CITIZEN ETHNOGRAPHY IN OUTBREAK RESPONSE: GUIDANCE FOR ESTABLISHING NETWORKS OF RESEARCHERS

SSHAP

Social Science in Humanitarian Action Platform

This guidance outlines the steps for designing and implementing ethnographic research which is led by citizens. It explains what citizen ethnography is and then sets out what should be considered throughout the process of working with networks of citizen researchers, from recruitment, training and supporting them to collect and analyse ethnographic data, and how to transform the insights they gain to support preparedness and responses for disease outbreaks. It also provides suggestions for further resources to support the process.

The guidance is for social scientists who would like to integrate citizen-led ethnographic approaches into their research, and for practitioners working on community engagement or other outbreak responses, who seek to use social science insights in their operations. It was written for SSHAP by Luisa Enria (London School of Hygiene & Tropical Medicine). It is the responsibility of SSHAP.

Citizen Ethnography in Sierra Leone

This paper was developed based on an exploratory study conducted in Kambia District in Sierra Leone, where a small group of Community Health Workers received introductory training in social science research and ethnographic research methods. The trainees were then supported to conduct research, analyse findings, and propose adaptations to current public health strategies, including their own practices.

This network of citizen researchers explored vaccine confidence in border communities, which contributed to the adaptation of community engagement and vaccine deployment strategies in the district. Following that, they recorded their communities' experiences and perceptions of COVID-19, which informed weekly social science reports to the district level COVID-19 Response.

SUMMARY OF THE KEY STEPS

Each of the steps summarised here is set out in detail in the guidance below.

Step 1 - Recruit

- Identify citizen ethnographers. Who is recruited will be dependent on the research design, context (including health system and local governance structures), local consultations, and ethnographers proximity to the community and inclusivity.
- Consider how the research aligns with community focal points' other responsibilities and how it can complement their role in response and preparedness activities.

Step 2 - Design the research

- Identify topics that citizen ethnographers can explore through consultation between researchers, community representatives, and epidemic response practitioners. These should adapt dynamically to the needs of a response.
- Decide on appropriate methods for exploring the chosen topics. Participant observation is an essential component of the citizen ethnography approach; additional methods can include focus group discussions, in depth interviews, and other participatory methods.

Step 3 - Train

- Introduce the key values of ethnographic research and how to develop an "ethnographic gaze".

- Discuss research ethics, including key principles and scenarios to work through everyday ethical challenges.
- Discuss key methods and do practical sessions.
- Debate positionality, encouraging citizen researchers to reflect on how their personal and professional identity and social relations might shape how they conduct research.
- Provide overview of the theory and tools of qualitative data analysis.

Step 4 - Implement and supervise

- Put mechanisms in place to regularly support community researchers and offer on-the job training.
- Supervise and discuss emergent findings regularly. This is critical to facilitate rapid feedback of 'headline findings' into an ongoing response.

Step 5 - Analyse and collectively reflect

- Do collective analysis workshops. These will encourage citizen researchers and representatives of different pillars of the response to engage with the data, identify emerging themes and interpret their meaning together, and develop operational recommendations.

Step 6 - Integrate research into response structures and community action

- Facilitate the effective integration of findings into operational response structures and ensure buy-in of 'end users' from the start, so that research design and the presentation of findings reflect shared objectives.
- Facilitate the feedback of findings to support community-level action.

INTRODUCTION

It is well-recognised that effective epidemic prevention, detection, response, and recovery needs to be centred around communities. Community-centred approaches emphasise the importance of localising response structures, gaining affected communities' trust, engaging them in the design and implementation of interventions and gathering, and responding to feedback on ongoing operations. When designing community-centred approaches, it is important to consider whose knowledge matters, and how local perspectives, practices, and ways of knowing can be better integrated to develop approaches which are contextually informed. Social scientists involved in disease outbreaks have explored the social dimensions of epidemics, and their implications for response measures, and amplified the voices and experiences

> ### "Community"
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> Throughout this document we use the term "community". However, we do not consider communities to be homogeneous and, in fact, the ethnographic approaches outlined below offer tools for studying power dynamics within communities where research takes place, and to acknowledge the power and positionality of researchers, including citizen ethnographers.

of affected communities. This guidance document outlines a novel approach that uses insights from qualitative, and specifically ethnographic, social science and that co-produces knowledge directly with members of affected communities. This aims to ensure that the evidence leading outbreak response efforts is truly centred on communities.

