

Recommendations for CARE Communities of Practice:

A Review of the Sexual & Reproductive Health Supported Communities

Executive Summary

This review summarizes efforts by CARE USA's Sexual & Reproductive Health (SRH) team to promote knowledge sharing through communities of practice (CoP); identifies key promoters and constraints for CoP effectiveness; and makes recommendations on how CoPs could be more effective within CARE.

Since 1999 the Sexual & Reproductive Health (SRH) team has supported, through leadership and funding, six communities of practice (CoPs), as a mechanism to improve knowledge sharing and cross learning. Each community was theme-based: Female Genital Cutting (FGC) Abandonment in East Africa; Health Sector Reform in Latin America; a global Innovations Project Learning Group; Maternal and Newborn Health in Latin America; Gender and Sexuality in Asia; and Family Planning in Africa. In addition, each CoP was formed under different premises, with different facilitators and drew on varying modes of communication. Thus they provide an array of experiences to learn from.

Community of Practice¹:
A group whose members regularly engage in sharing and learning, based on their common interests

The data informing this assessment included secondary community documentation; key informant interviews with the six community facilitators and with ten community members; and responses from thirty one community members through a web-based survey.

The key findings of the review are as follows:

Purpose – the need for more cross sector and cross country learning is well understood as is the potential value of communities of practice as a tool for doing so. While members of the SRH-supported communities had a clear understanding of the objectives of their communities, they were less clear on how to judge their effectiveness. Members reported that having a clearly defined workplan or outputs did not appear to be a requirement for participation. It is recommended though that members develop a shared learning agenda, including learning objectives, so as to provide greater clarity of purpose.

Staying Connected – the opportunity to meet and stay connected with new colleagues was a primary motivator for joining and staying in communities. Providing opportunities for community members to get to know each other at the outset is key to both starting and sustaining community participation. Face-to-face meetings (as provided by a scheduled regional event, for example) were reported as the best way to form the relationships required to form a community.

Modes of Connecting – the six different communities drew on a variety of communication methods – face-to-face meetings, teleconferences, email, listservs, cross-visits and web-based learning spaces (e.g. CARE's Portal and SharePoint). Face-to-face meetings were reported as the preferred mode of communication followed by email. Teleconferences and collaborative spaces on the web are seen as promising tools as technology improves.

Continuity and Cohesion – communities with large enough membership to bring a good diversity of experience, yet small enough to feel like a community were most appreciated – approximately 15 to 20

people. Continuity also helped with cohesiveness of the community. Opening the group to new members proved difficult. This could prove problematic over time, as new members can bring in new ideas and energy into a community. Mechanisms need to be developed to initiate new members into an established community.

Champions – having more than one champion to stimulate and encourage conversation was seen as essential to the momentum, and shared facilitation was reported as a way of ensuring the community remains responsive to the group’s needs and as a way of building and maintaining trust.

Recognition & Reward – by and large community members reported that they had support from their supervisors for participating in their community, but freeing up time for meaningful participation was a challenge. While the desire to share and learn with their colleagues is a strong incentive to participate in CoPs, there needs to be greater recognition and reward from for doing so.

Background

The first SRH-supported community, FGC Abandonment, was formed in 1999 as part of a three country operations research project and was not thought of as a community of practice, though it functioned as one. The Health Sector Reform group was started in 2004 in response to a request from a country office for a regional forum to exchange thinking on health sector reform. The IP learning group was formed in the summer of 2004 as a requisite part of being one of the four Innovations Projects funded by the RHTF. The MNH and G&S groups followed and were both kicked off by workshops. The newest group is the one focused on Family Planning in Africa. It was started in the spring of 2006 when members of the SRH Team disseminated a flyer asking if anyone would like to join. Sixteen members have since joined.

The Health Sector Reform and Gender & Sexuality communities have come to a close. The FGC group has become a listserv while the IP group still communicates on occasion through email. The MNH in Latin America and the FP group are still active.

Membership

- The communities ranged in size from 12 to approximately 80 members (the G&S group), with most of the groups having 15 to 20 members.
- In most cases members were identified through an invitation to join the COP or through an invitation to attend a workshop that spawned the community. In two cases, the FGC and IP groups, members were identified simply by being a part of the project they worked on (requisite membership).
- The profiles of members varied but were dominated by CARE SRH field staff. Other participants included managers, advisors, regional staff, and in the case of the HSR group, several members of the Ministry of Health. Technical experts were brought in from time to time for the FGC group.
- Membership in the groups tended to be constant in the beginning and then experience a growth or dissipation. Attempting to increase the membership of the groups proved to be difficult. When the FGC group attempted to increase their membership the new members brought

Who can participate? ¹

- People with a common passion
- Employees within the same organization or across organizations
- Hundreds of people or just a few people

new experiences and expectations but the group lost its cohesion (dedicated funding was also lost). The G&S group grew too quickly and a sense of community never took hold. In the case of the IP group, three of the four project managers changed, eroding the sense of community.

