BRIEF REPORTS

The GRID Network: A Community of Practice for Disability Inclusive Development

Lynn Cockburn[1*], Louis Mbibeh[2], Jacques Chirac Awa[3]

1. Department of Occupational Science and Occupational Therapy, University of Toronto, Canada
2. Independent Researcher and Project Evaluation Consultant in Disability Inclusive Development, Bamenda, North West Region, Cameroon
3. Coordinator of Services for Persons with Disability, Cameroon Baptist Convention Health Services, Bamenda, Cameroon

ABSTRACT

Purpose: *This paper aimed to provide an overview of the evaluation of the GRID Network (Groups for Rehabilitation and Inclusive Development) and the impact it had on its members.*

Method: *Information was collected through a compilation of the resources developed during the project, and a summative evaluation process was employed at the end of the project. The paper is a short report on the summative evaluation.*

Results: *GRID Network members reported that the network was effective and beneficial. They developed new information and knowledge that was relevant to their local contexts; shared knowledge from local, national, and international sources; and, increased their skill in using social media for professional purposes. Recommendations include continuing with this kind of community of practice, with greater opportunities for more engagement and training; inclusion of more partner organisations; large group workshops and conferences; increased attention to advocacy for policy change; and, for more research to be carried out locally.*

Conclusion and Implications: *This project demonstrated that it is possible to develop and maintain a community of practice in a low-resource context on a minimal budget, even during times of political crisis. Further programme development, evaluation, and research are warranted to ascertain how this model can be scaled up to include a broader group of rehabilitation and other practitioners involved in disability inclusive development.*

Key words: *Cameroon, professional networks, rehabilitation, disability inclusive development, professional development*

---

* **Corresponding Author:** Lynn Cockburn, Assistant Professor, Department of Occupational Science and Occupational Therapy, University of Toronto, Canada. Email: l.cockburn@utoronto.ca

INTRODUCTION

The GRID Network is a community of practice project (Wenger et al, 2002) for African rehabilitation and inclusive development professionals. A community of practice (COP) refers to a group of people who share a similar concern and passion for what they do, learn from each other, and look for ways of improving their practices or doing work better as they meet or interact on a regular basis (Wenger et al, 2002). Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavour. Examples of COPs include a group of new teachers reflecting on and implementing new pedagogic approaches and inclusive classroom practices, a circle of mental health practitioners improving experiences on counselling, or members of a rehabilitation organisation who meet to apply accessibility and inclusion guidelines. COPs can enhance practice in several ways including problem solving, creating opportunities for experience, discussions of new developments in the field, improving professional confidence, and organising knowledge.

Three key elements characterise a COP – the domain, the community, and the practice (Wenger et al, 2002). The domain is the identity of the COP; in this kind of learning community all members share a domain of interest, and membership is defined by the commitment to this domain. In the case of the GRID Network, the shared domain was a desire to improve the services available throughout the North West Region of Cameroon by improving access to professional development opportunities, knowledge sharing, and leadership development opportunities.

The second element is the community, which involves the interactions and engagement of members in different activities and discussions. These interactions enable COP members to learn from each other, to contribute to each other's growth, to innovate and to improve practice in varied ways (Wenger, 1996). Being in the same organisation or having the same job title in two different organisations does not imply that people are in a COP. In the case of the GRID Network, members came from several organisations and were linked through in-person and on-line meetings.

The third element of a COP is the emphasis on practice. Members of a COP are engaged in improving practice; they do not only theorise or document a practice. A COP creates a shared practice with regard to guidelines, experiential stories, practical tools, problem-solving mechanisms, and identifiable changes in practice.

Members of the GRID Network identified, developed, and implemented several practices, described in more detail below.

A COP is important particularly as it creates a direct link between learning and performance, and gives opportunities for a wide range of interactions across organisations and geographic boundaries since it is not rigidly limited by very formal structures (Barnett et al, 2014; Awah et al, 2018). COPs can help people understand their world (profession, domain) better, and can be an essential component for practitioners who strive to remain current, especially as far as inclusive development and service improvements are concerned.

Overview of the GRID Network

GRID is an acronym for Groups for Rehabilitation and Inclusive Development. Started in December 2015, the GRID Network was a community of practice project (Kenchi et al, 2016) for rehabilitation and inclusive development professionals focussed on improving life in the North West Region of Cameroon. The goal of the GRID Network was to improve the services available throughout the region by improving access to professional development opportunities and knowledge sharing. Providing opportunities for leadership development was also a stated goal of the initiative.

