“We tell them to sit, listen to information, and take their medicine"

Perceptions, practices, and potential for community engagement within MSF

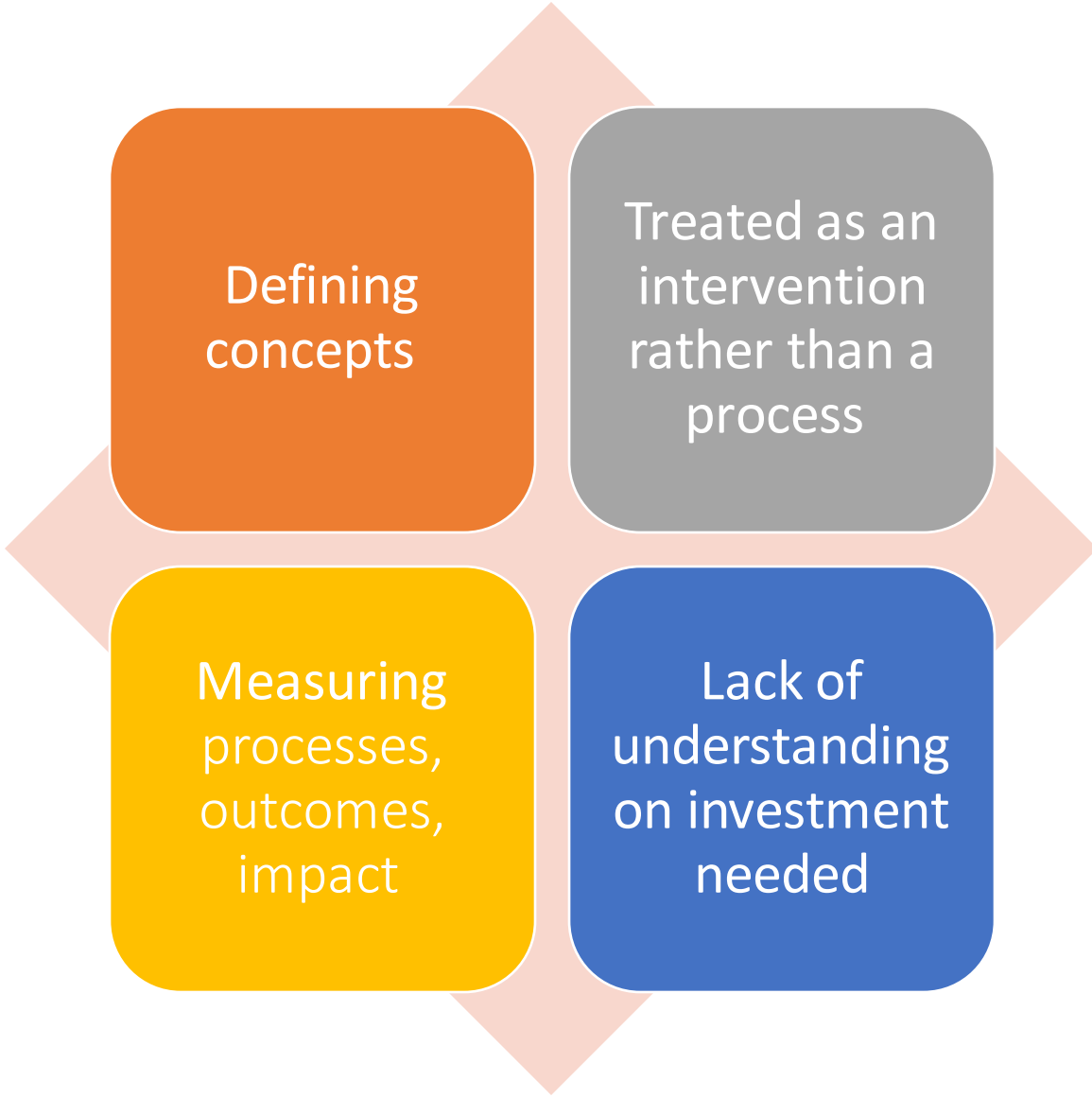
Gabrielle Schittecatte, Umberto Pellecchia, Marie Meudec, Veerle Vanleberghe

MSF OCB, 2016

The Importance of Community Engagement

- Prominence since Alma Ata (WHO 1978, Rifkin 1988)
- Utilization of health services and disease control (Atkinson 2011)
- Health system functioning, sustainability, accountability & UHC (Howard-Grabman L *et al.* 2017, Sacks *et al.*, 2020)
- International Non Governmental Organizations and sovereignty (Schuller 2012)

The Challenge of Community Engagement



Why Community Engagement?

