



Daniel Solomon Photography

CommunityFirst Framework: An Overview

SeeChange

What we Do

SeeChange's **CommunityFirst** approach aims to **co-design health responses** with vulnerabilized communities that leverage their own agency and resources before, during and after a health crisis. Our approach is guided by our values of humanity, solidarity, humility and dignity.

We focus on **action and impact** at the community level for positive and meaningful change, addressing **systemic barriers** and emphasizing the role of the most vulnerabilized groups as **drivers of change**.



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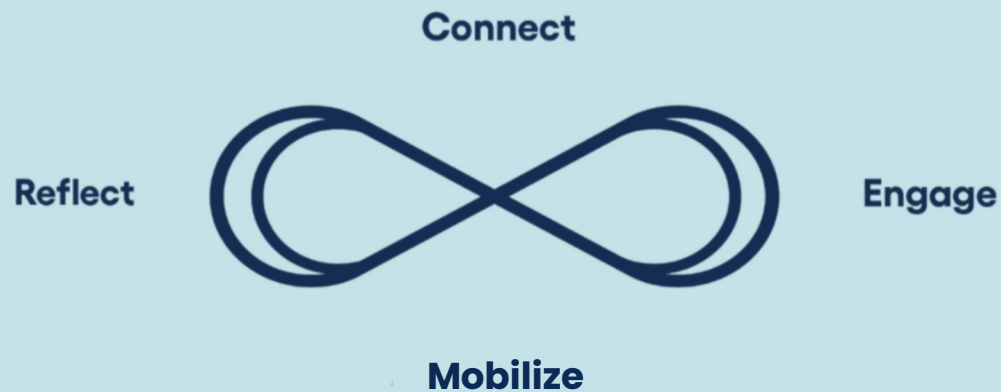
CommunityFirst + Framework

This framework has been developed based on SeeChange's experiences working with communities, since 2018

The four pillars

The goal is to empower communities to be agents in their own health crisis response.

We do this using a Framework consisting of four interconnected, nonlinear phases:



CommunityFirst is grounded in Community-Based Participatory Action Research

<p>CBPAR Community Based Participatory Action Research-seeks to address social determinants of health with the aim of furthering social justice, social change.</p>	<p>CBPAR is often used in programs such as: Harm reduction, Prevention of abuse and consumption in adolescents, Infectious diseases, Sexual and Reproductive Health, Mental Health in racial and ethnic minorities.</p>
<p>CBPAR promotes mobilization of Traditional knowledge, strengths and internal resources.</p>	<p>By co-designing health strategies with the communities, CBPAR can help us contribute to decolonizing global health.</p>

Phase 1: Connect

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

Techniques used:

Semi-structured & structured interviews, actor mapping, context analysis

Step 1: Meet with community leaders, local partners and key stakeholders.

- *Introduce SeeChange, what we do, our own capacities and limitations.*
- *Create the space for the community to share the health and social challenges that it wants to address:*
 - *What information [about this issue] already exists in reports, maps or studies?*
- *Share the intention to address issues in a **collaborative manner** and to **co-design** interventions.*
- *Express the interest to create (or, if existing, strengthen) a technical team in the community.*

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Step 2: Understand the local context from the community's perspective

- *What is the community's story, past and present?*
- *How has this community been vulnerabilized?*
- *What challenges has the community experienced/is currently experiencing?*
- *What are the contributing factors to vulnerabilization?*
- *What are the community's experiences with external actors (NGOs, govt, INGOs, academics)*
- *How is the health challenge at hand affecting community life?*

Phase 1: Connect

Step 3: Understand the community's relationship to health and health services

- *What are the hygiene, sanitation and water conditions in the community?*
- *How the waste is managed in the community?*
- *What are the most common causes of death?*
- *What are the diseases (including mental health and sexual and reproductive health) affecting the community?*
 - *What type of treatment is available for these diseases?*
- *What is the community's understanding of health services that are accessible to them?*
 - *What is the community's relationship to health centres/services, if any?*
- *What prevents the community from accessing adequate health services?*
- *Who in the community face the most challenges in accessing health services? Why?*
- *What type of local responses does the community have to address this type of crisis?*
- *What other system of medicine exists in the community and who is responsible for providing it?*



Phase 1: Connect

Step 4: Appreciate community assets and dynamics and map key actors

- *What are the existing skills, capacities, networks, resources, infrastructure, and traditional medicine that can be mobilized to respond to the health crisis?*
- *Has the community responded to similar crises in the past?*
 - *What learnings came out of this response?*
 - *What were the greatest strengths?*
- *Who (individuals, informal groups, networks, institutions) are critical players in ensuring the health and wellness of the community?*
- *What is the community's relationship to internal and external actors?*



Phase 1: Connect

Step 5: Identify any potential threats or risks to addressing this crisis

- *How could the political, economic, environmental or social context impact the community's response?*
- *Are there any other risks that could threaten the wellbeing of community activators themselves?*
- *Are there any organizations (local or national) that can provide support/partnership to mitigate threats/risks?*

Step 6: If the community wishes, explore how SeeChange can collaborate with the community to respond to the health challenges identified.

