How can you measure what you can't define?

A qualitative study exploring community engagement at Médecins Sans Frontières

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Outline

- Why Community Engagement?
- Research Questions
- Design & Methods
- Results
- What does this mean for MSF and our Operations: Discussion
  - Organizational Tensions
  - Organizational Culture
  - Power
- Conclusion & Debate

Why Community Engagement?

Research Question

How do actors across different institutional levels define, perceive, and measure "community engagement"?
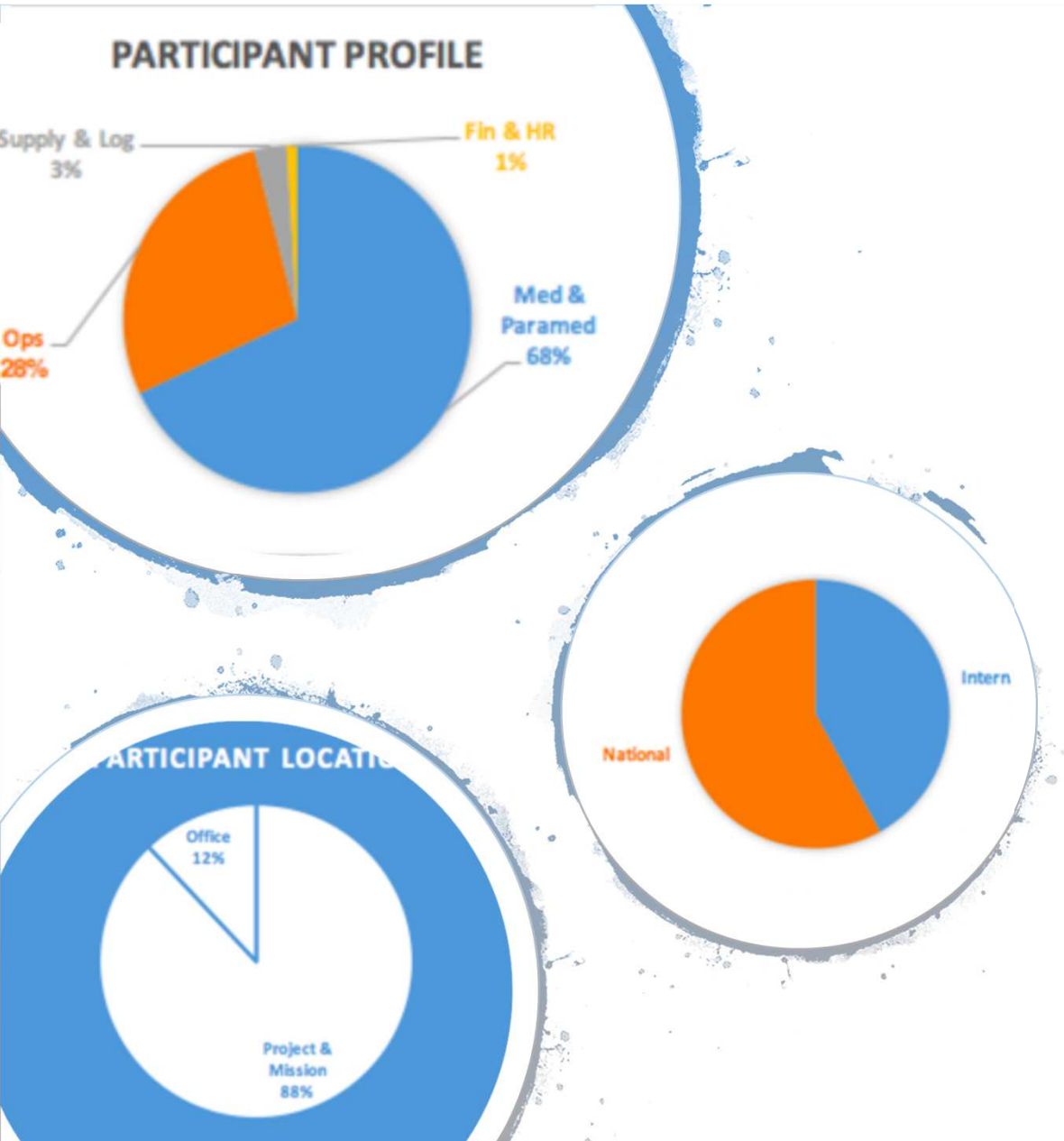
Describe the understandings, the objectives, perceptions, and reported process of "community engagement" from the perspective of MSF headquarters and field teams