Source UNICEF 2019, Public Domain

Research Question

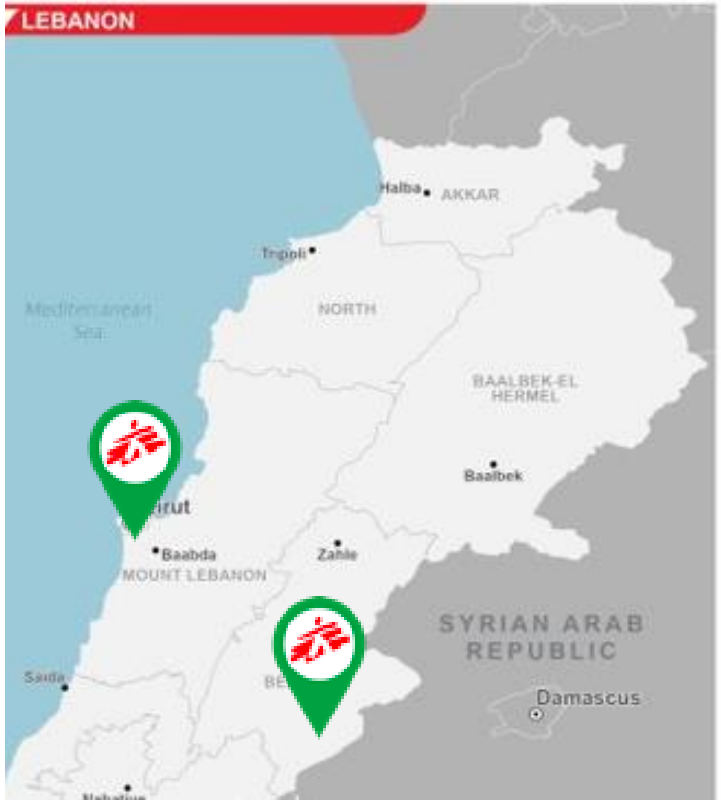
How is community engagement perceived, implemented, and measured in the medical-humanitarian settings?

