Community Perception Tracker (CPT)

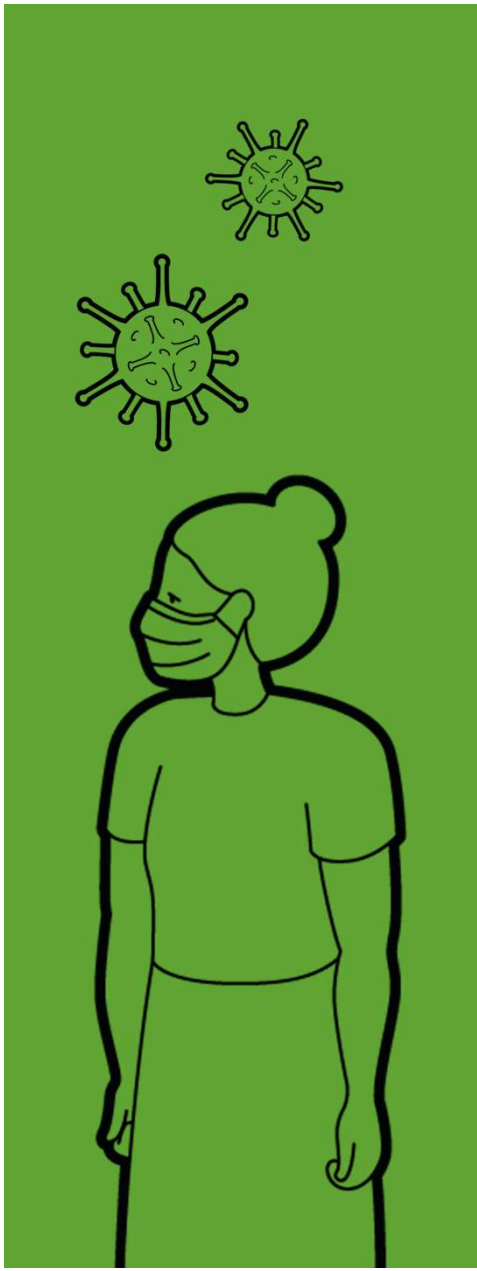
June 2021

OXFAM

Background

As part of our **Community Engagement commitment** in our responses.

Developed and trialled in Haiti during Cholera outbreak then piloted in DRC Ebola response in 2018-2019 and then adapted last year for COVID-19 and implemented across 5 different regions, 12 countries with Oxfam and 2 with ACF.



What is the CPT?

The Community Perception Tracker (CPT) is an approach that uses a mobile tool to enable **all staff and partners** to capture, analyse and understand the perceptions of communities during disease outbreaks and act upon.

The CPT is part of our dialogue and development of trust with communities with are working with.

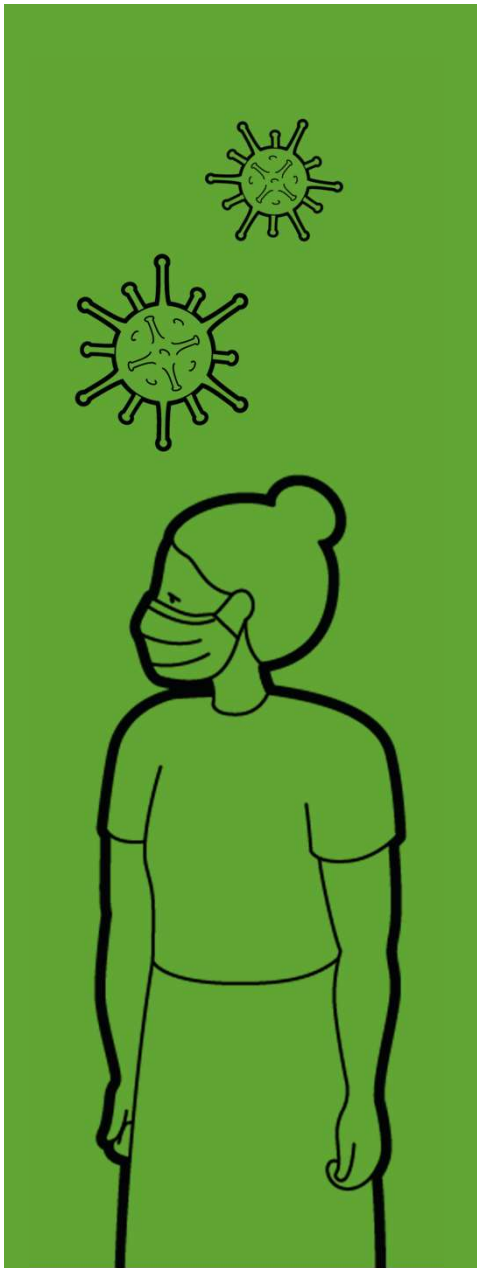
What do we mean by 'perceptions'?

