



CAN THE COMMUNITY PERCEPTION TRACKER (CPT) TRANSFORM A HUMANITARIAN RESPONSE?

Spotlight on Venezuela in the context of Covid-19

BACKGROUND

When Covid-19 broke out across Venezuela, it aggravated an existing crisis in which an estimated 7 million people were already in need of humanitarian assistance. Venezuela's socio-economic and political conditions are complex, resulting in enormous hyperinflation rates, deteriorating livelihoods, and a lack of access to essential services, basic human rights and a dignified life. People in Venezuela face the daily dilemma of whether to migrate or to remain living in very harsh conditions, where food, water and medicine are scarce. The Covid-19 pandemic, alongside preventative measures taken by the authorities to limit its transmission, could have a devastating impact on the existing situation and exacerbate people's vulnerabilities.

It is into this protracted crisis that Oxfam launched its CPT approach in June 2020, in a bid to increase communities' prevention capacities and to ultimately give them a voice.

We spoke with two of Oxfam's key CPT champions to find out more...

What is the CPT?

The CPT is an approach that uses a mobile tool to enable staff to capture, analyse and understand the perceptions of communities during disease outbreaks.

It is only relevant as an accompaniment to an existing programme.

Q&A

With Manel Rebordosa
(PHP-CE & ICT Specialist)
and Lucia P.*

Q: Lucia, you are based in Caracas and are living the reality of this context every day. Can you tell us what's it really like on the ground?

L: It honestly feels hopeless. Every day brings a different problem to resolve - from trying to simply take a shower through to sourcing medicine for your family. **The dilemma over whether to stay or flee is always there.** Just walking down the street to get food from the market, you can see the effects of the humanitarian crisis - women with lots of children and nothing to give them, people in the street with no work. **It's a situation that could hardly get any worse, and yet it has, because now we have a pandemic to deal with as well.**

Q: Due to the nature of Covid-19, the CPT has been implemented by local partners, with remote support from you Manel - how has this worked in practice?

M: It has worked well, but mostly because we have had such willing partners on the ground. **At no point have we felt like we were trying to impose this process on the response.**

However, the greatest advice I can give is that although a solid training plan is vital (and easily done online), the only way the process can work effectively is if direct lines of communication are created between the CPT support team and the collectors of perceptions in the field. This creates a team atmosphere so that at no point are the partners made to feel like mere *data collectors*. The ongoing dialogue with the technical support team is crucial in helping them to feel engaged and deeply integrated from the outset.

L: The advantage in Venezuela is that we already have the LHL** approach, meaning our local partners have ready-established relationships with communities. When the CPT was introduced, they were receptive because it was so closely aligned with their existing work on the ground. I do think it's important to note that remote support has also been a challenge, because it inevitably requires stable connectivity. The partners have borne the brunt of this because their work takes them to states where even the electricity service is unstable. One of the greatest lessons has been that we must take initiative to overcome such barriers by using multiple platforms and thinking outside the box. **We have had to be constantly creative and solutions-focused in our approach** and ultimately, that is what has made the process successful, despite the challenges. For instance, we created short video clips to support the online CPT training. We also used WhatsApp groups as a means of regular mentoring and direct communication with those capturing perceptions in the field.

Q: Do you think the CPT has added value to the humanitarian response in Venezuela?

L: In Venezuela, no official data has been provided by the State for several years – there has been a huge epidemiological silence. **The CPT process has been transformative in that respect because it has allowed us to take the pulse of the community in the context of Covid** – this has provided a reliable overview of the situation that would have otherwise not existed. The humanitarian response would have been very disorientated without the CPT and it has truly brought hope to a hopeless situation.

M: Firstly, the CPT is immensely relevant as an approach during a pandemic. But here, as Lucia says, **there was a worrying lack of information on the ground – the perfect environment in which an approach like the CPT can thrive and consequently offer a meaningful contribution to a humanitarian response.** In other situations, where perhaps there is already access to official data, the CPT would inevitably play a different role. It has been integral to the response in Venezuela precisely because the context was already so complicated and so lacking in vital information.