The core team used a participatory process to recruit members and to collect suggestions for the structure and membership activities of the Network. The focus was on professionals working in the areas of disability and rehabilitation, either resident in the North West or who also had an interest or experience in rehabilitation work in the region. The purpose of membership was stated as **individual** professional development, not organisational change. Therefore, GRID members were professionals who were free to talk about actions in their organisations but were not formally representing their organisation, nor were they expected to create organisational changes. This process identified several topics and leaders.

Seven subgroups were established within the network: Community- based rehabilitation (CBR); Inclusive education; Mental health and rehabilitation; Rehabilitation in vision and eye care; Leadership and management in rehabilitation; Media and disability; and, Gender and disability inclusive development. An additional group, the GRID Leaders Forum, supported the leaders of these groups.

The GRID Network operated from January 2016 to June 2018. In April 2018 the GRID leadership decided to do an evaluation of the impact made by the GRID Network. For this purpose, a comprehensive internal evaluation, led by the core team, was made.

Objective

The aim of this paper is to provide an overview of the evaluation of the GRID Network and the impact of the network on its members.

METHOD

Study Design

This study is a short report on a summative evaluation of the GRID Network. The summative evaluation process was guided by an evaluation framework that was developed at the beginning of the project. Due to budget constraints, the high demands on participants' time from other activities, and the administrative desire to focus on front-line activities, not all the planned evaluation processes were possible. Information about the activities of the GRID Network was collected through several sources, primarily a compilation of the project documents and resources developed, and a summative evaluation process was used at the end of the project. A comprehensive questionnaire was distributed to all GRID members, along with invitations to participate in focus group discussions to gather summative information.

Ethical approval was not required because this evaluation was considered part of ongoing quality improvement.

Tools

To gather information, a review was undertaken of the evaluation reports which were written and submitted at 6 months, 1 year, and quarterly during 2018. The resources developed during the project were listed, and focus group meetings were held to discuss the results of the structured survey which was specifically constructed for the evaluation of this project.

Sampling

All 70 members of the GRID Network were invited to participate in the evaluation

process. The survey was completed by 40 people, and 25 people participated in the end- of- project focus groups.

Data Collection and Analysis

Collection and analysis of information was done by the GRID Project Lead (first author) and the GRID Network Coordinator (second author) using a participatory and collaborative process. Information collected through the surveys was compiled and analysed by the core team and during the focus group sessions. Assistance with data transcription and analysis was provided by a student intern.

RESULTS

Knowledge Development

One objective of the project was the development of new knowledge. All the GRID members reported increased knowledge of their practice area and that they had improved work practices. Documents, including articles, guidelines, presentations, and concept notes, were created and shared within the Network and externally. Examples of the resources developed are shown in Table 1.

Table 1: List of Resources Developed

Project documents	For example:
	Author guidelines based on international standards Discussion guidelines "Key readings in…" Lists (These were lists of relevant research in different topic areas such as eye health.)
Workshops	For example: Social media and podcasting; Adapting the WHO Community-based Rehabilitation CBR Guidelines for the NWR
Websites	https://nwrcommunityofpractice.wordpress.com/
Concept notes /Discussion papers	What is Empowerment? What is Inclusion? How to chair meetings How to behave in meetings What is a Standard Operating Procedure?
Peer-reviewed articles	Blinded for review
Newsletters	30 editions of a bi-weekly newsletter *The GRID Notebook* were produced, involving and highlighting the work of many members; provided GRID members with opportunities to engage in professional writing, and to learn from others. There is no other regular newsletter on disability or rehabilitation in the NW Region.

Conference presentations	Malaysia, Canada, Kenya, and Zambia
Grant applications	5 grant applications submitted; 3 funded
Book	*16 Stories for 16 Days of Activism against Gender- Based Violence*
	Personal accounts about gender-based violence and girls with disabilities in school, prevention and experience of Gender- Based Violence, available online, and professionally printed hard copies were distributed around the Region through a public book launch.
Educational Case study	*"The girls at school, and the men around"*

Knowledge Sharing

A second objective was to provide opportunities for knowledge sharing. Members reported that explicitly talking about sharing knowledge assisted them to recognise their own expertise, to build professional knowledge, and enhanced their practices. Involvement in the GRID Network impacted members' knowledge of the rehabilitation system in the NWR. While 90% of the participants in the final evaluation process stated that they had improved knowledge of the rehabilitation system, it was not possible to find out the reasons why the remaining 10% felt they had not gained new information.

GRID members reported benefits from both online and face- to- face meetings to share information. In addition to the sharing which happened daily through online WhatsApp groups, an average of 2 physical meetings per year were held by each group, making a total of approximately 20 meetings a year over the 2.5 years. During the project, there were approximately 50 coordination and knowledge-sharing meetings held by the 7 groups, as well as other workshops and leaders' meetings. These are knowledge-sharing meetings that would not have been held if not for the GRID Network.