- *Is there acceptance from the community to partner with us?*
- *Is the community interested in developing a plan to respond to local health challenges?*
- *Are there individuals interested in forming part of a technical team who will lead the intervention?*

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Phase 2: Engage

Objective: *Ensure the participation of community activators who will lead the intervention throughout all phases of the project cycle.*

Techniques used:

Participatory methodologies (focus groups, social maps, solutions tree, map of the future).



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Step 1: Identify community activators & technical team

- *Who else in the community can the key leaders identify to form part of the technical team?*
- *What are the unique capacities, skills and strengths of the team members?*
- *What other profiles/professionals can we call upon to provide technical support in this intervention?*
- *What expectations does the community have of the technical team?*

Encourage the participation in the technical team of community members who:

- Are committed to participate 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 representatives of traditional authorities
- Have a health profile
- Have experience in leadership and organizing
- Women, girls, youth, LGBTQ+, people with disabilities, older people and other vulnerabilized people

Phase 2: Engage

Step 2: Establish agreements with the activators around:

- *Roles and responsibilities*
- *Work timeline*
- *Setting goals and milestones for the partnership*

Step 3: Identify community health assessment tools:

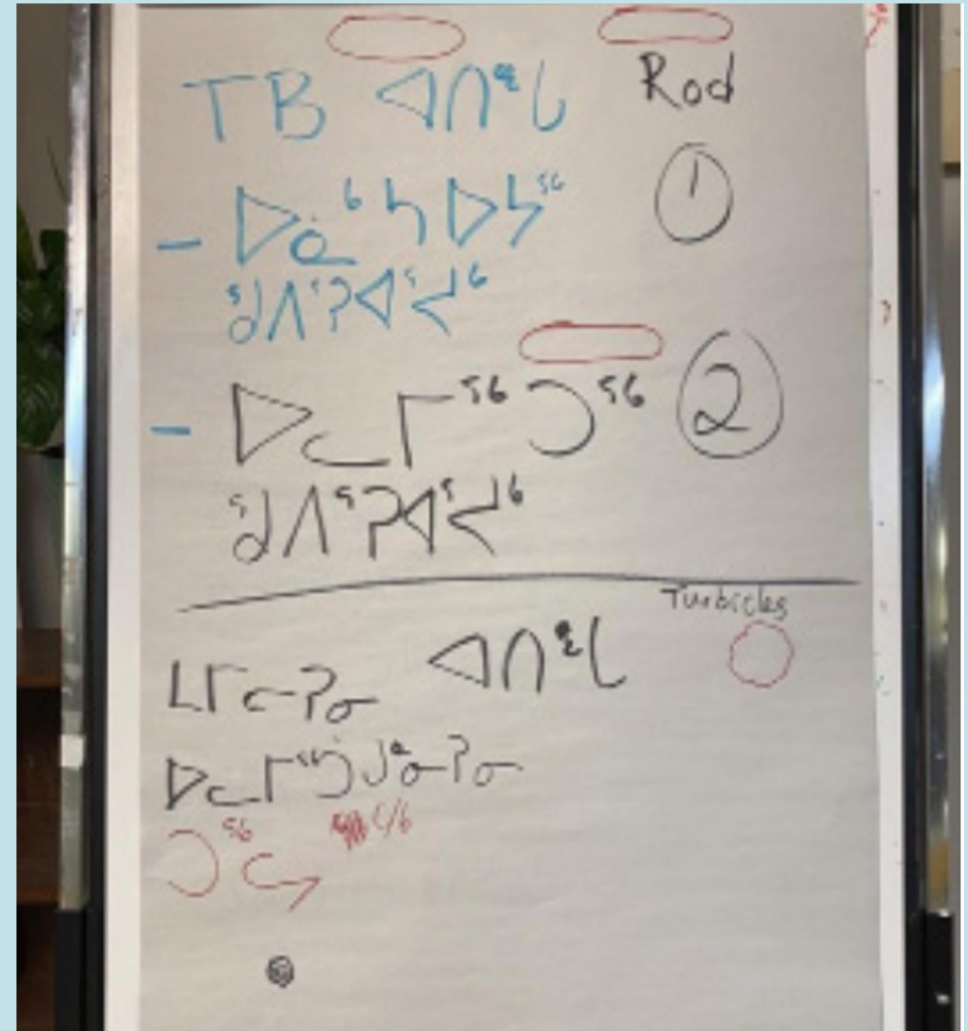
- *Which kinds of tools will support us to better understand the health challenges and needs of the community?*
- *Which tools can facilitate the inclusion of a diversity of perspectives in the community, especially those of the most vulnerabilized groups?*
- *Which tools best align with activators' skills, interests and the local context?*