This guidance is intended for social scientists interested in using participatory ethnographic methods in their research during health emergencies and for practitioners seeking to strengthen the role of qualitative research in their work across different outbreak response pillars. It sets out the main steps and considerations, including examples and recommendations on how specific components might be adapted for different contexts and the nature of an outbreak response. It also includes suggestions on topics that can be explored and links to further tools developed by social scientists to conduct operationally relevant qualitative research in outbreak settings.

What is citizen ethnography?

An ethnographic approach entails the development of an in-depth, situated understanding of the phenomena being studied, grounded in local realities, privileging 'insider perspectives' and knowledges. This kind of research employs a wide range of qualitative methods, such as interviews and focus group discussions, but it is distinctive because it emphasises participant observation. Traditionally, comprehensive ethnographic texts have been based on long-term fieldwork. More recently, there have been efforts to develop rapid approaches, including for operational purposes. Rapid ethnographic methods remain grounded in the ethos of participant observation and draw on long-term ethnographic knowledge and analytical tradition to make sense of findings identified in the field. This ethnographic perspective has provided valuable evidence for a range of outbreak responses. The citizen ethnography approach builds on these experiences of rapid ethnographic assessments from health emergencies, as well as borrowing lessons more broadly from participatory research and citizen science.

> **Types of researcher**
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> Note that the distinction between citizen researchers and professional researchers is not one between insider and outsider, as professional social scientists can come from within the community too. Rather this approach is intended to equip lay researchers, who can come from the cadres of different kinds of community focal points, to collect data and develop an ethnographic perspective, as citizen scientists, with the support of professional social scientists who are formally trained. Non-citizens are also included in this approach.

Citizen ethnography is distinctive in its explicit effort to include lay researchers from within the communities being studied in the production of social science evidence. Professional social scientists (who are not necessarily outsiders) provide training and support to networks of community focal points to assist them in collecting and analysing ethnographic data from their communities. The goal is to develop ethnographic research skills amongst different cadres of community focal points, such as Community Health Workers (CHWs), or any other group who has a stake, for example, in supporting outbreak preparedness and response efforts. Their ethnographic observations, in other words, would be aligned to their other activities to strengthen the integration of social analysis in their day-to-day work.

The added value of citizen ethnography for outbreak response

There are a number of positive contributions to be made by working with citizen researchers as part of an outbreak response:

- Citizen ethnography can support other rapid research methods, such as social listening and the generation of rapid insights into a range of socio-cultural, political, and economic dimensions relevant for understanding the operational context.

- Including members of the public in the research process, and particularly focal points who directly support outbreak responses, can offer a different type of insight to traditional social science research.

- Encouraging community focal points to listen to their peers in open-ended and novel ways can have a direct impact on their practice and make the integration of local knowledge and social analysis in outbreak response more effective and sustainable.

- The approach can also support efforts to build trust in communities affected by crisis. The research process, with a focus on listening to community concerns, creates dedicated spaces for holding response structures accountable and for making local knowledge and experience an integral component of their strategies.

What citizen ethnography is not

Citizen ethnography is not a replacement for a broader programme of social science research. It is a complementary approach to add to the range of social science analytics for outbreak preparedness and response. This is also because citizen ethnography cannot stand alone; the value of

ethnographic insights is maximised when empirical findings are analysed in conversation with existing social science knowledge and theory. In relation to this, it is also not a substitute for the need to strengthen and support local professional social science capacity.

Citizen ethnography also does not replace essential community engagement, feedback and accountability mechanisms or Monitoring and Evaluation (M&E) activities. Citizen ethnography can complement those efforts, by exploring the social dimensions of epidemics and associated responses through social science methods, delving deeper and contextualising perspectives or challenges identified by other aspects of a response or even providing evaluative insights into specific programmes if they emerge from ethnographic observations. A separate, ideally independent, social science research process makes it is possible to ask broader questions about context and everyday experience, and to engage community views and perspectives outside of the specific remits of operational plans, objectives, and indicators. In other words, community-led ethnographic research can reinforce effective community engagement and context-sensitive response efforts if the appropriate mechanisms are put in place to interpret and integrate social science evidence in existing structures.