- The percentage of members that were active in each community varied, as would be expected. For the HSR group there was 80 to 90% participation while the MNH group has consistent participation from about 50% of members. The IP group consisted of core members (the IP project members and the moderator) and more peripheral members (the advisors that support the IPs).
- Participation in the communities has taken the form of attending workshops, engaging in email discussions, teleconferences, giving feedback to colleagues through email, sharing project reports and having the opportunity to meet technical experts.
- When asked what motivates members to participate they said:
 - Intellectual stimulation – there is sharing of learning and frequent critical analysis
 - Passion for gender and sexuality
 - I was motivated to participate by my colleagues from different countries who have more experience in gender equity and diversity than I do
 - To give me the opportunity to maximize CARE's global experience to carry out my work in the maternal-neonatal health programs
 - To learn about others' experiences and explore common challenges with peers and experts

Leadership

- All of the communities were moderated or facilitated by a member of the SRH Team, though some brought on co-facilitators. The MNH group used co-facilitators to help with Spanish/English translation. The HSR and G&S groups tried to have field-based co-facilitators in order to share the workload and ensure that the group was meeting the needs of field staff, but the field staff had other work or were unsure of how to lead the community. The IP group rotated the setting of the agenda and facilitation of the conference calls to encourage participation.
- Facilitation of the groups included helping to develop the terms of reference, setting up conference calls, sharing publications, moderating discussions, helping the group to choose learning topics, motivating the group, identifying external experts, coaching the co-facilitators and keeping the momentum going.
- The initial phases of the group required greater effort on the part of the moderators and once the groups were established required on average about 2 hours per week.
- The facilitators reported that the skills required include being comfortable with the topic at hand, having a good understanding of the group, the people in it and the programs they work on, having strong facilitation skills (to summarize, to bring quiet people out, to moderate dominant personalities) and being creative, fun, dynamic, a good listener, flexible, committed and compassionate.

Objectives

- All six communities had objectives referring to sharing lessons across countries and learning. Some groups, such as FGC and MNH, went a step further and included objectives pertaining to staff capacity or skill building. There were very few objectives with concrete outputs, with the exception of documentation.
- The objectives for the communities, save one, were developed in participatory ways allowing group members input. This was highly appreciated.

- The objective of sharing and learning to improve practice was widely understood and appreciated by community members, though there was less clarity when members were asked if the objective had been achieved.

What can communities of practice do? ¹

- drive strategy
- solve problems
- develop professional skills
- reduce “reinvention”
- promote innovation
- disseminate best practices
- share knowledge across boundaries
- foster mentor-mentee relationships

Management

- The roles of community members were well defined in some communities and undefined in others. The IP group defined the roles of the participants, the moderator, the advisors and the coordinator. In contrast, the FP group, which had only been functioning for three to four months at the time the of the survey, has not defined the roles and everyone is simply “part of a group.” This is to encourage members to play more active roles and several have been approached with this idea in mind. If the roles were defined they were part of the group’s terms of reference.
- None of the groups developed formal workplans, though several did lay out a schedule for teleconferences and themes for each call. The G&S group, in fact, explicitly decided not to have a workplan because it would “make the group seem too much like work.”
- Each of the groups had an annual budget ranging from \$2,000 for teleconferences to \$20,000 to \$30,000 for a face-to-face meeting. The MNH group also had funds for a co-facilitator or translator.

Communication

- The six groups have tried multiple methods of communication – face-to-face meetings, teleconferences (some using PowerPoint presentations), email, listservs, cross-visits and web-based spaces (CARE’s Portal, SharePoint, Implementing Best Practices Initiative).
- The frequency of communication varied from meeting face-to-face every 6 months, to monthly telecons, quarterly telecons and ad hoc emails.
- Overwhelmingly, face-to-face meetings were found to be most useful. Email was preferred over web-based spaces for virtual discussions. Web-based spaces were not successful with any of the communities. Teleconferences received mixed reviews – getting people on the line and keeping them there could be frustrating but when there was a good connection that allowed and free exchange of ideas the telecons were highly appreciated.
- When asked what has worked well in terms of communication, respondents answered:
 - Only e-mail is the most appropriate mode of communication for our community as it is difficult to access the internet and busy phone lines
 - Getting to know one another in person
 - Having a few champions who regularly respond to messages and urge others to contribute and participate
 - Face-to-face meetings continue to be valid even though the costs are high.

