Anlaytics for Operations working group

GUIDANCE BRIEF

How to maximise the use of social sciences evidence for public health emergencies in humanitarian settings

In humanitarian settings, public health emergencies (PHE) are often one of many crises facing communities, governments and response actors. Evidence from the social sciences and other disciplines can inform decisions about effective actions and interventions in response to these events.

To maximise the chance that evidence during PHE impacts those affected, it must be useful and usable to those involved. These "end users" of evidence may include government or non-governmental actors, UN or academic researchers, civil society groups, and communities.

Aim of this brief

This brief draws on the collective experience of social scientists with experience in operational and implementation research for public health emergencies in humanitarian settings to highlight some practical guidelines and suggestions for ensuring that evidence can influence change. Through concrete examples and links to tools, this brief is designed to support teams in generating and presenting robust, credible, and reliable social sciences evidence to inform public health responses in humanitarian contexts.

Audience: The target audience for this brief is field teams working in humanitarian settings who conduct social science research that aims to improve the operational response to public health emergencies.

How to use evidence to influence change: key points

1. Know and engage your stakeholders[1] from the very start of planning research
2. Conduct relevant, well-organised, transparent research that ensures inclusivity and diversity
3. Triangulate data collected with multiple methods and/ or disciplines
4. Report your findings in a timely and accessible way, tailored for different audiences
5. Promote and reinforce an evidence-driven system/ culture in response teams

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1   We define stakeholders as anyone who has a stake in the issue or event that you are seeking to understand, influence or change, including, but not limited to, governmental and non-governmental response actors from across the operational response, agencies, civil society groups, local communities etc.
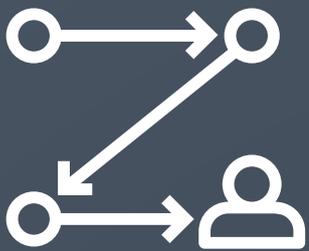
Examples, links and more detailed "how-to"

1.

KNOW AND ENGAGE YOUR STAKEHOLDERS

Questions to ask:

- Who are the people involved in and affected by the PHE? Who is invested in the outcome of the research? Think beyond policy, also who might be impacted by the research both directly and indirectly including key stakeholders and individuals within local communities. For example, what are their profiles? What is their level of influence? How will they be impacted by the policy?
- What is their level of interest in evidence? How do they currently use evidence? What data do they currently access?
- How do they want to use evidence? What are their evidence needs?

- How do you want them to use your data? Have you discussed use of evidence with them?
- What are the existing social and power hierarchies? To what extent can you leverage them for information, dissemination and engagement? What existing networks can you draw on?
- What are the funding mechanisms for this research, and are there any potential impacts of this research on evidence production or use?

Actions to take:

- Work backwards in your study design: understand what data format sits best with stakeholders (e.g. in-depth case studies? Life narratives?) Understand the decisions they are making and how data can guide them through the process
- Identify evidence gaps and develop research questions with decision-makers
- Identify what is known about the research question, what has been published, which groups might be addressing similar questions – this can help minimise duplication or overlap, ensure that earlier studies inform the new study and help prevent study fatigue among respondents

- Where feasible, develop study materials with decision-makers to maximise ownership
- Where feasible, present study design and objectives to stakeholders before starting study
- Be prepared to adapt the study (both design and questions) following discussions and stakeholder feedback, as it ensures relevance of the study, and improves chances of uptake of study results

Concrete examples & tools

- Design Kit (human centred design) Ecosystem mapping: https://design-kit-production.s3-us-west-1.amazonaws. com/Design+Kit+Method+Worksheets/DesignKit_ ecosystemmapping_worksheet.pdf
- CASS Stakeholder meeting workshops organised with Ebola response commissions in Eastern DRC: https://drive.google.com/drive/u/0/ folders/1XoM7FuJSzIcACMtkIerv2MvWv3weQ5A7

- IFRC: Setting up a feedback mechanism: https://media.ifrc. org/ifrc/wp-content/uploads/sites/5/2018/06/IFRC_feedback- mechanism-with-communities_ok_web.pdf

2.