Phase 2: Engage

Step 4: Train the technical team

- *What skills and resources would the activators like to build on or acquire (i.e. leadership, organizing, communications, disease-specific prevention and response)*
- *What trainings can SeeChange facilitate vs. external actors?*



Phase 3: Mobilize

Objective: *Co-design community-wide solutions that leverage the community's strengths and assets and responds to the challenges identified.*

Techniques used: Human Centred Design, Strengths-Based Approach



Tana River, Kenya; Photo by Samuel Bumicho

Step 1: Carry out community health assessment.

Using the tools defined by the activators (i.e. focus groups, mappings, interviews), reflect on the following with community members:

- *What is your definition of community?*
- *What does participation mean to you?*
- *How do community members understand health and wellbeing?*
- *What are the health priorities perceived by the community?*
- *What are the disparities in access to health for the most vulnerabilized members of the community?*
- *What are the gaps that need to be addressed in relation to these health challenges?*
- *How do the health perceptions of the wider community differ (if at all) from those of SeeChange and the technical team?*

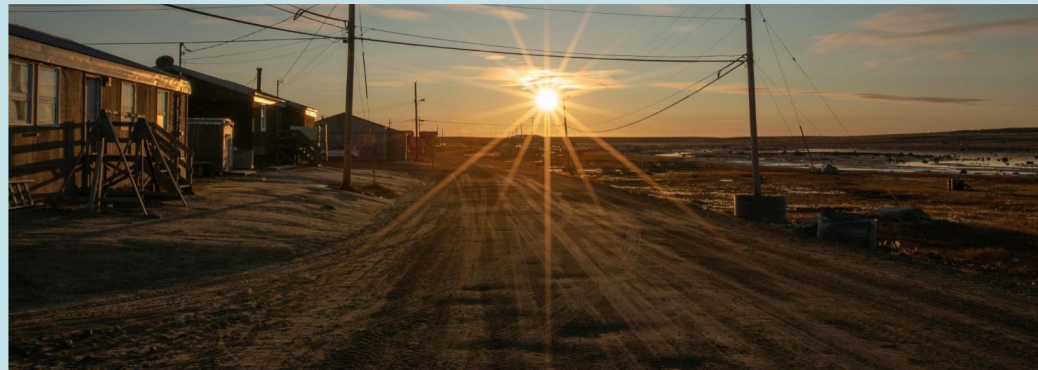
Phase 3: Leverage

Step 2: Understand gender dynamics and inequalities

- *How does the community understand gender?*
- *How are decisions made in the community and within households?*
- *What does the community understand by violence?*
- *What mechanisms exist in the community to provide care for people who have experienced domestic violence?*
- *What type of activities could be promoted at the community level to reduce gender violence and promote social and emotional well-being?*
- *Are specialized women's health services available in the community-SRH?*

Step 3: Mobilize community assets and resources

- *How can the community strengthen and use their existing assets to respond to the health challenges identified?*
- *How can SeeChange and the community better coordinate with the local health authorities?*
- *How can SeeChange work to build capacity within the local health authorities?*



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Phase 3: Leverage

Step 4: Draft a community health action plan to propose solutions to the health challenges identified

- *Which community activities are proposed to respond to the health challenge(s) identified?*
 - *i.e.:*
 - *Sensitization*
 - *Workshops and skill-building*
 - *Coordination and link with MoH and other actors*
 - *Advocacy*
- *Consider creating an adapted CommunityFirst Roadmap to organize, prepare for and respond to the health challenge at hand*
- *How will information about the activities be shared*
- *What are the barriers to implementation and how can these be addressed*
- *How does this plan improve access to basic services for the community?*
- *How does this plan contribute to changing structural factors that affect health?*
- *How does this plan advocate for changes in policy and/or decision-making at the local or national level?*
- *How can we measure the success of our actions?*



Step 5: Facilitate connections to external actors who can complement the response

- *What other skills, resources, connections are needed?*
- *What kind of financial resources are needed and what support does the community need /want in order to access them?*

Phase 4: Reflect

***Objective:** to support the community in achieving its goals, with a view to sustainability, as defined by the community.*

Techniques used: Participatory methodologies (focus groups, social maps, solutions tree, map of the future), discussion groups, Roadmap

Step 1: Work with the community to develop indicators and metrics that reflect their own ideas of progress, health, and sustainability.