How do they do it? ¹

By allowing people to share their experiences and knowledge in free-flowing, creative ways that foster approaches to problems

- When asked what has been challenging in terms of communication, respondents answered:
 - Technological difficulties like poor connectivity and language barriers
 - The teleconferences have been difficult because they are a new form of communication for me
 - Too much work and there is no reward for being a part of the community
 - Delay in receiving an answer to your question
 - Lack of a good information system to share materials and publications

Organizational Support

- The moderators did not have a good sense as to if community members had enough organizational support to participate. One issue that did come up at times was workload and competing priorities.
- Overwhelmingly, community members reported that they did have support and encouragement from their supervisors to participate in the communities. Financial constraints proved to be the biggest barrier. When the ISOFI project ended the G&S group dissipated and another member noted that if it were not for financial support from HQ his/her group would not continue.
- The moderators felt that the incentives for participation were learning, sharing their work, making personal connections, and the chance to attend workshops in another country.
- While some members were not clear on what incentives were to participate others answered readily including learning itself, recognition for your work, being asked to moderate or facilitate, elevating their legitimacy in the eyes of their partners, getting feedback from other community members and procuring a speakerphone.

Evaluation

- Several of the communities did think about how to evaluate them usually involving interviewing the members or reflecting on the expected outcomes to see if they had been achieved.
- Only the HSR community carried out an evaluation and did so through a survey focused on what was useful to people about the group and what they learned. Respondents reported that they learned it was important to share errors in addition to successes, case studies with concrete examples were useful for adapting to their own interventions and that they can address the theme of HSR from any health project.

Accomplishments

- As to specific knowledge acquired through participating in the community members cited use of storytelling, social analysis, monitoring and evaluation tools, methods for sharing, and reflection and learning.
- Members contributed to the learning by sharing their project experiences, such as stories and guidelines they had developed within their projects reports. Some people felt it was difficult to say what they had contributed.
- When asked if the group had met their expectations, reviews were mixed:
 - To some extent – communication did not work very well
 - Yes. Always the time is short and the agenda stretched but we have to move beyond project-oriented learning to a broader agenda
 - It felt good being part of a community, having a support group to turn to
 - Thinks so – as it has contributed to personal development

Overall Strengths

- When asked about the greatest strengths of the communities, most appreciated were the personal relationships built between community members or, as stated by some, the camaraderie. The face-to-face meetings were also highly valued by the community members and cited as the best way to build a sense of community.
- Other strengths mentioned were:
 - Learning about a specific tool – storytelling
 - Congratulations and credit given to the group
 - Developing a common learning agenda and a supportive learning environment
 - Moments of excitement when people heard things that were new to them and saw applicability in their own programs
 - Participation and facilitation was shared and helped build trust

Overall Challenges

- Technology was cited as the greatest challenge or frustration in regards to communities of practice. This included poor telephone lines for people in remote areas, poor connectivity, particularly for web-based spaces, and the lack of a common information system or collaborative space to share documents. Several groups attempted to use CARE's portal but problems with getting passwords and low-bandwidth proved insurmountable. The second most common barrier was language and that people felt uncomfortable writing in English.
- Other challenges included:
 - Only a core group of people actively participated
 - Expanding membership proved difficult and reduced group cohesion
 - Language– translation helped but interrupted conversation flow
 - Staff changes in the COs led to changes in the community
 - Workload and a lack of time to properly reflect and share successes

Personal Experience

- Through the interviews and survey, members were asked why they joined the community. Responses ranged from it was required, to getting up-to-date on a particular subject, to personal commitment, to sharing and learning across county offices. Personal reasons included:
 - To be up-to-date on the subject matter and do my job better
 - It was required as a part of the Innovations Projects
 - To become an activist for maternal health – to go beyond my country
 - Personally understands the importance of learning and sharing across COs
 - I love the idea of sharing and learning. I attended the GEES workshop and was so motivated by what CARE does in other countries
- Community members were asked how being a part of the community has influenced their work. A number of people reported that the community has had little influence, yet others felt they had more access to information. A few people have been able to take specific tools they learned in the group and implement them in their own work. For example, two members have started communities of practice within their own programs and several people have integrated storytelling into their projects. Other ways that the COPs have, or have not, influenced work include:
 - I have had access to more information and have been able to share it with my colleagues who aren't in the community
 - It has helped me to think about what makes a CoP work and not work!

