Social Science in Humanitarian Action

Rapid Anthropological Assessments in the Field

Community engagement session in Machinga, Malawi.
PHOTO: GINGER JOHNSON

This SSHAP Practical Approaches brief provides guidance on undertaking rapid anthropological assessments in the context of an epidemic. During an epidemic, rapid anthropological assessments are used to collect data with and from affected populations and public health officials to (a) understand key social, cultural, political, and economic dynamics; (b) identify relevant authorities and trusted leaders for message dissemination; (c) gather communities' understanding of the disease and health decision-making processes; and (d) inform appropriate and effective response efforts.

Since at least the 1980s, anthropologists have developed and used rapid anthropological assessments to help social scientists and non-social scientists alike collect data to inform health programme planning and implementation. This tool builds upon this work by drawing from ethnography, qualitative and evaluation research, epidemiology, and survey methods (see 'Further reading' below). A key feature of rapid anthropological assessments is data collection using multiple methods from various stakeholders involved in the response, allowing for data verification while increasing the validity of the study through triangulation. In an epidemic, where data are needed rapidly to inform the response, efforts should first concentrate on use of available data. Collection of new data should be undertaken where existing information sources are insufficient to address assessment questions.

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Data collection methods

Key methods for primary data collection in any rapid anthropological assessment are likely to contain two or more of the following:

- Observations and community mapping of interactions between affected communities and responders (e.g. location of WASH facilities and health centres, spatial layout of housing structures, popular gathering sites, etc.).

- In-depth key informant interviews, preferably using an interview guide that asks open-ended questions and allows for follow-up questions that probe for additional information.

- Case studies or case (medical) histories providing first-person narrative of actions just prior to disease exposure, actions taken once symptoms began, sources of treatment, decision-making processes, etc.

- Focus group discussions of eight to ten people with similar backgrounds or experiences to discuss perceptions, attitudes, beliefs, etc.

- Cross-sectional surveys to make inferences about a population of interest at a specific point in time using a structured set of (pre-tested) questions.

- Kinship and social network analysis (SNA) methods for describing and/or analysing interactions among target groups.

Question modules

This tool comprises three modules that provide guidance on rapid anthropological assessment methodologies: (1) contextual assessment; (2) risk and health consequences assessment; and (3) intervention assessment. It provides a model, suggested methodology, and questions to use for rapid anthropological assessments. These guiding questions for data collectors should be used responsively to context and need, and be contextualised and tested with the target audience.

The topics covered may be sensitive and asking these questions could arouse strong emotions or concerns around intention. This means that rapport-building, honesty, mutual respect, and reinforcing trust is vital **before, during, and after** the collection of this information. Recommended steps:

- Give your name and where you are from, and thank them for welcoming you to their community.

- Explain why you are there, your job, and why you want to talk with them specifically.

- Offer reassurance that you will keep their personal information private and invite them to feel comfortable with you.

- Allow them to refrain from answering certain questions if they do not feel comfortable. (However, if this happens, it provides information in itself by indicating the particular sensitivity of the topic.)

- Ask if they have any questions and be willing to answer questions about why you are there.

- Be honest – if you don't know, you don't know and that is okay.

- Inform them of the next steps and follow-up.

Community engagement is a key pillar of the response that cuts across all sectors engaged in controlling the epidemic. Identifying the proper community entry channels and going through trusted leadership is crucial. Convenient meeting times and places should also be agreed with community members (e.g. not during a feast day or celebration).

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Social science can inform community engagement activities and vice versa. Data collectors could work with those engaged in communicating with affected populations to establish regular feedback mechanisms for knowledge sharing, communicating the results of anthropological investigations, etc.

Module 1: Contextual assessment

Contextual assessments document social, economic, and environmental conditions faced by at-risk populations, and identify information and programming gaps. They support the collection of data that are highly contextualised to the affected population and the priorities of public health responders, and these are used to develop effective, locally relevant interventions for prevention and care.

Factors that facilitate or discourage the spread of _____.

- Are there particular social groups who are vulnerable to _____?

- Are there any racial, religious, ethnic, or other divisions in society that have an impact on _____?

- Are particular social roles disproportionally affected by _____? How does gender and age shape this?

- What is the effect of any laws/policies regarding _____? How are the laws implemented?

- Are there features of the geographical environment that facilitate/constrain the spread of _____?

- Are there significant movements of population (e.g. migration, economic) relevant to the spread of _____?

- What economic features (e.g. mobility, inequality, crowding) are important to understanding the spread of _____?

- What features of the political environment (e.g. rapid political change, censorship, distrust and misinformation) might contribute to the spread of _____?

Factors that increase or decrease the health and social consequences of _____.

- Are local health-care systems able to provide care and treatment for people with _____? How?

- How do different health-care providers (biomedical and alternative) frame _____ in their diagnosis and treatment?

- What aspects (e.g. gender, age dynamics) of the role of men, women, and children (in a household, in society) affect the risks and consequences of _____?

- What are the key health problems of affected populations that have an impact on _____?

- Are there social support systems (e.g. family, friends, village committees) able to help people with _____? What about local social welfare systems?

- What views are held about _____ by different sectors of the population (e.g. government officials, religious leaders)?

- Who does the population consider a trustworthy source of health-related information? Why?

- Do households and families believe or disbelieve biomedical understanding of _____ risks?

- Are other explanations offered for the spread, risks, and consequences of _____? Do affected populations believe these alternative explanations?