As a direct result of the project, about half of the participants have participated in conference presentations and some have written articles as co-authors. More interesting is the fact that at least 50% of the members have been invited to share their expertise with other organisations and have been engaged in advocacy for change. It is important to note that GRID members are taking leading roles in social and systems-level change efforts.

The evaluation process indicated that even among these professionals, knowledge about rehabilitation services in the region was very limited, as very few people could identify more than 20 services.

Social Media

Social media was reported to be one of the most exciting aspects of the GRID Network. In addition to phones and texting, groups used WhatsApp constantly for messages, online discussions, sharing some documents, and communication with other members. At the conception phase, the project anticipated that Facebook was going to be the platform for communication, and several Facebook groups were set up to enable this communication. However, members soon asked for WhatsApp and that became the platform that members were most comfortable using. A few members did not know how to use it at the beginning, and through experiential learning they became proficient at it.

Group norms (rules for engaging in online group discussions) were set at the beginning, and members knew that apart from courtesy greetings, the groups were meant only for sharing of professional information. Members were very appreciative of these rules because they were not forced to delete junk all the time, as was the case with other groups to which they belonged. This process showed them that social media can be used for professional purposes.

Five members reported that they were unable to access WhatsApp and therefore were not able to be included directly in online discussions. Some of them had visual impairments and had not been trained to use WhatsApp, and the others did not have phones due to poverty.

Challenges

There were several challenges that the participants highlighted during the summative evaluation process. These are presented in Table 2.

Table 2: Challenges in GRID Participation

1.	Internet outages were frequent over this time, which significantly limited information sharing.
2.	There are very few professional development sessions available in the North West Region, or in the country, so many people are not familiar with a culture of professional development.
3.	Few strategic partners were engaged in terms of organisations; some organisations were not included. Some managers do not see the value of ongoing professional development and/or felt threatened by staff who want to get involved in professional development.
4.	Despite the GRID Network, there were few opportunities for networking with organisations and institutions with similar objectives in the Region.
5.	Despite attempts for training, the lack of understanding of accessibility standards by the webmaster resulted in a website that was not accessible.
6.	Persons with visual impairments were not able to use smart phones for communication, and this limited their participation in the GRID Network.

Group Members' Proposals for Future Actions

The GRID Members (individually and in group discussions) presented several possible action plans that could be used in future.

Table 3: Proposals for Improving the GRID Network

1)	While there was considerable support provided by the Project Lead, Project Coordinator, and Group Leaders, members also requested improved support of the activities of members, more opportunity for receiving constructive feedback, and more money for activities to be carried out. Practitioners look to projects for money to support their professional development activities, since it is not provided by employers.
2)	More professional development sessions should be organised on an expanded range of interventions, especially to the remote areas of the region. There is a need for more professional training workshops which are very precise.
3)	More strategic partners should be engaged for greater outcomes.
4)	More networking with organisations and institutions with similar objectives.
5)	There were no large group meetings; if/when possible, there is a need to bring all members of the Network in a meeting together to share ideas.
6)	The WhatsApp groups should be made inclusive for persons with visual impairments to access. Financial support could be provided to group members (e.g., monthly internet credit).
7)	There was a desire to have more monthly meetings.
8)	More policy advocacy endeavours for change to be carried out.
9)	Group Leaders could be elected.
10)	All-inclusive education professionals should be brought together.
11)	Funding should be made available for research work in all groups; more support to those who want to learn about and undertake research could be provided. More partnerships with researchers could be beneficial.
12)	Consideration should be given to those from remote areas.
13)	Provisions should be made for exchange visits to other organisations in other parts of the region, the country, and internationally.

DISCUSSION

Many GRID members had not met each other prior to this project because of the lack of professional development opportunities in the country. By engaging in this community of practice, members shared ideas, resources, and opportunities with one another. Unlike in high- income countries where practitioners can feel overwhelmed by the high number of professional development opportunities

and lack of time to participate in them, many of these practitioners reported that this was one of the first times they had had the opportunity to be part of a sustained group discussing professional issues, and they greatly appreciated the learning opportunities it afforded them.

The creation of materials specific to the NWR and rehabilitation is particularly noteworthy as there are no sustained rehabilitation research groups based in the region, and very few resources about rehabilitation that have been developed and published specifically for this context (Ray, Wallace, Mbuagbaw, and Cockburn, 2017). Although still limited, the production of materials by and for practitioners was inspiring, and encouraged many members to consider how they could continue to develop professional learning materials.

The GRID Network gave members the opportunity to participate in professional activities that they would not otherwise have been able to do. The fact that many members have had increased visibility in their organisations, and in their communities, bodes well for advocacy for change in rehabilitation services and systems. It appears that the goal of creating leadership opportunities for GRID was met, and that members went beyond leadership to engage in significant advocacy.