CONDUCT RELEVANT, WELL-ORGANISED, TRANSPARENT RESEARCH THAT ENSURES INCLUSIVITY AND DIVERSITY

Questions to ask:

- How can the results of this research influence the public health emergency, the response to the emergency and health outcomes?
- Where do research questions come from? For whom are they relevant? Why are they important to answer? What are the policy implications by knowing the response?
- Are your research question(s) clearly stated, and limited in number?
- Have you reviewed what ALREADY exists of formal and informal knowledge on the subject, so your work can build on this?
- Are your data collection methods the most appropriate ones, given your questions, your resources and the context? Have you considered different approaches?
- Are you documenting your work (your assumptions, your methods and unexpected challenges), every step of the way? Could another person replicate your work?

- Given the potential impact of your research on the community, does your plan and execution consider and respect their input?
- What plans are in place to involve them throughout your research? (from the formulation of research questions to the data collection and the dissemination of results, to the definition of actions to be taken based on the evidence)
- Are there any key groups left out of your research? Are you consulting diverse members of the community, including women, adolescents and marginalised groups?'
- Have you communicated principles of respect for research participants and community collaborators very clearly to all research staff?

Actions to take:

- Increase your preparatory knowledge by consulting local experts and the literature (this may be from the area, culture, community and similar public health emergencies, or public health and social measures in other humanitarian settings)
- Write and share with colleagues and community collaborators a clear and concise scope of the work
- Write a full work plan that shows how questions will be answered. Update this plan as you go, reporting on the completion of each step. Look for opportunities for community participation at multiple points in the plan

- Train all implementation staff in ethical principles and techniques of working respectfully with the community
- Organise results in terms of original questions and how it can be used. Draft a data analysis template
- Clearly describe methods, participant demographics and challenges encountered
- Share results widely, with an emphasis on how data can be used for action

# 3.

TRIANGULATE DATA

Questions to ask:

- What theories or hypotheses underpin your approach to the research question? Are there alternative theories or hypotheses to consider and triangulate with?
- What data (qualitative and quantitative) exists from different sources from within your study context which complement or contrasts with your evidence?

- What other research on the same topic is happening? Can data be analysed in a convergent manner?
- If research respondents report situations, behaviours, or outcomes, are these visible in other types of data? (e.g. health or other services use, market prices, population movement)

Actions to take

- Map actors and sources of existing data and research or studies ongoing in country, community, or context to facilitate access when required for triangulation (ensure connections are established as quickly as possible)
- Look at DHIS2, market analysis, epidemiological trends, population movement as well as other studies such as NGO reports, social and behavioural sciences, or anthropological evidence. Conduct a rapid gender analyses (links to CARE RGA tools and sample report)

- Seek collaboration with other research investigators to pull data and findings together
- Organise opportunities to present "first findings" with others who work in research or analysis or have sources of data which could be triangulated prior to finalising presentation of results to have a more integrated presentation of findings

What can data triangulation look like?

Triangulation with secondary social sciences data sources
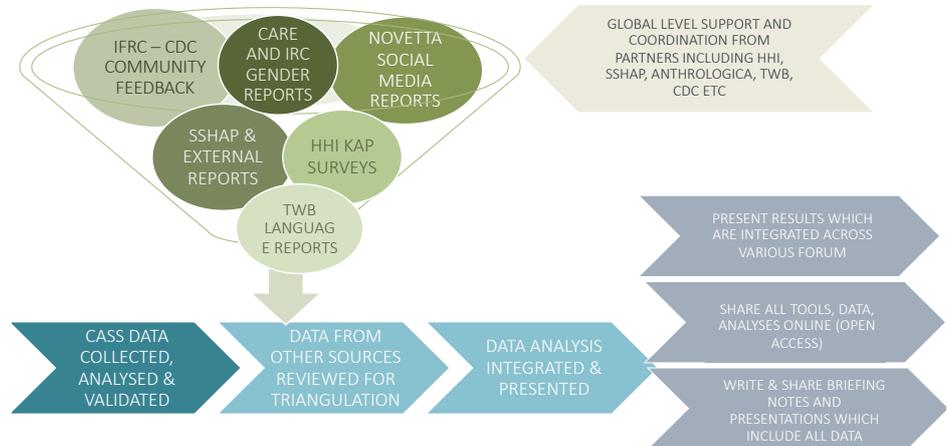
CASS approach to Integrated Multidisciplinary Outbreak Analytics (IMOA)