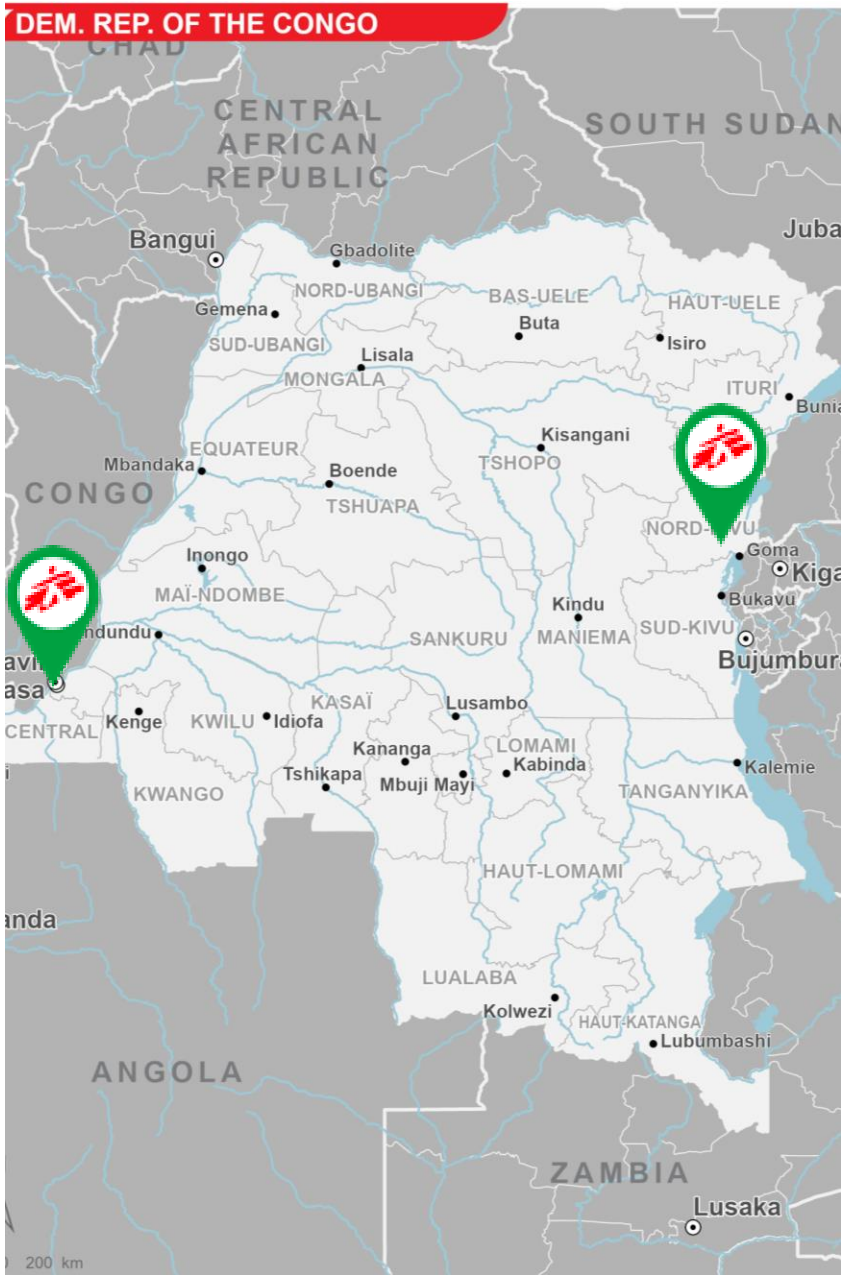
Objectives

Describe — Describe understanding, objectives and implementation process from MSF staff perspective

Compare — Compare differences between MSF documentation on community engagement and staff perceptions

Compare — Compare process, challenges, and strengths in 3 MSF missions against models described in the literature





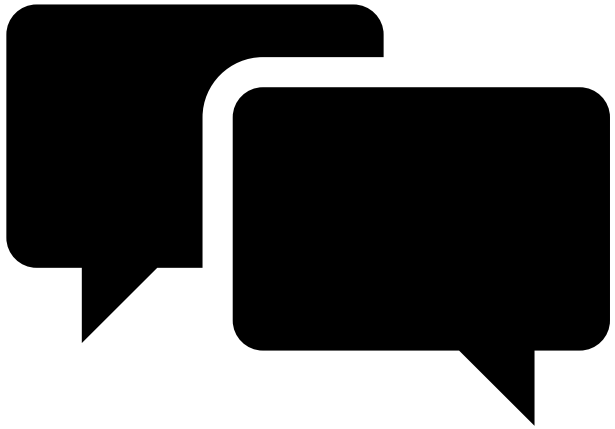
Design

- Case based approach
- Three missions, 2 projects per mission
- Purposively selected

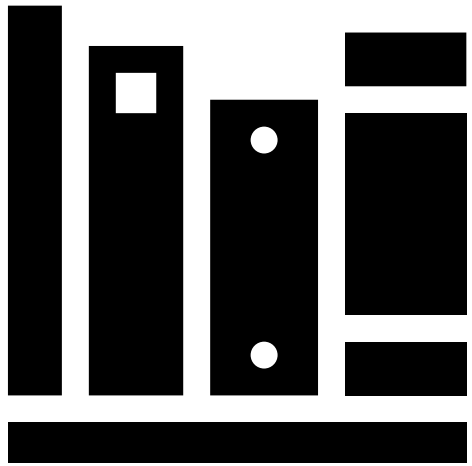
Source MSF GeoMaps, 2021

Methods

- Non-systematic literature review
- Document review of organizational policies, operational frameworks, strategies, monitoring reports and evaluations
- 56 Key Informant Interviews with MSF staff
- Iterative content analysis