Questions, beliefs, concerns, practices – in relation to views and perspectives that arise in line with the spread of disease.

It is only relevant as an accompaniment to an existing programme

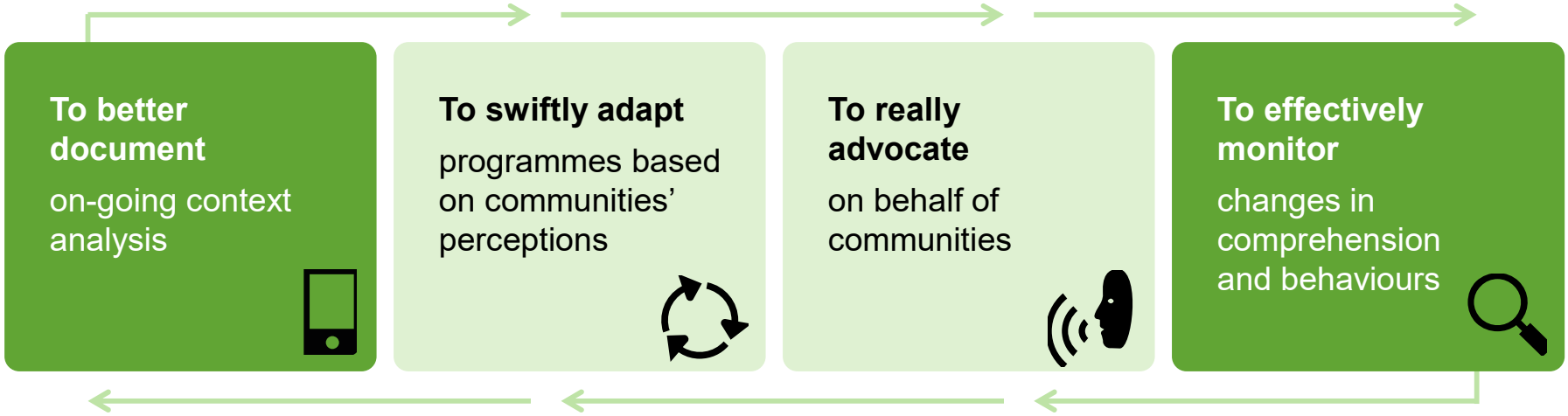
Any different from existing tools/approaches ?

- It focuses on people's perceptions in a specific context – not for a specific sector
- It is not a survey, we do not have specific questions
- A programme approach not just a tool and its process provides a space for teams to share, discuss and recommend together
- Systematically gather and document perceptions so we can see the changes in the trends
- Uses a single form and ICT – easy to record and rapid to report
- Focuses on qualitative data – which are not always easily captured, used and reported



