

Measuring Community Resilience

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The Ebola crisis of 2014 propelled the public health world into the unknown. With 11,325 deaths (Alonge et al., 2019), the Ebola outbreak demonstrated immediate direct international aid was not the only necessity for a successful battle against a public health crisis (Centers for Disease Control and Prevention, 2019). Resilience also was critical as communities battled Ebola and faced recovery from its impact. Community resilience encompasses “notions of well-being, adaptability, and resourcefulness in the face of adverse conditions” (Nemeth, 2015). Resilience is directly tied to a community’s ability to become independent post-crisis. The World Food Program describes community resilience in three aspects: availability, access, and utilization (*Resilience building*, n.d.).

International aid organizations play a critical role in supporting community resilience in areas faced with public health crises. For a community to excel in availability, access, and utilization, both the short-and long-term goal of international aid must be taken into consideration. Humanitarian relief organizations, like the World Food Program, are actively shifting focus to fostering resilience amidst humanitarian aid provision. In an interview with Anis Nasr, a World Food Program Operations Center team leader, he presented the World Food Program’s Global Operation Response Plan for 2021. The second priority of this operation is to “Reinforce community-based resilience to promote recovery including through the safe return of children to school, smallholder farmer value chains and sustainable livelihoods.” With these examples in mind, humanitarian organizations may improve their services and offer more resilient aid.

The objective of this research was to devise an evaluation framework to determine community resilience of an area that receives crisis support from international organizations. The evaluation framework findings may be used as a tool to guide aid organizations in their support to impacted communities. A literature review defined the primary pillars of community resilience, which are education, health, and economics. Within each pillar, valid and reliable measurement instruments

necessary to operationalize characteristics of resilience, which are availability, accessibility, and utilization, were determined for each primary pillar of community resilience (*Resilience building*, n.d.). Within the healthpillar, anthropometric measures, food intake, and access to healthcare are critical measures. Intake rates of primary education, net enrollment rate and attendance rate are suggested measures for the education pillar. Lastly, gross domestic product, employment rate, and labor force participation rate should be measured.

To ensure the evaluation framework is implemented in the most optimal way, each pillar of the assessment should be administered by specific authorities who have the most knowledge and connection to the specific pillar. Measurements should be completed prior to and following crisis support from international organizations.

Statement of Research Advisor

Molly conducted a comprehensive and critical review of literature to conceptually and operationally define community resilience amidst humanitarian aid. The resulting evaluation model, including proxy variables and specific instruments, will be utilized in a case study and pilot testing in conjunction with the World Food Programme. Following validation, the evaluation model will be implemented alongside communities to ensure communities benefit in the long-term after receiving short-term support from humanitarian aid providers. -*Alicia Powers, Nutrition, Dietetics, and Hospitality*

References

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