KEY STEPS FOR WORKING WITH CITIZEN ETHNOGRAPHERS

This section outlines the key steps in setting up a network of citizen ethnographers, from recruitment to implementation and data analysis. The whole process should be facilitated by a professional social scientist with expertise in emergency response and operational research. If required, various open access training materials are available, for example, a modular package for using social sciences in community engagement, which can be tailored to the needs of working with citizen ethnographers. This guidance can also be used by operational partners wishing to commission social science research that incorporates citizen-led ethnography for their programmes.

Step 1: Recruit

Who is recruited to be a citizen ethnographer will vary depending on context (including health system and epidemic response structures), the data requirements of the response, and community-level consultations. However, the following considerations are broadly applicable:

● Proximity to, trust in, and knowledge of the community being studied will offer an invaluable entry-point. This may depend on the individual's standing in their community, but also on the position of different cadres of community focal points, e.g., CHWs or civil society activists. To facilitate the uptake and integration of insights from citizen ethnography into epidemic response operations, recruitment strategies and selection criteria should also be developed with public health and response authorities at the appropriate level.

● Inclusivity: it is important to make context-specific adjustments to ensure that the approach is not excluding key groups from taking part, as the aim of citizen ethnography is to open up spaces for knowledge co-production. The specific criteria for ensuring inclusivity in research design will vary across contexts, and will require a good understanding of specific vulnerabilities, dynamics of marginalisation, and intersectional identities in each community. This means considering who is recruited (e.g., from traditionally excluded social groups), and how specific methods may exacerbate existing forms of exclusion, including adding undue burdens. In our exploratory project in Sierra Leone, asking researchers to write their ethnographic notes meant that it was more difficult to recruit women who historically had fewer opportunities to receive a formal education. This could have been addressed by recording voice notes instead.

If community focal points are to be trained in ethnographic methods alongside their existing responsibilities, it is important to demarcate different activities, making the difference between research and other components of their role a key point of discussion and training. As research work is an additional responsibility, it should also be remunerated accordingly. In our project in Sierra Leone, the District Health Management Team negotiated 'incentives' for CHWs to supplement their existing remuneration for their support to the health system.

Step 2: Design the research

The scope of the research, including questions and methods, needs to be defined in relation to the data needs of a response and what citizen ethnographers are best placed to explore.

WHEN SHOULD CITIZEN ETHNOGRAPHY BE CONSIDERED?

Citizen ethnography can be used at different stages of the epidemic response cycle, starting from readiness, through to response and recovery. Citizen ethnographers could, for example, be trained to provide regular insights on community-level preparedness or detecting challenges and opportunities for community-led response mechanisms. During an outbreak response, considerations about the role of citizen ethnographers can take place in operational discussions about ongoing evidence requirements and through community engagement efforts that begin to identify ongoing and emergent priorities within affected communities. These considerations may also influence recruitment decisions (step one) as different community focal points may be better suited to answer different types of questions.

WHAT TOPICS CAN CITIZEN ETHNOGRAPHY EXPLORE?

Existing tools and approaches for social science research in epidemics offer some insights into the kinds of topics that can provide vital insights into the social dynamics of an epidemic. Topics should be defined in consultation with community representatives, members of the response and community researchers, and should be adapted and further refined as research progresses or as the outbreak situation changes.

Potentially relevant research topics include:

- Identifying local health-seeking behaviour, practices and risk perception
- Community mapping of social groups, civil society, power dynamics, vulnerabilities, movement patterns etc.
- Practices around death and mourning (e.g., burials and funerary rites)
- Understanding social contact patterns and social dynamics around chains of transmission
- Vaccine confidence and experiences
- Perceptions and experiences of clinical research
- Community surveillance and preparedness mechanisms
- The socio-economic impacts of response measures

WHAT METHODS CAN BE CONSIDERED FOR CITIZEN ETHNOGRAPHY?