Objectives of the approach

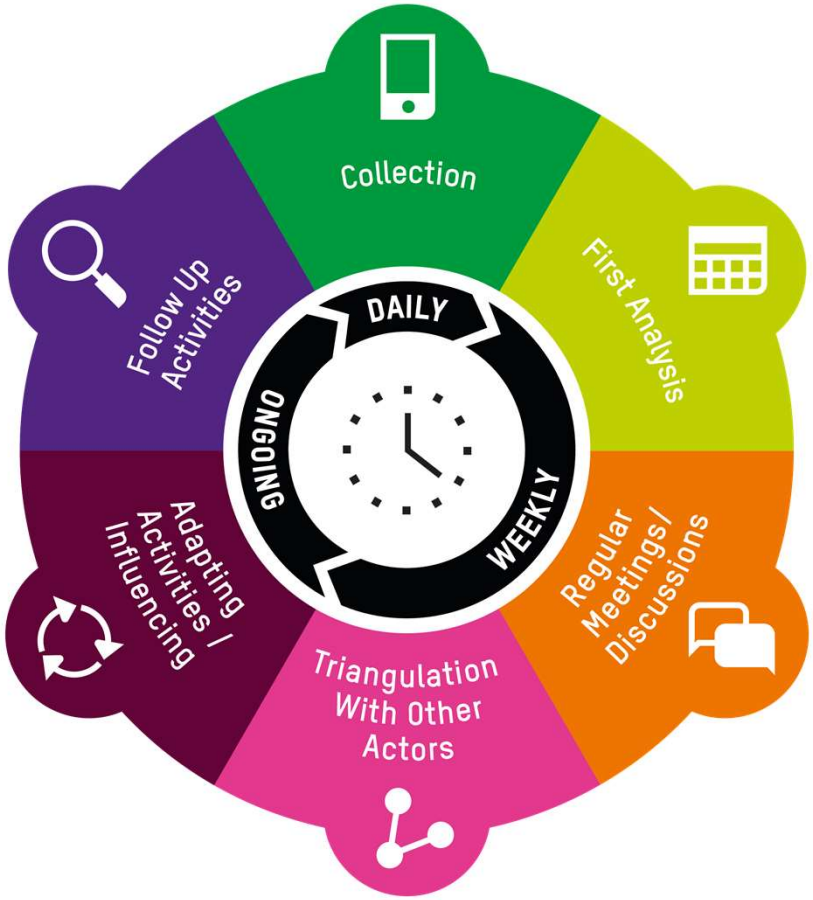
There are four key objectives to the tool's use, each interconnected to serve multiple purposes



➡ It is important to link the information gathered and its analysis to epidemiological data to inform, to adjust and advocate for the programme.

How does it work?

1. Collection
2. First Analysis
3. Regular Meetings/Discussions
4. Triangulation With Other Actors
5. Adapting Activities / Influencing
6. Follow Up Activities

