monthly, weekly, etc.) space where activators and MSF focal points can reflect on :<br><br>• What is going well<br>• Group dynamics<br>• Initial achievements and roadblocks<br>• Concerns<br>• Are we reaching the people we initially intended t o reach?<br><br>Based on these discussions, adapt the project activities accordingly. | Purposeful. Reclaiming and organizing our many ways of knowing [Internet]. Purposeful [cited 2023 Nov 14]. Available from: https://wearepurposeful.org/wp-content/uploads/2022/11/our-learning-agenda-english.pdf |
| **Whatsapp groups** | **Monitoring**<br><br>Create groups where activators can share updates, questions, concerns, ideas, photos specifically related to the initiative. | Purposeful. Reclaiming and organizing our many ways of knowing [Internet]. Purposeful [cited 2023 Nov 14]. Available from: https://wearepurposeful.org/wp-content/uploads/2022/11/our-learning-agenda-english.pdf |
| **Photovoice** | **Initial assessment and/or evaluation**<br><br>A group activity in which participants capture their experiences related to an issue or concern in the community through photographs, to which they add a caption. The resulting images are usually discussed through group dialogue and can be used as advocacy for social change. In the context of an evaluation, participants can capture visual responses to a particular question. | Rabinowitz P. Implementing Photovoice in Your Community [Internet]. University of Kansas: Community Tool Box [cited 2023 Nov 14]. Available from: https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main |

| | | |
|---|---|---|
| **SenseMaker** | **Evaluation**<br><br>A large-scale listening method that places the voices of people at the centre of the inquiry. By capturing people's stories and allowing them to give meaning to their own experience, it generates quantitative data backed up with context from the narratives. | Voices that Count. Narrative Inquiry using Sensemaker [Internet]. Voices that Count [cited 2023 Nov 14]. Available from: https://www.voicesthatcount.net/sensemaker |
| **The Most Significant Change** | **Evaluation**<br><br>Individual stories of change are collected from the people involved in an initiative. Together, participants discuss and analyze each story before selecting the most significant ones. | Davies R, Dart J. The 'Most Significant Change' (MSC) technique: A Guide to Its Use [Internet]. 2005 [cited 2023 Nov 14]. Available from: https://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf<br><br>Lunch C. The Most Significant Change: using participatory video for monitoring and evaluation. Participatory Learning and Action. 2007;56(30): 28-32. Available from: https://www.iied.org/sites/default/files/pdfs/migrate/G02906.pdf |
| **Progress marker** | Progress Markers identify the actions and interrelationships that will continue beyond the life and influence of the intervention; the patterns of behavior and adaptation that will continue without further support from the temporary intervention. | Ambrose K, Deprez S, Smutylo T. Outcome Mapping Practitioner Guide [Internet]. Outcome Mapping Learning Community [cited 2023 Nov 15]. Available from: https://www.outcomemapping.ca/outcome-mapping-practitioner-guide/intentional-design/progress-markers |
| **Storytelling/ Listening circles** | **Monitoring or evaluation**<br><br>Individuals share stories—from their own experience or imagination—focusing on a common theme. As people share their stories, patterns emerge and people see both differences and similarities in the narratives | BetterEvaluation. Personal stories [Internet]. BetterEvaluation [cited 2023 Nov 15]. Available from: https://www.betterevaluation.org/methods-approaches/methods/personal-stories |
| **Theory of change** | **Evaluation**<br><br>Theory of Change is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused in particular on mapping out or 'filling in' what has been described as the 'missing middle' between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved | Clark L, Apgar M. UNPACKING THE IMPACT OF INTERNATIONAL DEVELOPMENT: RESOURCE GUIDE 2 seven steps to a theory of change [Internet]. Ids.ac.uk. [cited 2023 Nov 15]. Available from: https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/14793/RG2_2211.pdf?sequence=1&isAllowed=y |

| | | |
|---|---|---|
| **Outcome harvesting** | **Evaluation**<br><br>A way to collect evidence about changes—whether intended or unintended, negative or positive, and direct or indirect—and determine whether and how an initiative contributed to these changes. Outcome harvesting does not measure progress towards predetermined objectives or outcomes and is therefore particularly suited to complex situations where it is difficult to establish clear cause and effect relationships or where objectives had to be adjusted during the intervention. | Wilson-Grau R, Britt H. Outcome Harvesting. Cairo (Egypt): Ford Foundation; 2012 [cited 2023 Nov 15]. Available from: https://usaidlearninglab.org/sites/default/files/resource/files/Outome%20Harvesting%20Brief%20FINAL%202012-05-2-1.pdf |

***Adapted from:*** Choosing methods and tools for participatory M&E - Reflections and resources ***by Naomi Falkenburg and*** Voices that Count: Our methodologies.

### STEP 3:
### Regularly share project results with MSF team, local stakeholders and the wider community and ensure multi-directional feedback mechanism

Regular meetings should be held where members of the community Steering Committee, MSF team members and key local actors are present to discuss progress and any changes that may need to take place in the project as a whole, either based on results of the community initiative or other external factors.

### STEP 4:
### Strengthen networks and exchange knowledge

Facilitate regional and global solidarity networks and communities of practice where community activators can create connections and exchange knowledge and learnings.

- How can MSF support the amplification of community voices?
- What are the lessons learned from this initiative and how can they be shared with other communities?

# 5

# Appendices

1. Where is MSF on Community Engagement? (Gabrielle Schittecatte 2023)
2. Editable CommunityFirst presentation (SeeChange 2023)
3. FAQs on Community Engagement in MSF (MSF Southern Africa Community Engagement Project TIC 2023)
4. Integrating a decoloniality, diversity, equity and inclusion (DDEI) approach (SeeChange 2023)
5. Stakeholder mapping tool (MSF OCA, 2022)
6. Focus Group Discussion Topic Guide (MSF OCA, 2022)
7. Conducting Key Informant Interviews (MSF OCA, 2022)
8. Safeguarding Risk Assessment Tool (MSF OCA, 2022)
9. Community Profile (MSF OCA 2022)
10. Agenda from November 2020 Participatory workshop with adolescents in Mile 91, Sierra Leone (SeeChange)
11. Facilitating workshops for the co-generation of knowledge: 21 tips (Institute for Development Studies 2013)
12. Gender Analysis in Health Sector (MSF OCA, adapted from IASC Gender Handbook for Humanitarian Action)
13. Mapping community capacity (MSF OCA, 2022)
14. 100 participatory tools to mobilize communities for HIV/AIDS (International HIV/AIDS Alliance 2006)
15. Participatory Methods: Useful methods and ideas (Institute for Development Studies )
16. CommunityFirst TIC report from Sierra Leone: Co-designing on sexual and reproductive health and rights with adolescents in Sierra Leone
17. Template for documentation of participatory methodology results from CommunityFirst pilot project in Madre de Dios (SeeChange)
18. Alternative strategies and methodologies for community engagement (Alexis Patiño Patroni, 2023)
19. A Short Guide to Support Development and Implementation of Community Feedback Mechanisms (MSF OCA, 2022)
20. Literature Review of Good Practices in Decoloniality, Diversity Equity and Inclusion: excerpt from Masters Thesis (Jasmine Cumetti 2022)