Participant observation is an essential component of the citizen ethnography approach. Citizen ethnographers learn to observe and keep a record of social interactions, relations, structures and practices within their communities as they take an active part in them (where possible). This can include taking ethnographic notes during their daily tasks, such as performing CHW duties, or taking part in communal activities, work and everyday discussions. By writing (or voice recording) daily field notes, developing an 'ethnographic gaze' on everyday events in their communities, citizen ethnographers produce valuable contextual information about the social, economic, political and historical characteristics of specific communities as well as observing practices and activities relevant to the response (e.g., interactions in a health centre or attending a funeral).

Other methods can be included and added to the basic ethnographic training depending on specific research needs, questions and design. Methods can include:

- Focus Group Discussions (FGDs): these can be included for example to stimulate discussion and debate about specific topics, e.g., to gather perspectives on specific response measures, to debate the social acceptability of different vaccine deployment strategy etc.
- In-depth interviews (IDIs): these are semi-structured interviews with an individual who, depending on the research design, may be a 'key informant' (e.g., someone with authority within the

community or with specific expert knowledge on the topic being studied) or an individual whose perspective can shed light on a topic of interest (e.g., a pregnant woman if studying social perceptions of exclusion criteria in vaccine trials).

- Other participatory methods that encourage groups of people to actively engage in activities to explore key topics of interest and produce knowledge collectively about these topics:
  - Social norms exercises (e.g. body mapping or social network mapping—see UNICEF/UNFPA Guide) to explore social norms regarding particular health-related practices
  - Tracking community concerns and questions: free-listing and measuring frequency and significance of different concerns, which can then be contextualised through community ethnographers' daily field notes
  - Power mapping: to identify networks of authority, influence and trust within specific communities and in relation to particular issues (e.g., who is trusted when it comes to sharing information about an epidemic).

Step 3: Train

Training citizen ethnographers should be led by professional social scientists. It should include the following essential components alongside training material tailored to the specific research needs and context:

1. Introduction to social science and citizen ethnography

This session should include an introduction to qualitative social science research and its purposes, in general and specific to its role in the field of public health and epidemic response programming. It should highlight the difference between research and other community-facing engagements, such as social mobilisation or surveillance. Context-relevant examples of qualitative research that has supported operations in the past can help elucidate the use of these approaches (e.g. experiences from responses to Ebola, cholera, SARS etc). This session should also introduce the definition and values of an ethnographic approach. Trainers will need to emphasise that an ethnographic approach explores a given issue in context, observing everyday interactions and relations, as well as situating these observations in its relevant history, social, cultural dynamics and political economic realities. Particular attention should be paid to the ethnographers' commitment to privileging the worldview, knowledge and experience of those in the communities where research is taking place.

2. The ethnographic gaze: becoming a stranger in your own community

For community focal points, being trained in ethnographic methods may require a shift in perspective and a new way of looking at communities they know very well. A session of the training should therefore focus on discussing assumptions in the room, as well as exploring strategies for studying one's own community with fresh eyes through active and careful observation. This is particularly important to ensure that observations are detailed, that nothing is taken for granted and that, as far as possible, community researchers identify how their own views and potential prejudices are separate from (or additional to) their analysis. From a practical perspective, an emphasis on ethnographic detail could take the form of a discussion about writing notes as if explaining observations to someone who has never been to the community and on how to avoid judgement, seeing the world from the eyes of one's interlocutor. It is important to note that whilst this approach is ambitious, it does not amount to an expectation that trainees will become full-fledged ethnographers or to supplant more rigorous training for professional social scientists. The aim here is to introduce a new perspective and new avenues for learning from communities for emergency response efforts.

Challenging Assumptions through Ethnography in Sierra Leone

In our project with CHWs in Sierra Leone, we noted how specific assumptions about the nature of vaccine hesitancy that had been dominant in public health programming were reproduced. Citizen researchers voiced assumptions about refusal being associated with parents' "lack of awareness" about the importance of vaccines. This was ultimately refuted by the research, which highlighted instead the significance of (mis)trust and social proximity to different healthcare providers, as well as mismatches between community engagement and vaccine deployment strategies on the one hand and livelihoods and community authority structures on the other. However, in the initial training participants were asked to write down perceived drivers of hesitancy, framing them as 'assumptions' rather than certainties, with the suggestion that we study the issue openly. This made it possible to see alternative explanations during the research process.