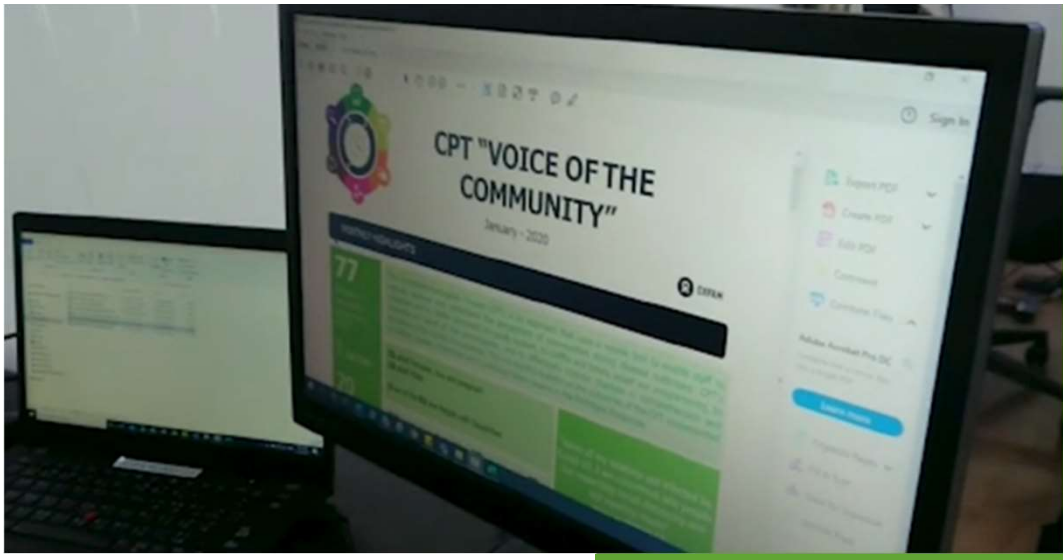


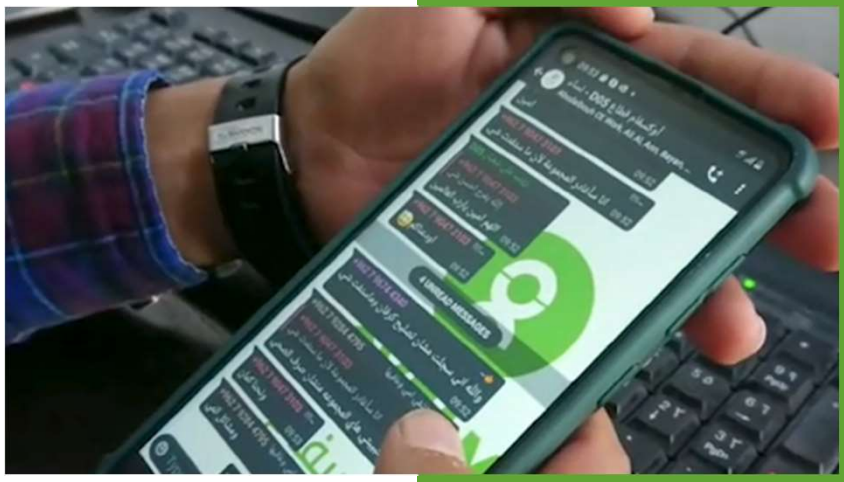
How does it work?

1. **Collection**
   Technical field staff listen to and capture the community's perceptions via SurveyCTO.
2. **First Analysis**
   The perceptions collected are available in real time on the SurveyCTO server.
   A weekly report is provided for analysis.
3. **Regular Meetings/Discussions**
   Daily and/or weekly meetings take place, to discuss the findings. The data collected is linked to contextual information and epidemiological data to prioritise key actions.
4. **Triangulation With Other Actors**
   The findings and data are shared with others to triangulate / expand the reach of the collected info.
5. **Adapting Activities / Influencing**
   Activities are adapted / concerns are brought to other actors / advocacy for change.
6. **Follow Up Activities**
   Changes are monitored, and evidence is documented.

Information collected to complement the perception

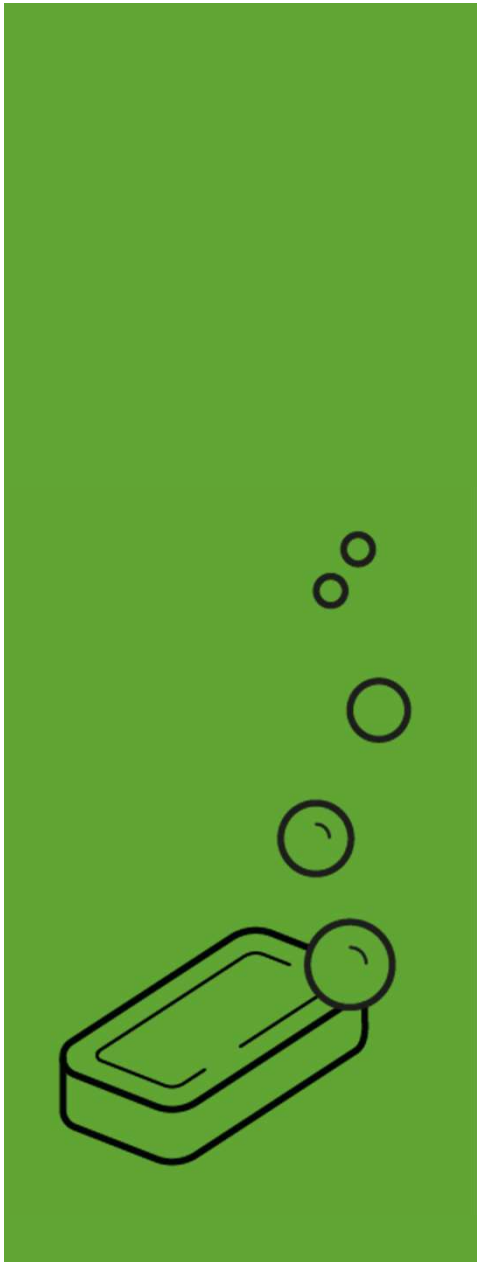
- **Name** of the person collecting the information
- **Consent** to collect the perception
- **Location**
- **Kind of activity** where perception was collected
- **Number** of perception collected
- **Who** has shared the perception (age, gender, people living or not with disabilities)
- **Where** the information is coming from?
- **What is it?** A question/belief/concern/practice
- Person or his/her family sharing the information has been sick with **Covid-19** or not





