

Community First Phase II

Project Summary

Problem

Communities have at times been regarded as beneficiaries with a passive role in designing strategies. This traditional humanitarian approach needs to change to better engage crisis-affected people as active agents. MSF and the humanitarian sector is embedding community engagement into healthcare provisions to address structural limitations in responding to the growing needs of people facing crisis.

Proposed Solution

Building on the experience and findings of Phase I, Phase II will demonstrate the effectiveness of the Community First approach in transforming the quality of care in MSF projects and prepare to scale-up across MSF. Specifically, systematize and implement the methodology, co-design and test monitoring and evaluation frameworks with communities and project teams. It will continue working with two Phase I projects (Peru, Venezuela) and test new humanitarian contexts (indigenous community, Brazil and urban slum, Bangladesh).



Potential Impact

- Leverages a proven model to engage communities to co-design health strategies with MSF project teams an adaptive, culturally appropriate and locally relevant response to health crises
- Enables community members to lead activities that positively impact their health

Viability

- Sponsored by MSF Brazil with tremendous engagement and alignment with MSF's strategy and culture
- Engages a strong partnership and collaboration between MSF Brazil and SeeChange, an NGO focused on vulnerable and indigenous communities

Risk Mitigation

- Secured advanced commitment for field pilot testing – two locations from Phase I and two new contexts

Scalability

- Aligns with MSF's priorities on community engagement, patient-centredness, and accountability to patients as defined in the *MSF We Want to Be* and *OC strategic plans*

Area/Type: Other – Community Engagement

Sponsor/Support: MSF Brazil

Length/Project Status: 12 months; **ONGOING**