Writing down key assumptions about the topic and then revisiting them after the research process, checking whether assumptions were confirmed or challenged, was a key part of the analytic process. Citizen researchers in this project also discussed their efforts to build trust through research, including how they encountered initial suspicion from their peers about their new activities. In their experience, this required a reframing of the kind of interactions they had in their communities, focusing on listening and participation in daily activities such as pounding rice or clearing the forest, rather than formal sensitisation sessions.

3. Research Ethics

A session on research ethics should include an introduction to formal ethical conduct (avoiding exploitation, informed consent, privacy and confidentiality, avoiding deception, accuracy) and a discussion of everyday ethics, such as how to manage research participants' expectations or managing the power dynamics emanating from specific positionalities discussed further below. For some projects, community researchers will need to be trained on specific tools according to research protocols (e.g., informed consent forms).

4. Methods

The training should focus primarily on participant observation, with additional sessions developed to discuss other methods chosen for the project. Training on participant observation should include suggestions on immersing oneself in community activities and actively observing social interactions, conversations and contextual details. Trainers should stimulate discussions also on how to understand a "community" (as a heterogenous group), emphasising the relevance of describing livelihood strategies, social groupings, power dynamics within communities, pluralities of knowledge and expertise, relationships with different types of authority etc. Practical discussions about where these observations might take place, which activities community researchers may be able to observe (and which they may not), can help make this concrete. Trainers can highlight questions to guide observations (e.g., who is speaking, who is not, what is said/ unsaid, what else is happening around you?) as well as specific themes relevant to the overarching research topic that community researchers may want to look out for. A significant amount of time should be devoted to discussing the process of taking field notes: how these should be recorded, encouraging a focus on detail, context and painting a full picture of a situation being observed. Ideally, trainees will be given several opportunities to practice observations and writing notes during the training, as well as practicing other key methods such as interviews and participatory discussions with each other.

Practical sessions are key for other methods too, including for example group observations of practice interviews and FGDs to identify good interview and facilitation skills. Training on interviewing skills should emphasise how to ask open-ended questions, building rapport with the interviewee, asking follow-up and clarifying questions and how to manage different personalities and potentially sensitive topics in a group discussion.

5. Positionality

Becoming a community researcher requires a shift in perspective and role. This can be a strength if adequately acknowledged. A session of training therefore should focus on how community researchers can record their personal reflections and experiences, identifying challenges and opportunities in the tensions created by their different roles. This includes engaging directly with how their particular social positions (e.g., by virtue of their profession or due to specific constellations of gender, race, ethnic and other salient identities) shapes how they see their communities and how they do their research. Conversely, it includes considering how their positionality, including as it shifts in becoming researchers, may shape how other community members see and interact with them. These discussions can prompt frank confrontations with the question of power and reflections on how everyone's position in society affects how they interact in the world and how they are perceived, even in groups where they are considered "insiders". Key terminology such as positionality, reflexivity and intersectionality can be introduced to then stimulate concrete discussions about what these might mean in each specific context. Encouraging community researchers to include these reflections in their field notes can also produce richer data for analysis.

> **Debating positionality with CHWs**
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> In our project in Sierra Leone, community members were at times suspicious when seeing CHWs, who they associated with what are often inaccessible health structures, spending their days participating in communal activities or introducing themselves as researchers asking questions. They asked whether they were 'journalists', and voiced their doubts. In their reflections CHWs noted how this made them think about their position as health workers, with some feeling deeply affected by the negative experiences expressed by their community members when directly asked. At the same time, it prompted consideration about strategies for building trust, by listening and sharing experiences. This was not a solution, but a starting point for longer-term discussions.

6. Data Analysis

A central value of the community-led ethnography approach is that community researchers should play a leading role in every stage of knowledge production. This means that right from the first training, they should have access not only to the tools for collecting data but also those for analysing it and deliberating over its various uses. The initial training should therefore cover an introduction to key concepts in data analysis, how data is analysed in relation to key research objectives, key steps in data analysis and some exercises in thematic coding. Step five below offers some suggestions for doing collective data analysis in practice.