- *How do community members know that this community response was successful?*
- *What has changed within the community since tackling the health challenges at hand?*
- *What contributed most to the success of this community effort?*

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Phase 4: Reflect

Step 2: Partnership closure and lessons learned

- *What is the community's medium and long term vision of these activities?*
- *What support (if any) does the community need from other actors going forward?*
- *Who in the community will continue to coordinate the activities?*
- *How were the community's relationships with MOH and other key stakeholders strengthened during this period?*
- *What tools and materials have been created that the community can continue to use?*
- *What is the analysis of the activities and how can the community apply lessons learned to respond to new health challenges?*



Phase 4: Reflect

Step 3: Strengthen networks and exchange knowledge:

- *Facilitate regional solidarity networks: a community of practice for connections and knowledge exchange among community activators*
- *Create space for communities to share their learnings with other communities and at regional and global fora*



CommunityFirst draws on diverse techniques & approaches from Indigenous scholars, social science and health science fields. These include the following:

Radical Listening techniques helps us to amplify the voices of the community without imposing our own ideas or solutions.¹
Result: helps the community to **set it's own priorities** and **builds trust**

Trauma-informed approaches supports the community to recognize how past or present traumas affect health and health-seeking behaviour (i.e. medical experimentation -> mistrust of vaccines) and "creates a safe environment for all based on an understanding of the traumatic effects of historical and ongoing violence and discrimination."²
Result: increased **trust** in health actors, and community **healing**.

Using a **strengths/asset-based approach** helps communities to recognize and value what they do well and make use of the the resources they already have, rather than focusing on what they are missing.³
Result: greater community **agency** and **more efficient** use of resources.

Two-eyed Seeing implies "learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing, and to using both these eyes together, for the benefit of all."⁴

Results: Meaningful and **productive dialogues** with the community that value all perspectives and types of knowledge.

Appreciative inquiry helps communities "identify strengths by engaging them in inquiries and stories that highlight and then leverage those strengths."⁵

Results: community members **empowered and motivated** to address the health challenges they face.

1. Tobin, K. (2009). Tuning into others' voices: Radical listening, learning from difference, and escaping oppression. *Cultural Studies of Science Education*, 4(3), 505-511.
2. Browne, A. J., Varcoe, C., Lavoie, J., Smye, V., Wong, S. T., Krause, M., . . . Fridkin, A. (2016). Enhancing health care equity with indigenous populations: Evidence-based strategies from an ethnographic study. *BMC Health Services Research*, 16.
3. Mathie, A., & Cunningham, G. (2003). From clients to citizens: Asset-based community development as a strategy for community-driven development. *Development in practice*, 13(5), 474-486.
4. Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2(4), 331-340
5. Armstrong, A. J., Holmes, C. M., & Henning, D. (2020). A changing world, again. How Appreciative Inquiry can guide our growth. *Social Sciences & Humanities Open*, 2(1), 100038

CommunityFirst resources developed (and being developed) by SeeChange to date:

- [CommunityFirst COVID-19 Roadmap website](#) and database of [resources](#)
 - Available in [English](#), [Spanish](#), [French](#), [Portuguese](#), [Inuktitut](#), [Swahili](#)
- [Roadmap adapted to respond to natural disasters](#)
- Workshop templates for women's leadership, mental health & self-care for adults and youth, Roadmap orientation and design, mask-making, soap-making, health information sessions and trainings for health staff
- Original comics created for [vaccine awareness](#) (available in Spanish, K'iche and Ch'ol only) and [sexual violence on the migrant route](#)
- [Trauma-Informed Tuberculosis Empowerment Program Manual](#)
- [CommunityFirst Monitoring & Evaluation Guide](#)

Learn more about CommunityFirst:

- Kiddell-Monroe, R., Farber, J., Devine, C., & Orbinski, J. (2021). [CommunityFirst solutions for COVID-19: decolonising health crises responses](#). The Lancet Planetary Health, 5(8), e499-e500.
- Kiddell-Monroe, R., Ranta, M., Enook, S., & Saranchuk, P. (2020). [Inuit communities can beat COVID-19 and tuberculosis](#). The Lancet. Public Health, 5(6), e312.
- Presentation by the SeeChange Initiative team on CommunityFirst Solutions for COVID-19 at MSF Scientific Days UK 2021: [2:22:09 - 2:33:09](#)