Q: To what extent did the perceptions captured (and analysed) in Venezuela contribute to the overarching strategy of the humanitarian response?

M: The CPT has been in use in Venezuela for several months now and we are already seeing programmatic changes based on the perceptions captured. We've really managed to close the loop, in terms of capturing trends, analysing the data, and then either adapting activities accordingly or providing wider influence. For instance, whereas previously public health messaging encouraged people to go to the hospital when sick, we now understand there are fears associated with hospitals. The messaging has therefore been modified to focus instead on prevention and shielding methods. **We recognise that listening to communities and building trust is what really makes a difference – rigid responses with specific messages are inadequate and ineffective.**

L: Yes, there are many examples. Also noteworthy is what happened in the states of Lara and Táchira where the CPT revealed an increase in domestic violence against women during confinement. This resulted in the promotion of a telephone service for cases of violence during public health response activities, the dissemination of information on violence and an offer of free psychosocial and legal care to women, children and adolescents.

Q: What will be the future use of the CPT in Venezuela?

M: The idea is to continue deploying the CPT, through local partners, as a pilot approach in the regions in which we work. But we are already quite stretched in terms of both capacity and the number of perceptions collected on a weekly basis (often up to 250) – we must be careful not to overstretch this limit, as the data is only ever useful when properly analysed.

L: Yes, it's been a huge challenge for us. The plan is to scale up by getting more partners involved, particularly with regards to data analysis – we have such a short time to analyse all the data captured and we would love to see partner organisations playing a lead role in this crucial part of the process.

Q: Is there anything else you would like to share with Oxfam colleagues and partners on a global level?

M: I think it's just vital to emphasise how important it is to listen to communities outside of official settings. The CPT allows us to do this in a more intimate manner, allowing honest perceptions to be captured and taken into consideration. **It allows us to better understand vulnerable communities and learn from them too.** I've found it inspiring that the local partners in Venezuela already acted with this in mind.

L: I agree. It's important to recognise the efforts of our local partners because the CPT would simply not have been possible without them. Week after week, they have faced endless challenges (fuel shortages, problems with access) and yet have continued to work tirelessly. The CPT's performance here has been entirely thanks to them and as a final thought, I would like to emphasise our admiration for all their efforts.

KEY LEARNINGS from Venezuela

- The CPT is not just a means of collecting information, but rather a process that allows us to transform the data into action (and/or advocacy). This is the true essence of the CPT.
- Remote support can be effective for the implementation of a new approach, provided there is supportive management, local partner buy-in, direct lines of communication, and a solutions-focused attitude.
- The quantity of data collected matters. Capturing too many perceptions can be detrimental to the appropriate use of the CPT so it is advisable to only collect a manageable number at any one time.
- It's possible to make effective programmatic changes, thanks to the flexibility and speed of the CPT approach, in an incredibly short amount of time.

**Pseudonym used for security reasons. **LHL: Local Humanitarian Leadership*

We are here to support you!

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For further info: www.oxfamwash.org/communities/community-perception-tracker



OXFAM

OVERVIEW

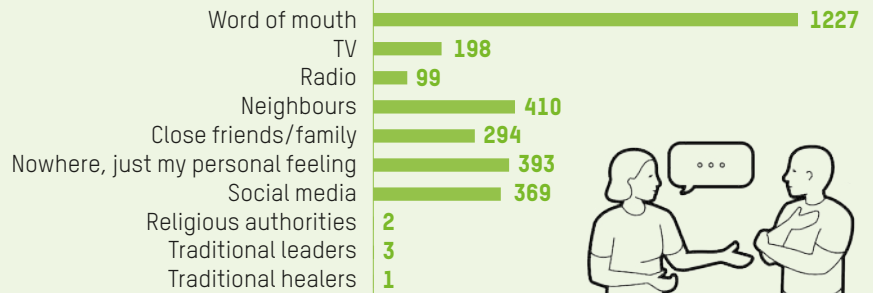
Number of perceptions collected
as at 2nd October 2020

2,996

- 66.7% Women (1998)
- 23.7% Men (709)
- 9.6% No data (289)



Source of perceptions



KEY highlights

Where are we
using the CPT?