Step 4: Implement and supervise

Once the training has been completed, community researchers will begin their research. The modalities of implementation and supervision will be specific to the context and research objectives, however special consideration should be paid to how best to support community researchers in their daily operations. Common challenges include, for example, ensuring that field notes are detailed and exhaustive, and practicing skills such as effective interviewing.

This will require regular on-the-job training from professional social scientists, including, for example, a weekly review of data and troubleshooting of practical issues. Weekly data reviews can also support rapid feedback of initial findings, as regular discussions with community ethnographers on headline insights from the week can enable ongoing analysis that can feed straight back into operations if necessary. Longer-term analysis will require having social science researchers in place to transcribe, organise and review field notes and recordings from participatory workshops, FGDs and interviews.

Step 5: Analyse and reflect collectively

A collective analysis workshop will bring together citizen ethnographers and representatives of different outbreak response pillars to discuss key findings. This workshop could include the following indicative sessions:

1. Reviewing the research aims and objectives and reflections on implementation

2. Citizen ethnographers reflecting on their experience of conducting research

3. Refresher on data analysis

4. Participatory analysis with exercises including:

    a. Free listing of key findings by citizen ethnographers

    b. Group discussions of key findings/ analysis of specific excerpts from field notes/ interviews;

    c. Organising findings under broad themes: e.g., writing observations on Post It notes and then deciding collectively how observations might be grouped together under overarching themes, sticking observations onto flipcharts (e.g., Learning for Action).

5. Stepping back: workshopping interpretations of key findings

6. Operationalising findings: discussing implications of findings for operations and debates about how existing strategies could be adjusted to respond to community experiences, knowledge and perspectives highlighted in the research process.

When discussing strategic recommendations (Session six), participants in the workshop should be encouraged to discuss their feasibility, potential challenges and risk mitigation, assigning responsibility for each action point. For example, in our research on vaccine confidence, action points based on research findings ranged from immediate activities for CHWs to undertake, such as holding reconciliation meetings between specific communities and their health centres, to recommendations that the vaccination team redraw their schedule to take into account livelihood activities, and more structural recommendations for district and national leadership to take into account such as a reorganisation of monitoring of drugs supply to strengthen trust in the health system.

In this process, workshop participants may want to divide findings into structural/ long-term issues that must be taken into consideration but are unlikely to be directly solved in the short-term (e.g. historical marginalisation) and quick wins that require adjustment in existing operations (e.g., programming that is not well aligned to local livelihoods and priorities). These distinctions, crucially, must not mean shying away from confronting deeper structural issues, and a key aim of co-production must be a collective analysis of the systemic factors that shape everyday realities in epidemic response. In addition, being able to distinguish between different categories of findings allows for deeper analysis—for example facilitating an understanding surface level mistrust, manifest in vaccine hesitancy, as a product of longer-term dynamics of exclusion. The role of the workshop facilitator, then, is to encourage to development and applications of relevant analytical frameworks that can help all

CHWs' Reflexive Considerations

In the collective analysis workshop, it is important to make space to discuss not only the findings and observations but also community researchers' reflections on their own experience. This can include a discussion of their considerations on positionality and power, including potentially whether the research process changed how they saw themselves, their communities and conversely, how their communities saw them. In the Sierra Leonean project, for example, one CHWs-turned-researcher shared how his ethnographic observations made him more aware to community members' feelings of humiliation in visiting rural health clinics: "This research, it changed me! I got the experience that you can offend someone in a way you don't even know…One day I went to go to the hospital, the way I saw how the nurses treat our people, I wrote it down and, in the evening, I looked at the paper and said: so, this is how we offend people!" Especially if community researchers are drawn from the cadres of CHWs or other focal points, these reflexive deliberations can stimulate a discussion of the changes to daily practice that may result from engaging in an ethnographic perspective. Further recommendations could be developed based on these personal experiences.

parties involved gain new ways of understanding the social dimensions of the epidemic and its implication for response measures. This includes drawing from a vast repertoire of social science theory, making its insights accessible for making sense of research findings together.

Step 6: Integrate the research into response structures and support community action

Ensuring that findings and recommendations from citizen ethnography are effectively taken up and integrated in epidemic response efforts can be challenging. This can be for a range of reasons, including, for example, an underlying preference for quantitative data for outbreak analytics, or challenges in effective communication of qualitative findings during an emergency response. At times these issues can clash with the relatively slower process of generating good quality ethnographic evidence.

