Social Science in Humanitarian Action

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Social Science in Epidemics

The **Social Science in Humanitarian Action Platform (SSHAP)** aims to promote the use of social science evidence and expertise in humanitarian response. As part of an OFDA-funded series on Social Science in Epidemics, SSHAP reviewed different aspects of past disease outbreaks in order to identify social science lessons learned and 'entry points' for future emergency interventions and preparedness activities. The intention is for this evidence to contribute to a more detailed understanding of the social, political and economic dynamics of epidemics; and to provide the basis of tools and approaches which ensure that interventions build on the social and cultural resources of the communities they aim to support.

Social Science in Epidemics: Cholera Lessons Learned
https://www.socialscienceinaction.org/resources/social-science-epidemics-cholera-lessons-learned-evidence-summary/

Social Science in Epidemics: Influenza and SARS Lessons Learned
https://www.socialscienceinaction.org/resources/social-science-epidemics-influenza-sars-lessons-learned-evidence-summary/

Social Science in Epidemics: Ebola Virus Disease Lessons Learned
https://opendocs.ids.ac.uk/opendocs/handle/123456789/14160

Social Science in Epidemics: Rift Valley Fever Lessons Learned (forthcoming).

Identifying case studies and developing tools and practical approaches

The 'Social Science and Epidemics' workstream is now building on this evidence to identify 8 case studies of successful examples of integration of social science knowledge into operational responses. In turn, SSHAP is compiling existing operational tools (checklists, guidance notes, questionnaires, and so on) that support the generation and operationalisation of social science intelligence in a web repository. SSHAP will also develop 6 operational tools.

In order to achieve this, SSHAP is consulting with practitioners in the field (RCCE/Community Engagement staff, or practitioners from other pillars of the response keen to incorporate social science intelligence to their work), to identify which case studies and operational tools would be most useful to drive changes in epidemic preparedness and response operations.

Case studies

We will include two types of case studies,

(1) **Operational**, indicating specific changes in activities in the field as a result of insights from social science, and
(2) **Coordination**, relating to improvements in the coordination or governance of different aspects of the response.

We are proposing the following case studies:

(1) Operational

a) **Influenza risk communication in Indonesia**- This case study will draw on the lessons learned from the Avian Influenza (H5N1) epizootic and the preparations made in Indonesia in terms of communicating risk of a potential pandemic threat.

b) **Ebola and community engagement.** This case study shows a success in negotiating meaningful burial practices and public health goals at the community level. It illustrates the negotiation of a burial

of pregnant woman Guinea in the West African pandemic, and the steps in ethnographic analysis and participatory approaches used.

c) **RVF and engaging with trusted leaders:** This case study illustrates the negotiations of risk management and IPC in the context of a Rift Valley Fever outbreak in Kenya, in which the response engaged religious leaders in the Eid celebrations and helped shape practices in slaughter and animal movement.

d) **Cholera in Mozambique:** Pre-vaccination assessment of OCV vaccine acceptability in Mozambique- incorporating people's views on vaccines, insights for emerging community engagement.

(2) Coordination

e) **Incorporating non-expert evidence in surveillance and early detection.** A positive case study in surveillance incorporating unconventional sources of evidence in detecting outbreaks: non-expert evidence, google online detection, etc.

f) **Rift Valley Fever and One health in practice**: this case study highlights the steps necessary for the collaboration between medical and veterinary institutions in Kenya in preparedness and response to RVF outbreaks.

g) **Ebola and community feedback mechanisms:** Detailing the success of the IFRC community feedback dashboard and its application to the Equateur (or North Kivu) outbreak and indicating the lessons learned to set it up in a new emergency.

h) **Cholera in Haiti, combining WASH Cholera and Risk Communication:** Using the case study of IDP camps in Haiti, this case study will illustrate the importance combining health education with the infrastructural tools of behaviour change, highlight how this can be done in practice.

Tools and practical approaches

As part of the OFDA work package and in collaboration with LSHTM, SSHAP is compiling a series of tools or 'practical approaches': including KAP question banks, observation check lists, interview and focus group frameworks, protocols for stakeholder analysis and power analysis etc. These will be compiled in a web repository in the SSHAP website.

SSHAP will also develop six tools or 'practical approaches', based on lessons learned, highlighting key considerations and/or checklist for common themes (e.g. health-seeking practices, death and burial practices, power structures and institutions).

Tools proposed are indicated below. SSHAP is currently consulting with practitioners in the field to identify which tools could prove most useful.

1. **Rapid anthropological assessment in the field** – principles and guidelines for community engagement during outbreaks. The tool includes guiding questions and checklists that would enable community engagement officers and anthropologists within the response to identify the key social, cultural, political and economic dynamics, identify relevant authorities, trusted leaders and communities' logics of the disease.

2. **Remote context analysis** – This tool outlines contextual analysis pre- and during outbreaks, identifying power and political economy relationships as well as the social and cultural factors to consider. It allows practitioners remotelyto determine where new areas of contextual information are needed, and how to get the information to the field quickly.

3. **Risk-based decision-making tool for zoonoses.** Dealing with uncertainty in livestock zoonoses- a tool to contextualise risk-based decision-making in zoonoses with a high degree of outbreak uncertainty such as RVF. This tool, based on the CGIAR RVF risk-management tool for Kenya, enables decision-makers to define RVF preparedness and response activities to mitigate risk whilst ensuring a socially and culturally sensitive response.

4. **Checklist/guidelines for health systems and health-seeking behaviours.** This tool includes guiding questions and checklists for practitioners across different pillars of the response to identify

different people's local models of disease, their understandings of risk, transmission and treatment, as well as the prioritisation and sequencing of health providers in plural health systems. It enables more relevant messaging as well as identifying relevant interlocutors for the response, as well as enabling referrals when necessary.

5. **Checklist/guidelines for Death, dying and burial practices**. This tool includes guiding questions and checklists for practitioners within the safe burials and community engagement pillars to gauge the key socio-cultural considerations concerning events related to death, burial, funerals (rites or ceremonies), and mourning in the context of an outbreak. This knowledge allows to identify and avoid potential conflicts with communities when implementing safe and dignified burials, and may give ideas for culturally acceptable modifications of burial practices.

6. **Managing community feedback (how to gather it, share it and respond to it).** This tool gives guidance at a outbreak response coordination level on how to incorporate community feedback mechanisms, so information from communities -regarding the disease and the response itself- is gathered and analysed and in turn can shape future activities in the response.

Contact

If you would like to suggest case studies or tools (or amend the ones proposed) to be included in the 'Social Science and Emergencies' workstream, or for any other queries on the platform, please get in touch with Santiago Ripoll s.ripoll@ids.ac.uk

Join the network - if you are a social scientist or practitioner and you are interested in joining the network, learning and sharing information, and receiving our newsletter, sign up here: http://www.socialscienceinaction.org/network/