WHAT IS COMMUNITY RESILIENCE?

Community resilience means building, adapting, and deploying community strengths and resources to mitigate harm during a crisis and to recover from adversity – but this takes time and long-term engagement over years.

To begin building community resilience, health, development, and humanitarian practitioners can conduct a baseline assessment to understand existing tools and assets (e.g., existing early warning systems) and vulnerabilities and inequalities.

Resilience is hard to measure as there are many different indicators of resilience, such as social factors (social capital, governance) or economic ones (livelihood sources, diversity of income).

The process of strengthening community resilience needs to be owned by communities. Engaging community, regional, and national stakeholders is key.
While community resilience tends to focus on a local level, we must understand the politics, economy, histories in which a community is embedded and how this affects a community’s ability to withstand crises. There may be a tendency to idealise community resilience as a solution in the absence of state support and state services. Both are vital to enable communities to absorb, adapt, and recover from shocks.

Both visible and invisible power relations, such as low participation of women in leadership, can affect how and under what conditions vulnerable groups are able to participate in and benefit from resilience.

Social justice-oriented resilience with principles of equity and fairness in and access to resources is more important when building resilience than returning to the status quo.

Gender inequality poses a major challenge to community resilience, as women and girls are often left out of decision-making processes or are unable to access resources.
HUMAN AND SOCIAL STRENGTHS FOR BUILDING RESILIENCE

Community resilience includes key human and social capacities that can be built prior to an epidemic to mitigate any harmful effects. This might include local knowledge, inclusive governance, social capital and social cohesion, strong communication networks, and early warning systems in case of an impending infectious disease outbreak.

Local knowledge includes experience and knowledge of indigenous or vulnerable social groups. Recognising community members as experts and utilising existing knowledge on infectious disease control is an important part of mitigating epidemic spread.

Communities must trust their local leaders, which in turn affects how they would participate in epidemic response activities – leaders can build trust by improving transparency, fair distribution of resources, and regularly communicating with their constituents.

Community networks and relationships, including social capital and cohesion, are vital to a resilient community able to withstand the impacts of an epidemic. For example, social cohesion can be built if leaders regularly convene community members to build stronger networks.