4.
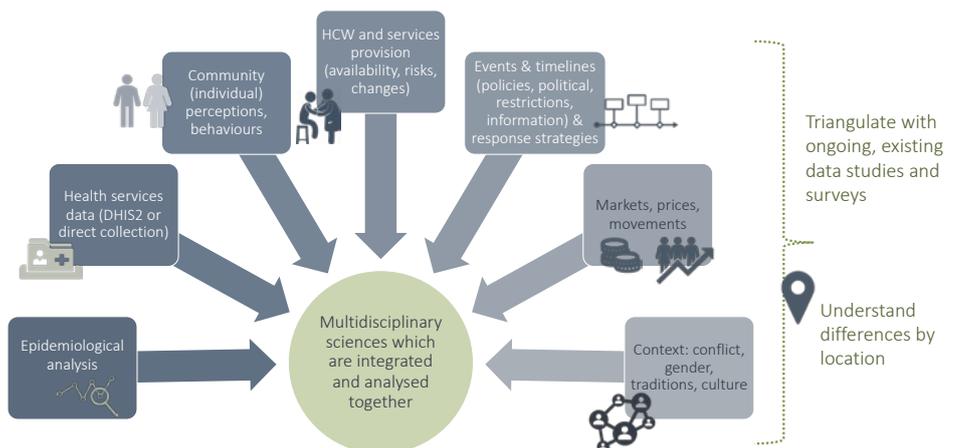
REPORT YOUR FINDINGS IN A TIMELY AND ACCESSIBLE WAY, TAILORED FOR DIFFERENT AUDIENCES

Questions to ask:

- How quickly can you produce reliable, credible and robustresults? What is the earliest point at which results could be shared?
- In what way would your results be interesting, useful and relevant for different stakeholder groups?
- In what format will response actors find your data the most useful, and be most likely to apply it?

- Does your audience know how to interpret your data? Are you using the right language(s), vocabulary, the right format, and are any images used correctly interpreted by the audience?
- Does your presentation allow for discussion and debate on results? Does it allow further follow-up if needed?
- Does your audience seek immediate recommendations or is the data sufficient input into their own reflection?

Actions to take:

- Package social science evidence in a way that is accessible to the actors responding to the public health emergency. Match language to their training and, where feasible, ask for a review from colleagues who are familiar working with public health or medical audiences to ensure that the language is relevant
- Develop multiple types of communication outputs per study: this may include multiple briefs of various length and presentations with key results for specific audiences (e.g.

health cluster, IPC-WASH commission, donors)
- After each time presenting results, refine the presentation and key messages, suggestions or recommendations based on audience feedback to maximise clarity and relevance.
- Consider and shape your presentation according to anticipated and desired actions (Strategic? Funding? Research discussion? Triangulation?)

Concrete examples & tools

- SSHAP briefings, evidence synthesis and infographics focusing on the social dimension of the COVID-19 pandemic: https://www.socialscienceinaction.org/emergency/covid-19-pandemic/

5.

REINFORCE EVIDENCE AS PART OF THE SYSTEM/ CULTURE

Questions to ask:

- What are the spaces and use of data already? (commissions, clusters, or meetings where data can be presented systematically). This should include non-humanitarian and pre-existing spaces
- How are data used to make (timely) programmatic adaptations? (case study from response actors, SitReps, feedback from communities / Monitoring Evaluation and Learning (MEAL) reports)
- How do data inform response strategies at organisational, local, national and international level?

- Which mechanisms currently exist or need to be set-up to provide (regular) feedback to study participants / affected communities on insights gained and how the research findings are used? How can these mechanisms be established in close consultation and collaboration with affected communities?
- What research institutions are "on the ground" (already operating) and how can this coordination work? What research can strengthen them, including their position as an interlocutor for national and international actors?

Actions to take:

- Support local health professionals or others to become champions for action, and to facilitate meetings where results are translated into action
- Establish a mechanism to track recommendations from onset
- Provide regular opportunities to present research results through a variety of available forum (adapting to existing structures to avoid creating additional work)

- Connect with existing community structures and engage local organisations to facilitate discussions on key findings and explore solutions to challenges identified

Case studies

The following are some specific examples of how operational social sciences research has successfully been used to influence decision-making in humanitarian settings

CASS MONITO

During the 2018-20 Ebola outbreak in Eastern DRC, the Social Science Analytics Cell (CASS) was established as a platform for conducting real-time operational social sciences research, providing data to complement the epidemiological picture of the outbreak context, and improve understanding of community health dynamics and outcomes.