Results



Documentation: Definition & Objectives

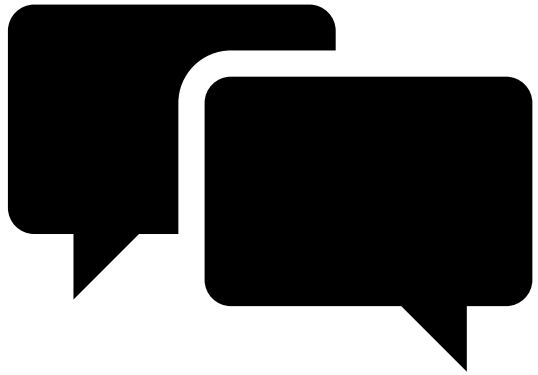
Embedding communities in operations	• Process of listening & learning how they confront problems
Obligation to account for actions	• Provide opportunity to allow people to influence activities
Increase Intervention Impact	• Quality of care, acceptance, responsiveness
Empower communities	• Communities possess pertinent skills, should listen and collaborate

Interviewees: Definition & Objectives

Communities in CE	• Passive actors receiving information • Active actors contributing to project
Means to increase impact of health interventions	• Health education and behaviour change • Communities implementing for MSF
Institutional protection & acceptance	• "Protective utility" • Fostering buy-in
Sustainability of health programs	• No clear understanding of what is sustainable

[CE is] to make the community aware of the recent condition or the recent situation"

"I mean, let's be honest, what we want from them, is for them to have the full buy in of our operation so it becomes acceptable for them"



Documentation: Process of Community Engagement

Systematic inclusion in project cycle

Collaborative approach to decision making

Exploratory mission to project initiation, implementation and closure

Schittecatte, 2018

Interviewees: Process of Community Engagement

Initiation

Collecting information to inform choices by organization

Implementation

Who sets the agenda and who decides?

Inclusion comes late

Realization only when organization "*gets burned*"

Intervention rather than a process

Punctual inclusion

Challenges Identified by MSF Staff

Resources & Prioritization

Human resources and prioritization of finances

Understanding & Guidance

Tension between hierarchical levels

Lack of support

Decision-Making & Power

How and where decisions are made

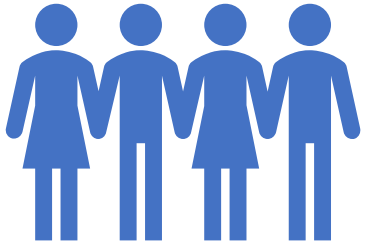
Power balance with communities

Biomedical Approach

Focus on hospital-based and curative care

What knowledge counts?

Discussion



Communities - Passive or Active ?

Tensions in how “community” is perceived

Objectives – Utilitarian or Empowerment?

Challenges with Power and Community Engagement

Challenges with Biomedical Approach

Discussion

Communities - Passive or Active ?

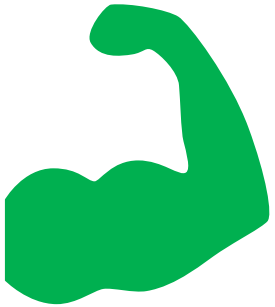
Objectives – Utilitarian or Empowerment?

- Discordance in objectives between documents and interviewees

Challenges with Power and Community Engagement

Challenges with Biomedical Approach

Discussion



Communities - Passive or Active ?

Objectives – Utilitarian or Empowerment?

Challenges with Power and Community Engagement

Power remains with the organization and rarely considered

Challenges with Biomedical Approach

Discussion

Communities - Passive or Active ?

Rationale – Utilitarian or Empowerment?

Challenges with Power and Community Engagement

Challenges with Biomedical Approach

- Focus on bare life (bios) or *miniall biopolitics* may be at root of critique on biomedical approach (Agamben 2002, Redfield 2014)

Recommendations

No one approach to CE is possible. However, Objectives and rationales must be determined before project implementation

Communities must be considered actively, community capabilities must be considered

Mind and paradigm shift is necessary. Requires organizational change management and capacity building on community engagement

Resources consistently allocated in each project

Integrating a system to **monitor process and outcomes** of community engagement

Thank You | Questions?

