

Building DRR Capacity through Communities of Practice*

The Christian response to medical care in resource-challenged environments

Boan, D., Tsen, J., Aten, J., Kimball, C. N., & Andrews, B.

Introduction

Addressing large-scale problems such as reducing community risks and vulnerabilities to disasters is complex. Traditionally, solutions have been ineffective and/or unsustainable because the problem-solving strategies have not included the relevant social, economic, and political problems that affect the target communities. Further, collaboration between NGOs, academics, and local communities have been short-lived, limited by access to resources, and affected by control over the project's intended effects, its methodology, and targeted populations.

Communities of Practice

One approach to address these challenges is the Community of Practice (CoP). CoPs are “groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.”¹ By definition, CoPs share a domain (i.e., an expertise or interest), a community (i.e., a collective group/network), and a practice (i.e., a common methodology). In our CoP pilot, we focus on local faith communities with a shared domain of increasing the church's role in promoting disaster resilience by practicing advocacy, policy change, supporting disaster preparedness, and intervening after disasters.²

CoPs also share a focus (shared values and goals), leadership (a well-respected leader from the community), input (diverse experiences, knowledge-base, and resources), commitment (core members with high levels of investment), and open forums (arenas for communication with one another and their target communities).³

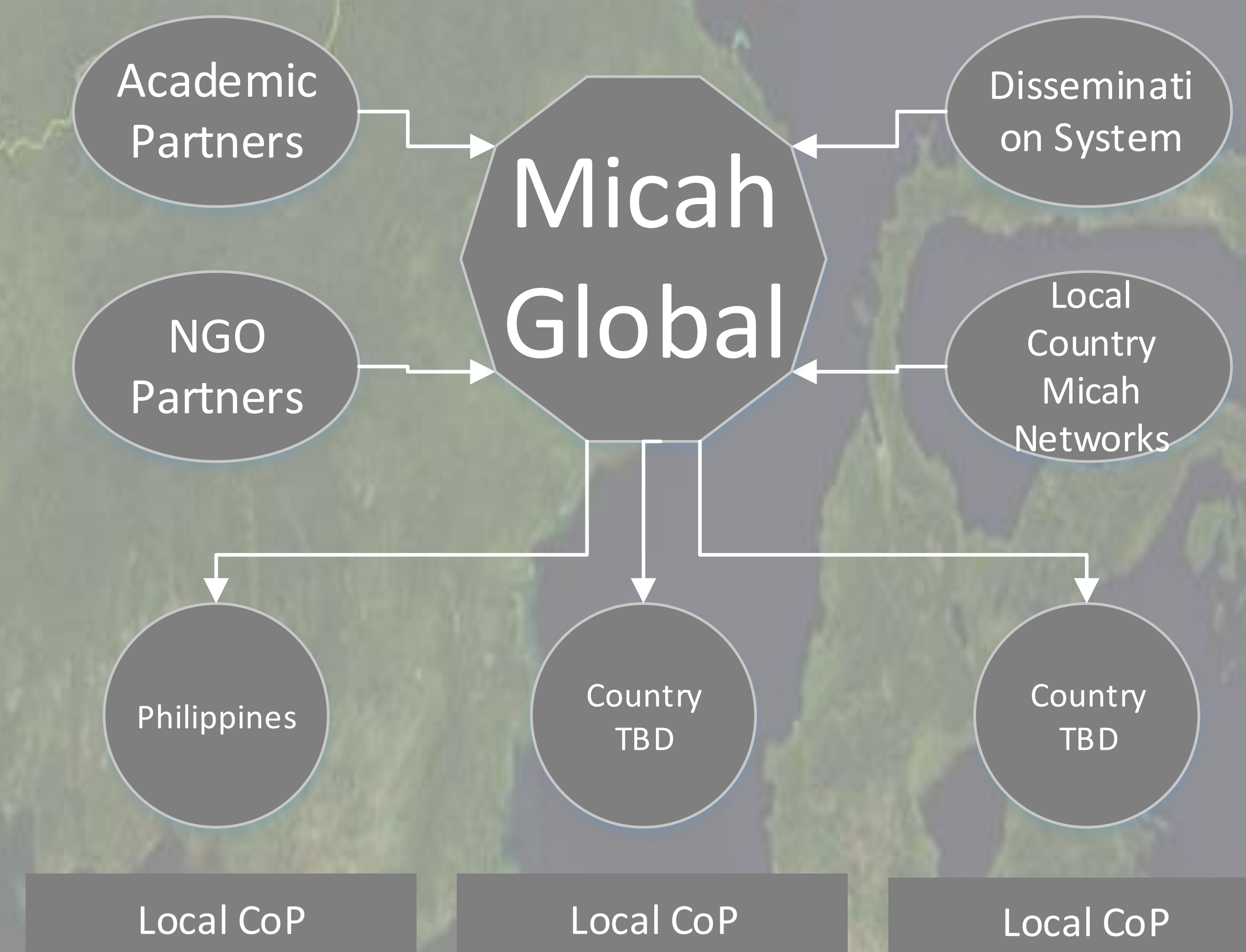


Figure 1. The image above depicts the organization of the proposed model. At the lowest level, you have individual CoPs, each operating in its own context. Every community operates in connection to the whole network of CoPs (i.e., “Micah Global”), each learning on its own and then communicating its knowledge back to the hub. Micah Global thus comprises a “metacommunity,” collaborating with international NGOs, academic partners, and its local CoPs. The CoPs learn from each other, pooling knowledge, resources, and experience in order to develop continued expertise and effectively addressing their own local problems.

Evidence for Communities of Practice

Recent research has called for programs whose “initiatives that cut across community sectors, engage multiple stakeholders, and promote learning and innovation.”⁴ CoPs are precisely this type of program, and they have been successfully implemented with a variety of problems including suicide, therapy, addiction, and education.⁵⁻⁸

The Value of Communities of Practice

CoP provide a unique opportunity to highlight and empower the church in its role to provide care for their surrounding communities. CoPs follow a four step cycle in order to do this:

- 1). Assess needs of the community and identify/define problems
- 2). Devise and execute a strategy for implementing change
- 3). Assess effectiveness of solutions
- 4). Revise strategies and repeat⁹

These steps place the CoP in a central role in the research or learning process. NGOs and academic partners provide their experience and resources in order to empower CoPs to do this effectively until they have gained the experience to replicate the process without assistance. Rather than leading to individual programs and interventions, this process produces a sustainable method for CoPs to repetitively develop and address their own complex problems. It also leads to long-term collaborative relationships between academics, NGOs, and networks of front-line responders. Most importantly, this process is housed in the local church, empowering congregations of faith to serve the needs of their communities.

For more information on our pilot program see <http://drr.wheatoninstitute.org>

References

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