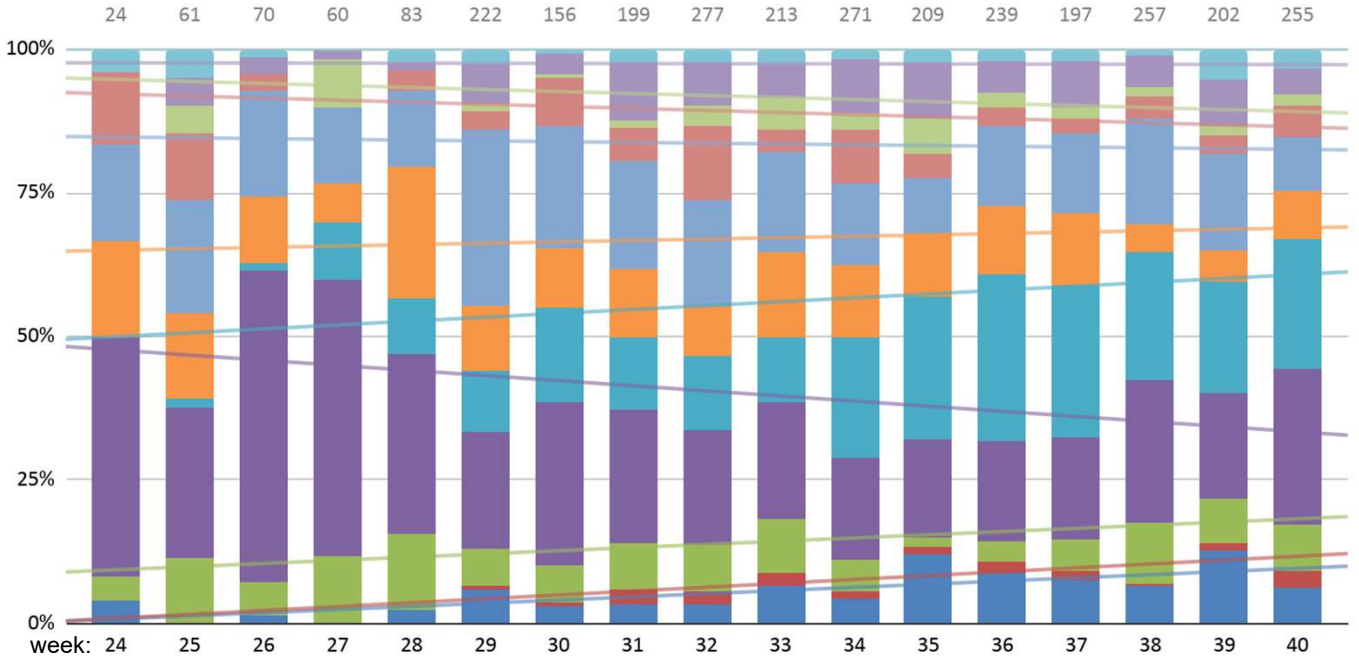
Perception categorized

- **How** to prevent the disease
- **Signs** and symptoms of the disease
- **What to do** if you fall ill
- **Access** and care structures
- **Methods** of transmission
- **Origins** and existence of the disease
- **Treatment**
- **Vaccination**
- **Stigmatisation**
- Safe and dignified **funeral burial** practices
- Measures taken by **GvT/MoH** (lockdown, isolation, etc)
- **Impact** (on livelihood)



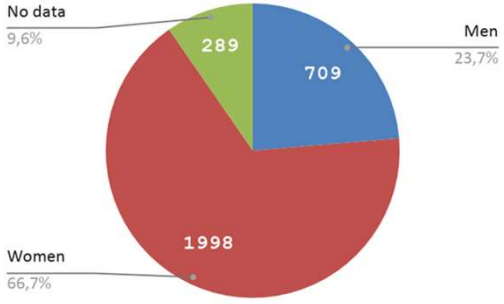
In Venezuela

Main trends identified: % perceptions per week according to perception's thème. At the top of each column, total perceptions collected per week.



Main contributors:

	Women	Men	No data	*Total*
Young	252	129	26	*407*
Middle-aged	1512	487	182	*2181*
Elder	234	93	6	*333*
No data			75	*75*
Total	*1998*	*709*	*289*	***2996***



FAQs

Q: Can the CPT replace a KAP (Knowledge, Attitude & Practice) survey?