Some mechanisms can however be put in place to encourage 'end users' (e.g. response workers, civil society, NGOs, government etc) to take research findings into account, and to ensure that interventions are responsive to the insights into social context and lived experience that emerge from social science research. The Analytics for Operations Working Groups' Guide "How to maximise the use of social sciences evidence for public health emergencies in humanitarian settings", for example, offers practical advice on actions to take.

Previous experience with citizen ethnography in Sierra Leone also highlighted the importance of collaboration and buy-in from the start, for example by involving District-level public health officials in the research process from the design stage. This is particularly important to ensure that findings and recommendations are driven by shared interpretations. To encourage meaningful co-production between social scientists, citizen ethnographers and relevant practitioners, it can also be useful to hold tailored workshops and discussions on the role of social science methods and outputs. The location of community ethnography within a broader response (e.g., as a targeted research project, as a toolkit for community mobilisers/ CHWs, as a component of a broader analytical cell, or as a separate research project with effective communication channels) will also influence the nature of evidence uptake. In all these processes, it is important to maintain the independence of the research and analysis process, to ensure its quality, to sustain trust with communities and to create avenues for observing relations and perspectives we may not otherwise see through an operational lens. This includes facilitating continued dialogue between response structures and affected communities, including by making space for disagreement and the possibility of engaging meaningfully with different experiences and forms of knowledge.

A key component of this dialogue is regular feedback of research findings and analysis to the communities where the research takes place. This will support effective validation of research findings and help refine research questions but it can also serve as a starting point to initiate discussions at community-level about how the issues emerging from the research can be addressed, identifying avenues for action.

Summary recommendations for how to maximise the use of social science evidence for public health emergencies in humanitarian settings

Summary recommendations on how to maximise the use of social science evidence for public health emergencies in humanitarian settings (AfO 2020):

• Know and engage your stakeholders from the very start of planning research

• Conduct relevant, well-organised, transparent research that ensures inclusivity and diversity

• Triangulate data collected with multiple methods and/or disciplines

• Report your findings in a timely and accessible way, tailored for different audiences

• Promote and reinforce evidence-driven system / culture in response teams

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ADDITIONAL RESOURCES

A number of relevant or related resources and training materials are also available:

Enria L, et al (2021) "Bringing the social into vaccination research: Community-led ethnography and trust-building in immunization programs in Sierra Leone." PloS one 16, no. 10 (2021): e0258252.

Internews: Rumour Tracking Methodology

Institute of Development Studies: Participatory Visual Methods Case Study

Institute of Development Studies: Participatory Mapping and Geographical Information System https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/84?show=full

Institute of Development Studies: Power analysis tools

Learning for Action: http://learningforaction.com/participatory-analysis

Oxfam, Community Perception Tracker: https://www.oxfamwash.org/en/communities/community-perception-tracker

RCCE Collective Service: https://www.rcce-collective.net/training/social-science-training/

Sangaramoorthy, T. and K.A. Kroeger (2020) Rapid Ethnographic Assessments: A Practical Approach and Toolkit for Collaborative Community Research. Routledge.

SSHAP: Rapid Anthropological Assessments in the Field:

SSHAP: Rapid Appraisal of Key Health-Seeking Behaviours in Epidemics

SSHAP: Social Science Research for Vaccine Deployment in Epidemic Outbreaks:

SSHAP: Assessing Key Considerations for burial practices, death and mourning in epidemics

SSHAP: Rapid Remote Context Analysis Tool in Epidemics

UNFPA/ UNICEF: Participatory Research Toolkit for Social Norms Measurement

UNICEF, Analytics for Operations Working Group: https://www.unicef.org/drcongo/media/5406/file/COD-CASS-maximizing-use-evidence.pdf

Vindrola-Padros, C. (2021) Rapid Ethnographies: A Practical Guide. Cambridge University Press.

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CONTACT

If you have a direct request concerning the brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisers, please contact the Social Science in Humanitarian Action Platform by emailing Annie Lowden (a.lowden@ids.ac.uk) or Olivia Tulloch (oliviatulloch@anthrologica.com).

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