Factors that hinder or enable interventions to control the spread of _____.

- What health services and health providers are available and accessible (e.g. government staff, informal healers, pharmacies)? What barriers (e.g. distance, cost, language) exist for accessing these services or providers?

- Are there local influential groups that affect the implementation of interventions?

- Are there community-based organisations that operate in the field of _____ or related fields?

- Is there local capacity for research and evaluation on _____?

- How influential are religious groups? What are their views on _____? Other local influential groups?

- Are there any racial, religious, ethnic, language, or other divisions that help or hinder the development of interventions?

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- What sources of information and media are accessible to and trusted by the population? Who controls/influences these sources?

Recommended methods

Use existing information from government, social, political, and economic agencies, development agencies, non-governmental organisations (NGOs), academic resources, and independent sources. This may include: epidemiological data; surveys and qualitative research; planning and policy documents; databases; local health-care context information, etc. Supplement this with key informant interviews, focus group discussions, and/or observations for key contextual information to support public health responses.

Module 2: Risk and health consequences assessment

These assessments document the type, extent, nature, and perception of risks encountered by high-risk populations. Data should complement contextual data (where relevant) in assessing why people engage in risk behaviour and the social factors that facilitate or impede risk reduction. Use this methodology to draw out key findings to incorporate into an action plan that aims to reduce the risk and health consequences of a certain disease to affected populations.

Individual risk behaviours

- What individual behaviours increase the risk of adverse health consequences? What is the extent and frequency of risk?

- What are individual levels of knowledge and their perceptions of the risks associated with _____ transmission?

- Why do individuals engage in risk behaviours (knowledge, values, beliefs) despite knowing their behaviour may cause the potential for harm?

- How can risks be avoided or reduced?

Community risk factors

- How do social norms (informal rules that govern behaviour in groups and societies) and practices influence risk behaviour?

- How do social settings influence risk behaviour?

- Do particular groups have higher levels of risk behaviour? Why?

Structural factors

- What impact do local and national policies have on the perceptions of risk and behaviour of affected populations?

- What impact does the social environment have on community risk behaviour? And similarly, on the economic and legal environment?

Effective and sustainable risk reduction interventions often require changes at all three levels of analysis (i.e. individual, community, and structural).

Recommended methods

Supplement the use of existing data with in-depth interviews and case histories, focus group discussions, surveys, SNA, and/or observations to get more detailed and richer insights into community concerns, perceptions, and behaviour.

Methodology 3: Intervention assessment

Intervention assessments aim to determine the positive and negative benefits of current, planned for, or potential public health interventions. Where no interventions exist, assessments may identify their need and/or outline a protocol for interventions to reduce risk and increase/reinforce community resilience mechanisms.

Existing interventions

- What, if any, local/district/provincial/national/international initiatives or interventions have been established by affected populations targeting _____ risks and consequences? Who has set them up, and why?

- What is the adequacy and effectiveness of current interventions according to its target audience? And similarly, according to national/international programme implementers? How is success measured and defined by different populations?

- Who should be involved in the response according to affected communities? Who is deemed trustworthy?

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New or expanded interventions

- What interventions are needed? What actors should be involved?

- What existing interventions need to be expanded?

Recommended methods

Supplement the use of existing data with surveys, structured key informant interviews, and/or observations to gain more detailed and richer insights.

Disseminating findings

Consider who are the key stakeholders, actors or organisations, including the affected populations themselves. Think about what format will work best for your audience, and use different formats (written reports, infographics, presentations, animations, etc.) as appropriate. When sharing findings, use existing networks, channels, and events, and time your communications so that they can be used to inform decision-making (e.g. prior to the start of an intervention, before new response plans are drawn up).

Further reading

Agyepong, I.A.; Aryee, B.; Dzikunu, H. and Manderson, L. (1995) *The Malaria Manual: Guidelines for the Rapid Assessment of Social, Economic and Cultural Aspects of Malaria*, Geneva: World Health Organization

Beebe, J. (1995) 'Basic Concepts and Techniques of Rapid Appraisal', *Human Organization* 54.1: 42–51

Bentley, M. *et al.* (1988) 'Rapid Ethnographic Assessment: Applications in Diarrhea Management Program', *Social Science and Medicine* 27.1: 107–16

Brown, D. *et al.* (2008) 'A Participatory Action Research Pilot Study of Urban Health Disparities Using Rapid Assessment Response and Evaluation', *American Journal of Public Health* 98.1: 28–38

Scrimshaw, S.C. and Hurtado, E. (1988) 'Anthropological Involvement in the Central American Diarrheal Disease Control Project', *Social Science and Medicine* 27.1: 97–105

Stimson, G.V.; Fitch, C.; Rhodes, T. and Ball, A. (1999) 'Rapid Assessment and Response: Methods for Developing Public Health Responses to Drug Problems', *Drug and Alcohol Review* 18.3: 317–25

Trotter, R.T. and Needle, R.H. (2000) *RARE Project: Field Assessment Training Methods Workbook*

About

The Social Science in Humanitarian Action Platform (SSHAP) aims to establish networks of social scientists with regional and subject expertise to rapidly provide insight, analysis and advice, tailored to demand and in accessible forms, to better design and implement emergency responses. SSHAP is a partnership between the Institute of Development Studies (IDS), the London School of Hygiene and Tropical Medicine (LSHTM), Anthrologica and UNICEF Communication for Development (C4D).

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