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Additional Slides for Discussion

Key definitions, interview guides, project descriptions

Limitations

- Inclusion of communities
- Position in the organization
- Representativeness of missions and operational center
- Time for detailed analysis

Key Definitions

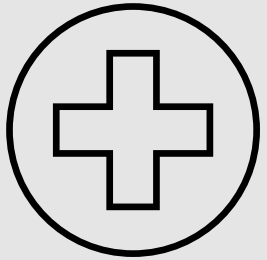
Communit(ies)

- Geographical, Social, Heterogeneous, Changing (Zakus & Lysack, 1998)

Community Engagement

- Continuum, Information Sharing- Mobilize- Collaborate – Empower (Draper et al. 2010)

Humanitarianism



Project Descriptions

Mission	Project	Objectives & Medical Activities	Staff & Budget
Democratic Republic of Congo (DRC)	VIH/SIDA Kinshasa	**Objectives:** Reduce morbidity and mortality from HIV in city-province Kinshasa. Provide quality care for HIV patients in setting of low prevalence and low resource. Advocacy for change at political and public health level.	12 international staff 152 national staff
		Activities: **Community Level:** Adherence clubs for youth and adolescents, education and screening at secondary schools and churches, support of *PoDis* run by PVVIH groups for screening and rapid distribution of ARV **Primary Level:** support of 5 different health centers in OPD activities, logistic support, training of healthcare workers, minimal patient education and communication activities **Secondary Level:** Support of two hospitals in health area, training of medical staff, logistic support to hospitals, support of referral system, minimum patient support and education **Tertiary Level:** hospitalization and treatment of complex cases, IPD, OPD, physical therapy, laboratory, patient support and education, operational research	
	Pool d'Urgence Congo (PUC)	**Objectives:** Through ongoing surveillance and monitoring system, deploy rapid medical and humanitarian aide for punctual interventions in areas where there is a high need but no other capable medical or humanitarian actors. Advocacy on medical and humanitarian needs to improve access and availability of care.	14 international staff 65 national staff €3-6 million, approx.
		Activities: surveillance, emergency care in conflict or situations of mass displacement, vaccination (e.g. yellow fever, measles), response to outbreaks (e.g. Ebola or cholera) including screening, identification of cases, treatment, screening and treatment of malnutrition, screening and treatment of malaria, distribution of mosquito nets. PUC was highly involved in Ebola responses in 2018-2020.	
Lebanon	South Beirut	**Objectives**: Empower communities and patients through improving self-care & heath literacy, setting up patients support groups, & clarify pathways to address acute medical needs. Access to proper NCD care for refugees through advocacy. Sexual reproductive health with midwife-led model of care.	6 international staff Approx. 160 national staff €5 million
		Activities: ANC and PNC consultations, deliveries, termination of pregnancy, pediatric consultations, vaccination, family planning/contraceptive consultations and provision, psycho-social consultations and support, home-based nursing care, NCD (diabetes, hypertension, consultations, medications, and follow up care social work home visits and assessments for referral, patient support and education, health promotion activities,	
	Bekha Hospital Bar Elias	**Objectives:** Engage in secondary for high number of vulnerable citizens, migrants and refugees with limited access to care in an expensive and privatized health system. The focus has been on elective surgery but since September 2020 operations are oriented towards diagnosis and treatment of COVID	Approx. 9 international Staff Approx. 150 national staff €4.58 million
		Activities: normally OPD for wound care, IDP for surgery, health promotion. With COVID reorientation surgery on hold and activities are intensive care treatment for COVID (5 beds), and IPD for COVID patients (15 beds). Health promotion.	
Venezuela	Anzoátegui	**Objectives:** Provide access to primary healthcare. Improve access of primary and stabilization care, at decentralized level. Increase capacity of delivery, obstetric and new born care services in the project area, in collaboration with local authorities.	8 international staff, 81 national staff €2 million
		Activities: primary care, ANC and PNC consultations, family planning/contraceptive consultations, malaria, care for victims of sexual violence, identification, treatment and monitoring of malnourished patients, and community health promotion activities	
	Sifontes, Bolivar	**Objectives:** Contribute to the reduced morbidity and mortality of people living in and transiting through n the Sifontes municipality	14 international staff, 129 national staff €3 million
		Activities: Support to government's malaria program, support of referral service between primary and secondary level, rehabilitation of secondary level hospital, management of serious cases of malaria at primary level.	

Interview Guide