Rapid Remote Context Analysis Tool (RR-CAT) in Epidemics

PHOTO: MOHAMMAD MUHIT/FLICKR, CC BY-NC 2.0

This SSHAP Practical Approaches brief underlines key considerations when appraising the context in which an outbreak occurs. It gives guidance on the relevant social science knowledge available and can result in a summary that comprises critical knowledge on a certain area in granular detail and highlights key areas for additional primary data collection. This summary can then be used to advocate for appropriate and contextualised response mechanisms.

Local social scientists or operational researchers embedded in an epidemic response should use this tool to gain a background understanding of the contextual aspects that shape vulnerability to both the disease and the response. This background can then serve to support the design of more specific research mechanisms or primary data collection efforts as part of the epidemic response. Because social organisation may have changed significantly due to the epidemic and potential coexisting emergencies, such in-country social science data collection efforts running parallel to the response are strongly recommended.

Methodologies for use during remote context analysis

The following methods can be used to assess key contextual realities relevant to the spread of epidemics:

- Desk review of academic and grey literature on the affected areas to provide critical evidence of knowledge gaps, as well as published literature.
- Interviews or use of brief scoping questionnaire with relevant social scientists and other key stakeholders in the affected or at-risk area that will provide up-to-date information to complement the desk review. Additionally, area experts can form panels or networks to provide critical input on briefs, analysis, and in-person or remote briefings.
- Remote interviews (e.g. via WhatsApp or Skype) with stakeholders in affected communities. This can also be complemented with media content and social network analysis.

In previous outbreaks, social scientists have reported that response workers can be 'context-blind' and unaware of the added value that social science can bring to an emergency outbreak. At the start of an emergency, it is critical for first responders to have access to key knowledge on the local context, demographic characteristics of affected areas, and predictions of challenges that are expected when the epidemic unfolds (based on learning from previous outbreaks and contextual realities assessed through the RR-CAT Tool). This is important as it provides response workers with critical information on:

- Groups of people that are predicted to be most affected by the disease and its wider impact.
- Regions affected and key considerations that may be critical to curtail the spread of the disease and effectiveness of response mechanisms (including food insecurity, health risks, risk of death, need for new infrastructure, WASH requirements, etc.).
- The key obstacles/challenges/'problems' that the response has faced or is expecting to face, and the contextual realities behind such reactions (e.g. lack of trust in government, civil conflict, political motivations, lack of education, etc.).

This type of information is critically important to ensure the design of appropriate and effective public health measures that are considered to be relevant by the response and affected population.

Question modules

This RR-CAT Tool comprises ten modules. These modules would ideally be supplemented with questions from the SSHAP Practical Approaches brief *Rapid Anthropological Assessments in the Field*. Analysis should be confirmed by in-country experts who form part of a review committee.

Additionally, an important part of contextual analysis is identifying the relevant health-seeking behaviours, death, and burial practices as well as the relevant psychosocial dimensions (see other SSHAP Practical Approaches briefs, such as: *Rapid Appraisal of Key Health-Seeking Behaviours in Epidemics*; *Assessing Key Considerations for Burial Practices*, *Death and Mourning in Epidemics*; and *Taking a Psychosocial Approach to Epidemic Response*).Please note that these are guiding questions: contextual factors vary widely across cultures so some questions may be more relevant than others in different situations. Additionally, the nature of the disease itself will make some questions more relevant than others; for example, the transmission pathways (contact, airborne, vector, etc.) of the pathogens may make particular issues more salient. The questions should be tested and contextualised, where possible.

Module 1: Geographic characteristics and basic infrastructure

- In what way can the geography of the affected subregion (agroecological regions, main rivers, lakes) and planting seasons affect the spread of the disease, or the effectiveness of response mechanisms?
- Which key infrastructure realities have the potential to be important in the response (e.g. communication routes, quality of roads, electrification, telephone networks – fixed and mobile, etc.)?

Module 2: Population and ethnicity

- What are the different ethnolinguistic groups in the affected area? What are their histories? How do they relate to their identity as citizens of the nation-states that they inhabit?

- Are there regional differences vis-à-vis the central government? Is the central government (in its role of overseeing the humanitarian response) dominated by a particular social group? If so, is it different from the social groups predominant in the affected areas?
- Are there any particular social groups that could be scapegoated or stigmatised in the context of the emergency? For example, could the emergency response exacerbate existing discrimination of a particular ethnic or social group?
- How would first responders from other regions or countries be accepted by affected communities? Are there incidents that could negatively or positively influence acceptance of 'outsiders' in the response (e.g. armed conflict, historical grievances, etc.)?