A: No. The CPT provides more of an ongoing context analysis and is based on information and perceptions that communities voluntarily share, rather than assessing specifics. Its methodology also differs to a KAP survey.

Q: Is the CPT an accountability tool?

A: The CPT is a process that supports programme modifications, fosters trust with the community and encourages positive behaviour change. Whilst the CPT contributes to improved accountability, it is not an accountability tool.

Q: Can the CPT address ongoing hearsay or rumours shared via social media/other channels?

A: The focus of the CPT is to capture qualitative information from the communities themselves and does not address information shared via alternative channels. However, the latter can come into play through triangulation in the analysis phase.

Challenges/some lessons learnt

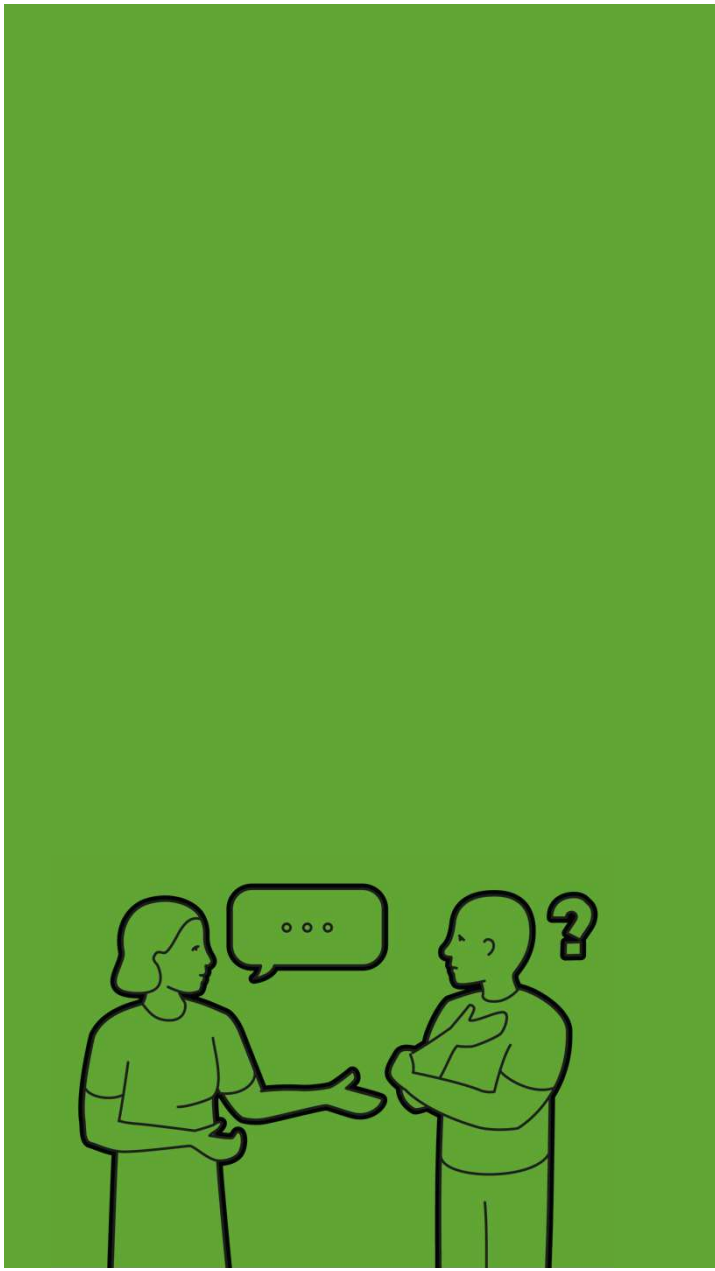
Despite the simple tool, it requires a shift in mind set for staff and partners and some skills and confident, on listening to people and being able to analyse qualitative data (requires time).