The CASS supports response actors in identifying appropriate mechanisms for applying evidence, through co-development of study recommendations, and monitoring the progress of implementation. To facilitate the monitoring process, the CASS created a "MONITO": a tool (saved online for ease of access) which tracks co-developed recommendations and actions following the presentation of research results. The tool allows recommendations and actions to be filtered by location, by study or by response actor (commission, cluster or category). Small workshops are organised by the CASS in each study location to familiarise response actors with the monitoring system and reinforce accountabilities and expectations.

During outbreaks such as Ebola and Cholera, the MONITO is an easy and effective tool to track the use of evidence from presentation of results to documenting action and following up on any resulting impacts. Under the COVID-19 context, many CASS studies present more strategy level questions and need for actions, requiring the tool to be adapted through a collaborative process with partners and both MoH and UN leadership.

A guide for setting up the MONITO and examples of its use can be found online here.

Harvard Humanitarian Initiative rapid polling

During the 2018-2020 Ebola outbreak in Eastern DRC, the Harvard Humanitarian Initiative (HHI) quickly repurposed its peace and reconstruction monitoring tools to undertake behavioural assessments related to the epidemic, in response to demand for data emerging from local stakeholders. HHI has established an inclusive stakeholder process to identify emerging data needs, combined with rapid polling capabilities to provide the relevant data in a timely fashion. Existing data were first reviewed to draw a rapid outline of the operational terrain for Ebola responders (see http:// www.peacebuildingdata.org/sites/m/pdf/DRC_Poll15_FinalEnglish_2.pdf).

Subsequently, a first poll was undertaken in September 2018, a month after the outbreak was declared (see http://www. peacebuildingdata.org/sites/m/pdf/DRC_EbolaPoll1_English_ FINAL201810.pdf). A participatory design process was used to develop the instrument which was continuously adopted to conduct additional polls (see www.peacebuildindata.org for all polls).

Results from the polls were shared using briefs, spreadsheets, presentations, and engagement at community level.

- Briefs (as shared above) were designed around a series of clear messages summarised in one sentence and 2-3 pages of supporting data and additional details- a format developed in consultation with stakeholders over several years of practice. The briefs typically do not include recommendations, which are discussed through meetings and workshops
- Results were further shared through large aggregated data files with trained technical staff at key institutions. This enabled stakeholders to quickly identify additional relevant data

- In-person and remote meeting were organised with stakeholders, with two main approaches: (1) participatory exercise to co-create recommendations and discuss operational implications, and (2) decision-maker focused presentation of results with a focus on actionable elements
- At the community level, field-researchers engaged in qualitative discussion with community members around the results of polls, seeking feedback on the findings and their implications. This information was further relayed through qualitative assessments.

Through this work, we were able to contribute to social science efforts to inform the Ebola response in Eastern DRC. We notably identified key information needs and barriers to engaging in safe health behaviours and practices.

Carrying out embedded implementation research in humanitarian settings: A qualitative study in Cox's Bazar, Bangladesh

Embedded implementation research (IR) promotes evidence-informed policy and practice by involving decision-makers and program implementers in research activities that focus on understanding and solving existing implementation challenges. Although embedded IR has been conducted in multiple settings by different organisations, there have been limited documented experiences of embedded IR in humanitarian settings. UNICEF, in collaboration with the Ministry of Health and Family Welfare in Bangladesh, and BRAC University, conducted an embedded IR study on maternal, newborn, child, and adolescent health (MNCAH) program implementation challenges in Cox's Bazar, Bangladesh in Rohingya refugee camps.

The overall context of the camps was complex, with more than 100 organisations devoted to providing health services for approximately 1 million refugees. Despite the presence of the Bangladesh government, United Nations agencies and other international organisations played key roles in making programmatic and policy decisions for the Rohingya. Because health service delivery modalities and policies and related implementation challenges for MNCAH programs for the refugees changed rapidly, the embedded IR approach used was flexible and able to adapt to changes identified, with research questions and methods modified accordingly. Access to the camps, reaching Rohingya respondents, overcoming language barriers in order to acquire high quality information, and the limited availability of local research collaborators were additional challenges. Working with researchers or research institutes that are familiar with the context and have experience in conducting implementation and health systems research can help with collection of quality data, identifying key stakeholders and bringing them on board to ensure the execution of the project, and ensuring utilisation of research findings. Study limitations include possible constraints in generalising our conclusions to other humanitarian settings. Implementation research conducted in additional humanitarian settings can contribute to the evidence on this topic.