The evaluation process indicated that knowledge about rehabilitation services in the region was very limited. In light of this, it is recommended that actors in the field should devise ways of increasing awareness of existing rehabilitation and related organisations in the NW Region, and that organisations continue to be established and supported. This knowledge is important for referrals and improved services yet is challenging in this practice context (Okwen et al, 2018). An inventory of organisations is not currently available but should be created for consultation.

It is important to note some financial aspects of the project. Members were not reimbursed or financially supported. Group leaders were provided with a small amount of money to support internet and electricity costs (which are usually not provided by employers and are very expensive). Members were not specifically asked to disclose their salaries; however, monthly salaries ranged from 0/ unpredictable to about 250,000 CFA/$500 USD per month, and many had salaries of approximately 100,000 CFA. The cost of internet subscription is about 15,000 CFA per month, and therefore people often buy daily access. Phones cost 50,000 CFA and more. The fact that despite many challenges members found ways to participate online, primarily using phones, indicates the value they felt they were getting from participating.

Members emphasised the importance and benefits of intraorganisational, interorganisational, and interdisciplinary collaborations in their feedback, noting how few opportunities they have for this kind of collaboration.

One challenge was keeping in touch with the leaders and members. The project Lead and Coordinator used weekly phone calls, e-mails, WhatsApp messages, and face- to- face meetings, to encourage daily group discussions on topical issues in the groups. Group leaders reported that the level of coordination from the core team assisted them to remain motivated to continue.

Limitations

There are several limitations to this evaluation. Due to budgetary and time constraints, a full evaluation was not possible and it is therefore possible that key outcomes and themes were missed. The programme was carried out in an area which was experiencing social and political crisis, and the authors of this study did not have the capacity to fully evaluate the impact of this crisis on the GRID Network.

CONCLUSION

Despite the challenges and difficulties, the participants felt that the Network was effective and beneficial. Members participated throughout the length of the project, despite poverty, electrical shortages, internet blackouts, and many other obstacles. The Project Lead and the Project Coordinator worked hard to maintain relationships through these difficulties.

This project demonstrated that it is possible to develop and maintain a community of practice in a low- resource context on a minimal budget, even during times of political crisis. Further programme development, evaluation, and research are warranted to ascertain how this model can be scaled up to include more rehabilitation and other practitioners involved in disability inclusive development.

ACKNOWLEDGEMENT

The GRID Network was a collaborative effort between SEEPD and many others, both individuals and organisations.

The authors are very grateful for the many contributions of ALL of the GRID Network members and their organisations involved in the GRID Network.

REFERENCES

Awah PK, Boock AU, Mou F, Koin JT, Anye EM, Noumen D, Nichter M, Stop Buruli Consortium (2018). Developing a Buruli ulcer community of practice in Bankim, Cameroon: A model for Buruli ulcer outreach in Africa. PLoSNegl Trop Dis; 12: e0006238. https://doi.org/10.1371/journal.pntd.0006238 PMid:29584724 PMCid:PMC5889189

Barnett S, Jones SC, Caton T, Iverson D, Bennett S, Robinson L (2014). Implementing a virtual community of practice for family physician training: A mixed-methods case study. J Med Internet Res; 16(3): e83. https://doi.org/10.2196/jmir.3083 PMid:24622292 PMCid:PMC3967123

Kenchi J, Cockburn L, Mbibeh L, Awa JC, Mue P, Benuh E, Hashemi G (2016). The GRID Network: A CBR community of practice. 2nd CBR World Congress - Empowering and Enabling Community actions towards human rights and sustainable development through CBR, September 26-29, Kuala Lumpur, Malaysia.

Okwen M, Signe J, MacPella M, Mbibeh L, Cockburn L (2018). Professional collaboration for vision and health care in Cameroon. African Journal of Vision and Eye Health; 7 (1): a434. Available at: https://avehjournal.org/index.php/aveh/article/view/434. https://doi.org/10.4102/aveh.v77i1.434

Ray M, Wallace L, Mbuagbaw L, Cockburn L (2017). Functioning and disability in recent research from Cameroon: A narrative synthesis. Pan African Medical Journal; 27(1): 27:73. Available at: http://www.panafrican-med-journal.com/content/article/27/73/full/#.WZqC5iiGPIU. https://doi.org/10.11604/pamj.2017.27.73.12167 PMid:28819494 PMCid:PMC5554653

Wenger E (1996). Communities of practice: The social fabric of a learning organisation. The Healthcare Forum Journal; 39: 20-26.

Wenger E, McDermott RA, Snyder W (2002). Cultivating communities of practice: A guide to managing knowledge. Harvard Business Review Press; Boston, Mass.