It also require capacity to transform the data collected into action

Programme team should lead and use the CPT to build the trust with community members but management has a role to play – since CPT is cross sector

The CPT process have been providing space for different team to work together around same data, share other information to complement the information

The CPT analysis can be share with coordination platforms but also with communities which can use the data to inform their community action plan



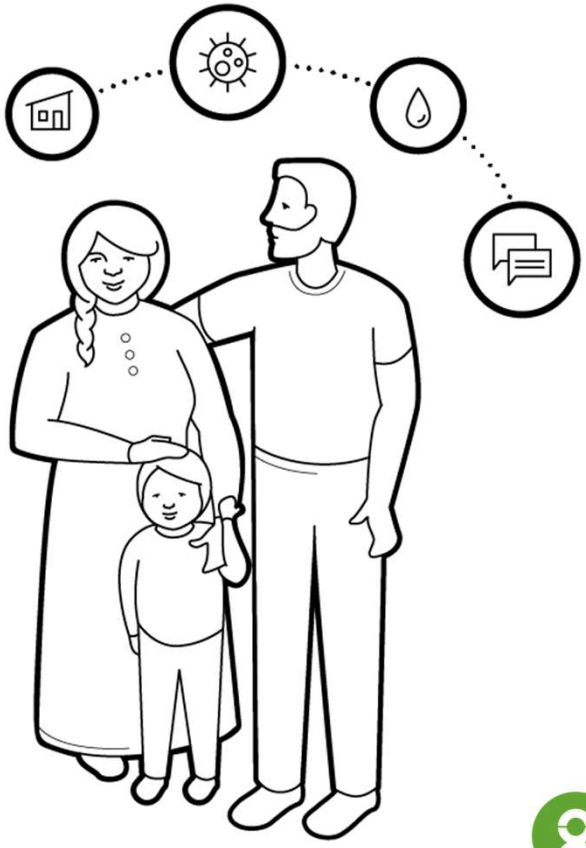
CPT way forward

- Continue to support the use of the CPT COVID-19
- Use all the learning and findings from our research project with LSHTM and ACF on the usefulness of the CPT in humanitarian responses to improve current CPT
- Develop the CPT beyond disease outbreaks looking at different contexts such as armed conflicts, natural disasters, economical and political crisis …

Thank you

For more information:
https://www.oxfamwash.org/communities/community-perception-tracker

For direct programme support, please contact:
raissa.azzalini@oxfam.org



OXFAM