Formative & operational research during a public health emergency

Improving Public Health Emergency Programs with SBCC

Juliet Bedford, PhD
Formative & operational research

Onset
- Rapid Research
- SBCC Strategy
- Community Mobilization
- Media Partnership

INQUIRE

MOBILIZE
Formative & operational research

- Preparedness – pre-positioning (geographic, thematic, interventions)
- Mesh existing knowledge with emerging issues
- Rapid research
- ‘Good enough’ data
- Longer-term, rigorous research
- Operationalise data - critical
Formative & operational research

Onset

Rapid Research

SBCC Strategy

Community Mobilization

Media Partnership

INQUIRE

MOBILIZE
Formative & operational research

- Preparedness – pre-positioning (geographic, thematic, interventions)
- Rapid research
- ‘Good enough’ data
- Longer-term, rigorous research
- Mesh existing knowledge with emerging issues
- Operationalise data
- Two-way communication and flow of information
- Act on what we are being told
West Africa Ebola

- Approach to burials – tension ‘medicalised’ v. ‘traditional’ burials
- Ambulance sirens
- Learn from communities who self-mobilise
West Africa Ebola
Zika

- Social science as area of technical expertise
- Different type of response – local capacity
KAP resource pack

- English
- Spanish
- Portuguese
- Chinese
- Arabic
- Russian

Coordination

- KAP resource pack
- Mapping social science and operational research
  
Interactive map

Guatemala

El Salvador

Honduras

Dominican Republic

MoH with UNICEF support
Type of study: Qualitative
Methodology: Focus groups
Key focus: KAP regarding personal protection
Key stakeholder: Pregnant women and women of reproductive age
Timeframe: September 2016
Status: DRCO is reviewing the TOR with the MoH

World Vision
Type of study: Quantitative
Methodology: KAP (smartphone)
Key focus: TBC
Key stakeholder: Adult/Adolescent community members
Timeframe: July 2016
Date when findings could be shared: September 2016
Status: Data collection concluded. Analysis started 15 August. For more information please contact: Adriana Yepes (adyepes@hotmail.com)

Health Communication Capacity Collaborative (HC3 - USAID)
Type of study: Qualitative
Methodology: Interviews
Key focus: Rapid assessment of communication in USAID priority countries
Key stakeholder: Key stakeholders
Timeframe: March-April 2016
For more information please contact: Gabrielle Hunter - Johns Hopkins Centre for communication programs (gabrielle.hunter@jhu.edu)

Type of study: Quantitative
Methodology: SMS Survey
Key focus: Perceptions on Zika modes of transmission, use of preventive measures, risks of Zika during pregnancy
Timeframe: August 2016
Key partners

- Action Aid
- CDC
- HC3 (JHU)
- IFRC
- PAHO
- PSI
- Save the Children
- UNDP
- UNICEF
- UNFPA
- World Vision
- USAID
- Wellcome
- NIH
- DFID
- EU
- Governments
Coordination

- KAP resource pack
- Mapping social science and operational research
- Network of anthropologists / social scientists activated
- Crowd-source information
- Temporary Interest Group, Society for Medical Anthropology
  https://www.facebook.com/groups/1650483251869010/
  http://www.americananthro.org/AttendEvents/Content.aspx?ItemNumber=2143&navItemNumber=637
## Focal Countries

- Argentina
- Barbados
- Belize
- Bolivia
- Brazil
- Brunei
- Cape Verde
- Colombia
- Costa Rica
- Dominica
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Haiti
- Honduras
- Hong Kong
- Jamaica
- Mexico
- Mozambique
- Nicaragua
- Trinidad & Tobago
- Panama
- Peru
- Philippines
- Samoa
- Saudi Arabia
- Suriname
- USA
- Venezuela
Findings

- Transmission (vector / sexual transmission)
- Risk
- Prevention (individual, household, community, authorities)
- Decision making in context of Zika (pregnancy and SRH)
- Management of complications
- Health systems
- Political-economy analysis – relevance of context
Recommendations

- Relevance and feasibility of messaging and recommended actions
- Better adapt communications to reflect new information
- Targeted messaging – gender bias
- Sexual transmission – need to increase visibility and information
- Prevention strategies – awareness of link with dengue and chikungunya re. behaviours
- Communication channels – increase social media use
- Shift focus towards ‘care and support’
- Increased support to different cadres of health-workers
- Psychosocial support
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