In this setting, we determined that embedded IR can be done effectively in humanitarian settings if the challenges are anticipated, and appropriate strategies and in-country partners put in place to address or mitigate them, before commencing the funding or starting of the project. Prior to conducting research, the context should be understood, and the role of relevant stakeholders analysed. A simple, descriptive method appropriate to answering real-time IR questions should be considered. Local researchers or research institutes with specific skill sets and prior experience conducting research in humanitarian contexts should be engaged and recruited. These points collectively may reduce costs and time, and ensure collection of quality data relevant for policy and practice.

Published articles available online here:

Shahabuddin ASM, B. Sharkey A, Jackson D, Rutter P, Hasman A, Sarker M (2020) Carrying out embedded implementation research in humanitarian settings: A qualitative study in Cox's Bazar, Bangladesh. PLoS Med 17(7): e1003148. https://doi.org/10.1371/journal.pmed.1003148.

Sarker M, Saha A, Matin M, Mehjabeen S, Tamim MA, Sharkey AB, Kim M, Nyankesha EU, Widiati Y, Shahabuddin ASM (2020) Effective maternal, newborn and child health programming among Rohingya refugees in Cox's Bazar, Bangladesh: Implementation challenges and potential solutions. PLOS One 15(3): e0230732. https://doi.org/10.1371/journal.pone.0230732.

2016 Zika response protecting pregnant women
(see paper here)

During 2016-2017, as part of the Zika response, the Puerto Rico Department of Health and the US Centers for Disease Control and Prevention conducted a monthly telephone survey of pregnant women to understand their experience of the outbreak and Zika prevention.

Researchers interviewed pregnant women participating in Puerto Rico's Women, Infants, and Children Programme to learn about their experience with Zika, with self-protection, and their perspectives on response efforts. The survey was used to monitor programme implementation and effectiveness of four community programmes for increasing self-protection behaviour and support from the family and the community.

The following implementation issues were identified and resolved:
- The survey system highlighted distribution problems with free "Zika prevention kits," containing bed neds, repellents, condoms, mosquito larvacide for standing water and educational materials. As a result of these data being shared with the response leadership, Zika prevention kit distribution programme was restructured to increase capacity (women reporting receipt of a kit increased from 62% to 78%).

- It also alerted researchers to the fact that many women were not receiving timely Zika test results. As a result of these alerts, gaps in test result reporting were addressed (late test results dropped from 40% to 19%)

Assessments of intervention effectiveness:
- Reception of a Zika prevention kit was significantly associated with applying larvicide around the home ([OR] 8.0) and sleeping under a bed net (OR 3.1). The offer of free residential spraying was associated with spraying home for mosquitoes (OR 13.1), indicating that many pregnant women wanted home spraying when financial barriers were removed.
- This telephone interview system, which was co-led and implemented with local research staff, was relatively simple to undertake and provided important information on how interventions were being received in communities.

Anlaytics for Operations working group

Anlaytics for Operations working group (AfO) is composed of researchers from academic institutions, non-governmental organisations and UN agencies who are directly working in operational research in humanitarian settings. Chaired by the **Cellulle d'Analyse en Sciences Sociale/ Social Sciences Analytics Cell (CASS)**, the AfO aims to provide and facilitate better access to tools, guidance, lessons learned and technical support on using integrated, social sciences research and evidence to inform outbreak response in humanitarian settings. **CASS** is a multi-actor operational social sciences research platform hosted and supported by UNICEF to strengthen Multi-disciplinary Outbreak Analytics. Since 2018, the CASS has worked to bring together different actors from academic and applied research (epidemiologists, health analysts, social scientists, market and other researchers), governments, UN and NGOs (national and international) to inform public health strategies and response in outbreaks in humanitarian contexts. (link to CASS google drive)

The WHO COVID-19 Research Roadmap was convened by WHO in February 2020 to set out priority areas for research during the COVID-19 pandemic. In July 2020, research priorities were reviewed to focus on emerging areas in need of attention. The Research Roadmap highlighted an urgent and persistent need for evidence to understand and address the impacts of COVID-19 on health workers in formal and informal community and hospital settings. The social science working group actively supports initiatives aligned with Research Roadmap priorities. Collaboration with partners working in humanitarian settings is key to achieving these goals. These collaborations are supported by the research arm of GOARN. (link to research roadmap)

These two social sciences working groups operating at a global level work together to ensure effective exchange between different locations and settings in COVID-19 and public health emergencies.

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