- It has not yet influenced my work - the CoP needs to be more vibrant, and I need to be a better participant
- It has allowed me to become more confident to innovate
- It has helped me in my work tremendously as I have applied the storytelling technique in the field
- Nil really – except that it discouraged me and got me to seek out how people learn from each other
- When asked what benefit they get out of participating in the community meeting and staying connected with colleagues were cited most often. Improved knowledge and getting exposure and sharing with staff from other countries were highlights. Other responses included:
 - Improved knowledge on technical SRH, qualitative research methods, information analysis and skills such as facilitation
 - The chance to interact with staff, learn about their work and build my own knowledge
 - Contact with like-minded souls that are interested in furthering FP efforts
 - Meeting wonderful, thoughtful colleagues - team spirit
 - Confidence in taking the issues of gender and sexuality forward
 - Got closer to people, helped my communication with my daughter and son

Recommendations

- Community members were asked what their top two recommendations would be for new COPs. Overwhelmingly, people reported to start by building personal relationships. Usually this was recommended though a face-to-face meeting. Then ensure that members have an easy way to continue to stay in contact. Regular email was most often recommended. Other recommendations include increasing organizational support for COPs and rewarding participation. Comments include:
 - Must have a way to communicate with each other easily and regularly (suggest email) and everyone should feel comfortable with the mode of communication chosen
 - Have a collaboration space where people can easily share documents and information
 - The group must have the chance to give input and agree upon the who, what and how of the group as member-defined practices and approaches have the greatest chance for success
 - Be clear about time expectations and roles and responsibilities should be clearly defined
 - Promote sharing of problems and failures since you can learn from hardships too
 - Be creative so people will take on what's proposed to them.
 - Have a facilitator or champion responsible for convening the group and who regularly stimulates discussion
 - Participation should be part of ones IOP with resources dedicated to it – it's not an extra or voluntary activity
 - Management needs to be supportive and encourage people to participate
 - CARE needs to take the message to the COs that learning is important so there is more CO leadership and commitment
- When asked how CARE as an organization could help improve the effectiveness of COPs most recommendations were to improve technology and provide more support for organizational learning: Recommendations included:
 - Improve IT
 - Move away from being project based
 - CARE can keep the good culture of cross learning through regular workshops/meeting as it is very useful to get together to talk

- Need the opportunity to connect with people as human beings
- Help articulate and disseminate as well as highlight/recognize the work and perspectives of these communities and demonstrate integration in programming
- Working to overcome the language barriers
- Provide the opportunity for cross-visits
- Recognize it. Write up lessons learned from it and use them along with LL from other communities to form a body of good practices for COPs
- Managers should provide space and time
- Promote learning and sharing – when programs close the learning is very limited to within the program and there is no for a where learnings are shared within CO amongst different programs
- Lastly, through the survey and interviews community members were asked what they would do differently if they facilitated the community. Responses included:
 - More participatory, two-way discussions and encouraging weak members to speak and discuss
 - Stress the personal – get to know each other
 - Vary the modes of communication
 - Focus more on strategic and less on technical subjects
 - Include members from outside of CARE
 - Recognize achievements
 - Keep the communication going even if it's only 3-4 staff to demonstrate the value of the COP and entice others to join
 - Increase the number of people in each community and try to mobilize resources to increase the intensity of efforts
 - Let members propose what they want to talk about

What are the critical elements for success? ¹

- ✓ A mutual interest or passion among members
- ✓ A champion or committed moderator
- ✓ A common cultural context – this can be a common work culture
- ✓ A shared physical or virtual space
- ✓ Voluntary membership
- ✓ Self-organization, to set the agenda and define leadership
- ✓ Trust among members
- ✓ Support from senior management
- ✓ Multiple, shifting and overlapping participation
- ✓ Technology that allows for easy communication

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References

¹Best Practices Text Boxes Compiled From

1. *Communities of Practice: The Organizational Frontier* by Etienne Wenger and William Snyder
2. *Building Communities of Practice* by Stephen Denning
3. *Getting strategic value from constellations of communities* by Arian Ward
4. *Communities of practice and organizational performance* by E. L Lesser and J. Stork

²Methodological References from The World Bank

1. TG Leaders Interview/Survey
<http://info.worldbank.org/etools/WBIKO/TGtoolkit/links/TG%20Leaders%20Interview%20Questionnaire.pdf>
2. 2002 Thematic Group Leader Survey: Report of Findings
http://info.worldbank.org/etools/WBIKO/TGtoolkit/links/2002_TGLeaderSurvey.pdf
3. Thematic Group Leader Survey
<http://info.worldbank.org/etools/WBIKO/TGtoolkit/links/TG%20Leader%20Survey%20Findings%207-12-02%20-%20OED%20Report.pdf>
4. Thematic Group Leader Survey: December 1998
http://info.worldbank.org/etools/WBIKO/TGtoolkit/links/TG_Leader_Survey_1998.pdf