OXFAM LOCAL PARTNERS:

- Zulia
- Táchira
- Lara

Some community perceptions collected

"There are women attacked by the confinement of COVID, violence in homes has increased"

—A woman in Junin, Táchira, September 2020

"It is not correct to self-medicate, but it is better than going to the hospital"

—A woman in Junin, Tachira, September 2020

"COVID19 has to be counteracted with hot natural drinks"

—A man in San Francisco, Zulia, September 2020

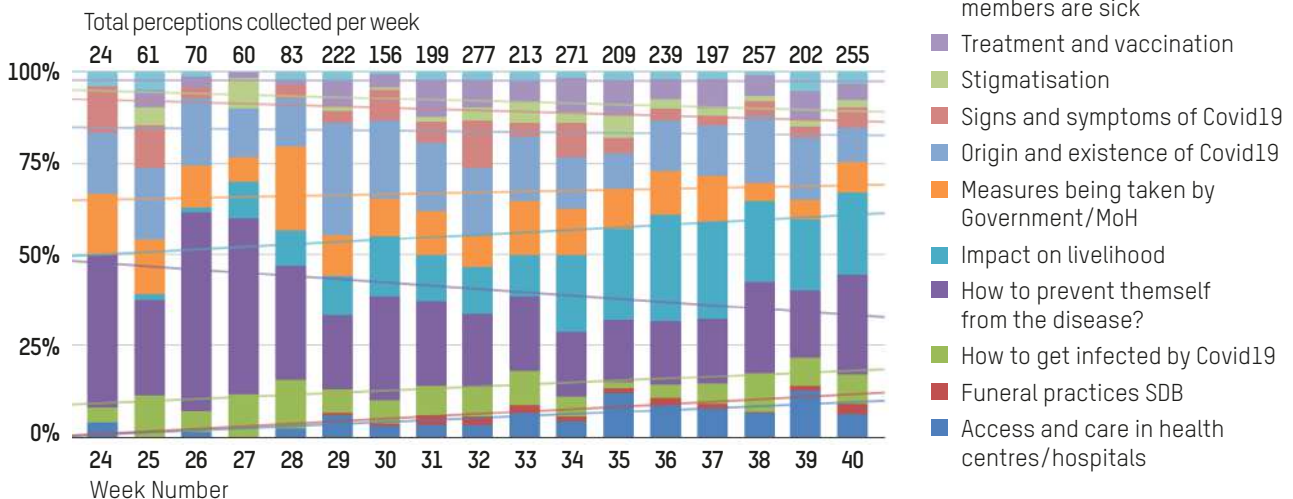
"The government is dealing more and more with COVID19 while my daughter dies of cancer due to lack of care"

—An older woman in Iribarren, Lara, September 2020

"By taking ivermectin I got intoxicated"

—A man in Pedro María Ureña, in Tachira, September 2020

MAIN TRENDS identified



AT THE BEGINNING OF THE OUTBREAK (June, weeks 24 to 26) most perceptions were linked to how to prevent the disease. Prevention measures without scientific evidence were identified.

SOME WEEKS INTO THE OUTBREAK, perceptions on the impact on livelihoods started to grow and become the main trend, indicating that the epidemic was increasingly affecting the economy and way of life of the families. Gender violence perceptions emerged.

AS THE PRESENCE OF THE DISEASE GENERALISED, the number of perceptions stigmatising migrants as a source decreased.

AS OF WEEK 29 (first week of July), the number of perceptions related to funeral practices and access and care in health centres began to grow, showing the direct impact of the pandemic on the health of the communities. Refusal to go to health facilities and appeals to automedication emerged.