

WHY CAPTURE COMMUNITY PERCEPTIONS DURING A DISEASE OUTBREAK?

Learnings from the Democratic Republic of Congo (DRC)

BACKGROUND

A first pilot project took place in Haiti, in the North Region/ Cap Haitian, during the Cholera outbreak from March to June 2018. An updated version of the CPT was then trialled in North Kivu (DRC), from the beginning of the Ebola outbreak in October 2018 for a period of twelve months. The CPT pilot projects were funded during the first phase by Seed Innovation Funds from Oxfam Intermón, and then by WASH Innovation Funds from the Global Humanitarian Team.



The 2018 North Kivu Ebola outbreak is a textbook example of the importance of tracking community perceptions.

In the early hours of the outbreak, activities followed a top-down approach, disregarding local habits and sensitivities, and aggravating resistance from the community – response efforts therefore took place in a high-tension context, rife with misinformation and general distrust from communities.

WHY track community perceptions during an outbreak?

During a disease outbreak, formal qualitative information is rarely collected in a systematic manner and thus tends to become anecdotal (and no longer relevant to the response). Nevertheless, it is key to better understand the views and perspectives of the people/groups living in the communities we work with. In DRC, Oxfam learned that during an outbreak, communities' perceptions can rapidly change depending on the different stage of the outbreak, the context, and the direction in which the emergency response is heading. As this information can vary widely across different groups of people and different locations, Oxfam developed a mobile tool to enable staff to capture qualitative information, in real time, on perceptions and beliefs related to a disease outbreak.

Previous experience with mobile data collection tools had revealed that the use of ICTs to capture information can support faster, and more accurate, data collection in a way that avoids placing a significant burden on programme staff. By systematically capturing informal information through a mobile device, Oxfam was able to transform anecdotal information shared verbally into more purposeful evidence that was documented and used to inform response activities. The information was stored in a single database, enabling the categorisation of data into common themes – once cross-checked and analysed, the themes and recurrences identified allowed Oxfam to adapt its activities and tailor its interventions according to different groups and locations.

LEARNINGS & RECOMMENDATIONS from DRC

✓ Data collection runs a risk of bias

As the CPT data is non-exhaustive and there are often language barriers in the field, biases inevitably appear during the collection process. Detecting trends can therefore be challenging. To mitigate this, managers have a key role to play, ensuring that sufficient data is collected, identifying gaps and encouraging collection teams to remain proactive and motivated – this requires regular meetings to maintain morale, particularly in the event of collection fatigue.

✓ External communication and effective advocacy are key

At response coordination level, an absence of functional collaborative mechanisms means that information can easily be lost. As such, advocating for effective feedback mechanisms is complementary to the collection and processing of community perceptions.

✓ Documenting the CPT is crucial

The DRC pilot project identified that the documentation of the CPT process should be done systematically and more effectively moving forwards. To continue building on the learnings from this project, monitoring and documentation are areas that CPT teams should pay close attention to.



OXFAM

HOW did it work?

The CPT was active in DRC from October 2018 to March 2020.

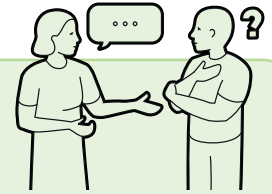
"Please be discreet when bringing us hygiene kits, we fear our neighbours might think we collaborate with response teams"

PERCEPTION COLLECTED IN KATWA IN APRIL 2019



"We find the tool really easy to use: when returning from activities with the community, it just takes a minute to fill in the Survey CTO form in the car. The second we reach the office and have a WIFI connection, the data is automatically sent to the server"

PHP OFFICER, BENI



"Sick people get scared when response teams address them in French"

PERCEPTION COLLECTED IN BENI IN NOVEMBER 2018

6 FOLLOW UP ACTIVITIES

When shared externally, all data collected through the CPT resulted in a stronger overall understanding of the context of the response. Supplemented by additional studies, such as UNICEF's Cellule d'Analyse en Sciences Sociales (CASS), the different pillars and services of the Ebola response were better informed and therefore more effectively tailored to the context.

1 COLLECTION

On a daily basis, community perceptions were captured by approximately 30 Oxfam staff in Butembo, Beni, Mangina and Goma. With the tool downloaded on their mobile phones, staff could actively listen to perceptions in the field and complete the SurveyCTO form in real time.

2 FIRST ANALYSIS

On a weekly basis, the collected perceptions were extracted and compiled by the MEAL team and analysed and discussed by the technical teams. Thanks to the design of the tool, the data collected was made available to programme teams on a weekly basis, allowing upcoming activities to be planned around the CPT outcomes.



5 ADAPTING ACTIVITIES / INFLUENCING

Regular analysis of the collected data made it possible to swiftly address obstacles. In the early hours of the response, the CPT data revealed that communities were concerned about the response team's lack of knowledge of local dialects.

Oxfam worked with communities to set up a "Comité Cellule", a community structure composed of locally elected members who were responsible for implementing action plans in their community.

4 TRIANGULATION WITH OTHER ACTORS

Concerns related to the response itself (including medical care and vaccinations) were shared with the advocacy team. For example, Oxfam identified that women were concerned about pregnant and lactating women being excluded from the vaccination protocol.

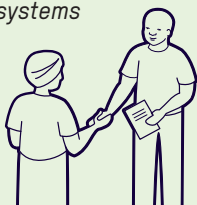
The CPT, combined with wider formative research by other actors, was used to influence the vaccination protocol in its inclusion of pregnant and lactating women.

3 REGULAR MEETINGS/DISCUSSIONS

Every Saturday, the PHP team discussed the analytical report and decided on key actions for the following week. Whenever a perception appeared to grow in importance, the team could decide to address the topic during a community dialogue. For instance, in September 2019, as a fear of chlorinated water was identified as a growing trend amongst women, an awareness-raising session was organised to discuss the matter.

"The presence of Comité Cellule in our health area reduced resistances. We recommend to set up similar systems in the entire city of Beni"

PERCEPTION COLLECTED IN BENI IN JUNE 2019



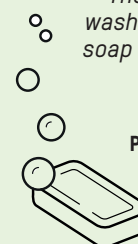
"If a lactating woman becomes listed as a high-risk contact, how can she protect herself when she cannot even get the vaccine?"

PERCEPTION COLLECTED IN BIAKATO IN MARCH 2019



"The community prefers washing their hands with soap rather than chlorine because the latter smells strange"

PERCEPTION COLLECTED IN MABALAKO IN SEPTEMBER 2019



HOW did the CPT add value during the Ebola response?

During the Ebola response, the use of the CPT brought additional value to all stages of the continuous community engagement process. There were four key objectives to the tool's use, each interconnected to serve multiple purposes:



OXFAM

We are here to support you!

For general enquiries, please contact:
oxfamcpt@oxfam.org

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

For further information:

www.oxfamwash.org/running-programmes/community-perception-tracker