Module 3: Relevant languages and communication preferences

- What key languages are used by the population? Which language do different social groups best comprehend and prefer? How does this vary according to other dimensions, such as gender and age? (Note: the assessment will need to separate between languages used in formal spaces, ethnic languages, maternal tongue, language of instruction, etc.).
- What media do people in different language groups best understand (reading, listening to the radio, visual aids, etc.)? What are the levels of literacy? Who do they trust?
- Are there political sensibilities around language? What languages should be used for particular ceremonies/rituals? What languages are prioritised in different social spaces (the home, the market, formal exchanges with authority, etc.)?

Module 4: Social organisation and administrative structure

- What are the common forms of social organisation in the area (e.g. kinship (clans, extended families), professions, property, inheritance)? Does the succession and inheritance tend to be patrilineal or matrilineal in the different affected social groups?
- What kind of leadership structures are relevant? What is the role of public administration at a local level? Is there customary or non-formal leadership – what shape does it have? Are there differences between rural and urban areas? If relevant, how do customary and civil authorities relate to each other? Are there any tensions, and if so, why?

Module 5: Engaging civil society and local organisations

- Are there relevant key civil society organisations or social movements in the affected areas? Professional associations? Women's, youth, or student groups?
- What relevant existing (social) networks in the area could provide an entry point for the response (e.g. set up by non-governmental organisations (NGOs), government, or other stakeholders)?
- Who are the trusted individuals in the different communities? (Note that official leaders may not be representative and leadership itself might be contested.)
- What is the role of the diaspora networks?

Module 6: Political context and social movements

- What is (briefly) the political history of the country? Colonial and postcolonial histories? What is the genealogy of dominant political and armed parties? Are there linkages of these parties with previous or existing conflicts or independence movements?
- What are the main politically affiliated parties at a local, national, and regional level? How do they mirror ethnic, economic, or social divisions?
- What recent social movements/protests have taken place in the area or country as a whole?

Module 7: Livelihoods and economic relations

- What are the main livelihoods of different social groups? How can livelihood realities influence the response and the spread of disease?
- Do particular economic relations mirror other dimensions (ethnic, religion, etc.)?
- Do livelihood priorities generate conflict between social groups? Where does the central state/government stand vis-à-vis these livelihood conflicts?

Module 8: Movement and migration patterns

- What are the main movement and migration patterns that may impact the spread of the disease and the effectiveness of the response?
- What are the different types of movement of people (seasonal/permanent, cultural, economic, conflict-related, tourism, etc.)?
- How do these people movements vary between different nationalities/ethnic/social groups?
- Do people move across borders? Why? When? How? For example, is it due to family life, economic reasons, conflict, for service provision? Which constraints/requirements exist (permits/visas, border controls, etc.)?

Module 9: Religion and dominant beliefs

- What are the main religions/beliefs, both nationally and in the affected areas?
- What is the relationship of the different religions with the government and the international community? Are there dominant religions aligned with political elites? Have religious groups engaged in the provision of aid or development projects?
- What has been the role of religious leaders in disseminating (or countering) public health messages? What has been their interpretation of, and reaction to, the epidemic outbreak? Are there roles that are gender- or age-specific?

Module 10: Social vulnerabilities

- Who are the most at-risk communities (e.g. indigenous and marginalised people, hunters, the elderly, etc.)?
- What are the key activities and livelihoods carried out by young people?
- What are the youth organisations in the area that could be engaged?
  In what ways are social roles gendered (e.g. through religion, culture, influencing participation in society/livelihoods/child, ill and elderly care provision)? How can this be expected to influence the response?
- What is the potential role of respected women (e.g. midwives, nurses, religious women, etc.) in community engagement?

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).

Social Science in Humanitarian Action
E info@socialscienceinaction.org **W** www.socialscienceinaction.org

This Practical Approaches brief is part of a portfolio on Social Science Lessons Learned in Epidemics and was supported by the Office of U.S. Foreign Disaster Assistance (OFDA) and UNICEF.

Credits

This SSHAP Practical Approaches brief was prepared by **Santiago Ripoll**, Institute of Development Studies (IDS), with support from **Ingrid Gercama** and **Theresa Jones**, Anthrologica.

Citation: Ripoll, S.; Gercama, I. and Jones, T. (2020) *Rapid Remote Context Analysis Tool (RR-CAT) in Epidemics*, SSHAP Practical Approaches brief 3, UNICEF, IDS and Anthrologica.

This document has been funded by UNICEF and the U.S. Agency for International Development (USAID) Office of U.S. Foreign Disaster Assistance (OFDA). However, the views expressed herein are those of the author(s) and do not necessarily reflect those of USAID or OFDA, or the partners in the Social Science for Humanitarian Action Platform (SSHAP).