# CommunityFirst Solutions: supporting community-driven responses to COVID-19

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**What challenge or opportunity did you try to address? Were existing solutions not available or not good enough?**

Isolated and vulnerable communities, such as indigenous and migrant communities, face increased risk of mortality during the COVID-19 pandemic. They lack access to health services, testing, and personal protective equipment (PPE). They may not have the tools to find clear and adapted information, and to distinguish facts from rumours.

**Why does this challenge or opportunity matter – why should MSF address it?**

MSF is committed to developing people-centred approaches to emergency medical interventions. If communities are well-equipped and informed on COVID-19, and feel a sense of dignity, ownership, and agency in managing their response, MSF interventions will be more effective and sustainable.

**Describe your innovation and what makes it innovative**

CommunityFirst is an approach that recognises the role that communities play in organising, preparing, and responding to COVID-19. CommunityFirst Solutions for COVID-19 involves the Roadmap, a step-by-step guide to emergency response, resources, and an action plan template; the Accompaniment, trainings, workshops, and mentorship; and the Solidarity Network, through which virtual communities of practice are established with community leaders ("Activators") using the Roadmap to share resources and challenges.

**Who will benefit (whose life / work will it improve?) and were they involved in the design?**

Community organisations and leaders (indigenous, migrants, women and youth) are adopting this tool as a methodology to support the health of their communities. This initiative was co-created with the Inuit of Clyde River, Nunavut, Canada and continues to evolve based on the input and participation of community Activators worldwide.

**What objectives did you set for the project – what did you want to achieve and how did you define and measure success (improved service, lower cost, better efficiency, better user experience, etc.)?**

Our objectives were to support communities to: increase resilience to COVID-19 and future health emergencies; identify their needs and set the terms of their relationships with humanitarian actors and local authorities; improve mental health and reduce anxiety by providing a step-by-step guide to managing COVID-19; and access and disseminate accurate information. We measured success by assessing uptake of the Roadmap; feedback from Activators; adaptability of the methodology to distinct contexts; community partnerships formed; and number of community leaders trained.

**What data did you collect to measure the innovation against these indicators and how did you collect it? Include if you decided to change the indicators and why**

We collected Roadmap website analytics and completed COVID-19 community plans. We conducted interviews with Activators.

**How did you analyse this data to understand to what extent the innovation achieved its objectives? Did this include a comparison to the status quo or an existing solution?**

We asked Activators to compare this initiative to the support that communities received from governments and humanitarian actors.

**Were there any limitations to the data you collected, how you collected it or how you analysed it, or were there any unforeseen factors that may have interfered with your results?**

Due to the pandemic and the timeframe, the qualitative data is mainly anecdotal. While we have gathered quantitative data, we will carry out more scientific data collection in 2021.

**What results did you get?**

The Roadmap website was accessed by users in 96 countries. Community readiness plans were completed by ten communities in Canada, Mexico, Guatemala, Honduras, Peru, Colombia, and Kenya. Training on the Roadmap was provided for 284 community leaders, and we partnered with 12 community organisations.

Through Activator interviews, we found that many communities received little relevant support from governments. For example, small Indigenous communities reported receiving generic plans meant for large cities or 40-page documents that were not written in the local language. Activators expressed that having the support to create a plan adapted to their own environment made them feel calm and gave them the confidence to develop their locally relevant response.

**Comparing the results from your data analysis to your objectives, explain why you consider your innovation a success or failure?**

The widespread uptake of the website, training, and accompaniment indicates a demand from communities around the world for accessible support and tools to respond to COVID-19. Activators reported reduced anxiety about COVID-19 since having access to accurate health information to share with their communities. Many Activators were women and reported that the Roadmap strengthened their leadership skills.

**To what extent did the innovation benefit people's lives / work?**

Community members gained skills in emergency preparedness and created mechanisms for community wellbeing that will increase their resilience to future health emergencies.

**Is there anything that you would do differently if you were to do the work again?**

After several months, we recognised that women and youths were the main implementers of the Roadmap. If we were to repeat the process, we would target our outreach to these groups.

**What are the next steps for the innovation itself (scale up, implementation, further development, discontinued)?**

We intend to scale up the Accompaniment programme to support additional communities and expand our geographic scope. We aim to provide more training opportunities and workshops, create more original resources, transition to a more sophisticated website, and continue to conduct rigorous data analysis, monitoring and evaluation, and research. We also aim to develop CommunityFirst Solutions for mental health and climate resilience.

**Is the innovation transferable or adaptable to other settings or domains?**

A Honduran community adapted the Roadmap in response to natural disasters in pandemic times. It has also been adapted for children, migrants, and other groups.

**What broader implications are there from the innovation for MSF and / or others (change in practice, change in policy, change in guidelines, paradigm shift)?**

Given the move to decolonise humanitarian assistance and empower communities, this practical methodology will support MSF as it changes practices around engaging with vulnerable groups facing intersecting crises. The involvement of the MSF Latin America Association as a partner already demonstrates this.

**What other learnings from your work are important to share?**

Humanitarian action needs to transform to put communities at the heart of the response. The CommunityFirst approach requires connection and engagement with communities, leveraging community assets, and reflecting together on results. Another learning is that communities need direct financial support to implement CommunityFirst activities on the ground.

**Ethics**

This innovation project did not involve human participants or their data; the MSF Ethics Framework for Innovation was used to help identify and mitigate potential harms.

**Jessica Farber**

Jessica Farber is the Community Readiness Coordinator at SeeChange Initiative, a Canadian non-profit organization dedicated to supporting vulnerable communities to create their own solutions to health crises. She works with community leaders to organize, prepare and respond to COVID-19 using the CommunityFirst COVID-19 Roadmap. Working in partnership with MSF Urban Spaces, Jessica also founded and serves as an Advisory Board member of an initiative to welcome newly arrived asylum seekers to Montreal. Prior to SeeChange, Jessica was a Program Manager at the Samuel Centre for Social Connectedness, where she directed research, outreach and advocacy related to forced migration on the North American continent. Jessica holds a B.A. in International Development from McGill University.