Analyze and assess, community engagement in MSF activities, concerning its focus, process, challenges and strengths across different contexts

Design & Methods

PARTICIPANT PROFILE

Supply & Log 3%

Fin & HR 1%

Ops 28%

Med & Paramed 68%

PARTICIPANT LOCATION

Office 12%

Project & Mission 88%

Intern

National

Qualitative, case-based approach

Three missions, and two sites in each mission

Purposive sampling

56 Key Informant Interviews

Document Review

Results & Analysis

The What: Understanding of Community Engagement

- Promotion, awareness and education

- Continual process over time, direct links

- Involvement of communities in all elements of project cycles from decision making on recruitment to activity implementation

- Listening to communities to understand their needs

- Listening to understand context and security

- A way to work together to improve health, taking steps together

Results I

The Extent of Community Engagement: The Focus

- Means to an end - behaviour change, treatment, prevention

- Buy-in, acceptability

- Not to waste resources

- Security and protection of organization & staff

- Success of project, relevancy, acceptability

- Rarely sustainability of activities

"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"

"It's that way as we consider opinions, integrate, and how we work with community decisions. So, every step we go, we are sure that the community is with us. It's not outside our work. It's that way we work together to have an improvement in health"

"There are people in the communities that are ignorant. It's important to correct their ignorance."

Results II

The Extent of Community Engagement: Who is Involved?

Who in the communities?

Worries of representation

Worries of depth

Divisions in types of teams

Transversal

HP, social work and outreach

Results V

The Extent of Community Engagement:
How Communities Engage

- Who sets the agenda and who decides?

- Mobilize – Collaborate – Empower

- Shared decision-making?

- A process in reality?

Results IV

Why not more? Challenges in Community Engagement

Resources

"*We count too much that the good we are doing is enough*"

Distance of the decision making from communities

Strategic objectives "pull us away" from investing

"People don't understand the need to talk to people"

Our way of working. Realization of need comes too late

The Outside Looking In

- **"Forgotten bridges"**

- Lack of deep understanding history and context is disrespectful

- Not sure my family or friends would even know MSF if I didn't work for them

- Provision of care in absence of all other options is sufficient

- "Our communities don't even expect a type of community engagement"

Results VI

Discussion

Organizational Tensions

Between levels

Within teams

National staff and expats

Organizational Cultures

Emergency vs. fear of development?
– views on humanitarianism

Biomedical Dominant Approaches –
views on health

Discussion II

Power & Governance

- **Who's voice counts?**
  - Perception of the 'beneficiary'
  - Role of the 'outsider'
- **MSF as the independent 'expert'**
  - What flexibility do we really use?
  - Information & knowledge as power

Where is the accountability?

- Importance of CE focused largely on benefits for the organization itself

- Rarely did CE relate to accountability of the organization, or ownership of activities by the communities, or links to quality of care

- If activities for CE are geared towards our benefits is it really accountability?

Conclusion

While there was an understanding of CE, reality in the process of implementation differed, importance was understood across all levels

CE focus was often centered on the organization achieving its goals, remained punctual, and rarely had communities as identifying solutions or engaged in shared decisions

Several challenges were identified in being to work with a CE approach, linked with the way the organization works, its prioritization on the biomedical

We need to question our models of working and ask ourselves about the power dynamics with our patients and the communities

Disscussion

- ✔ To be kept open
- ⚠ No conclusions yet
- Eventually frame recommendations

Where is the accountability?