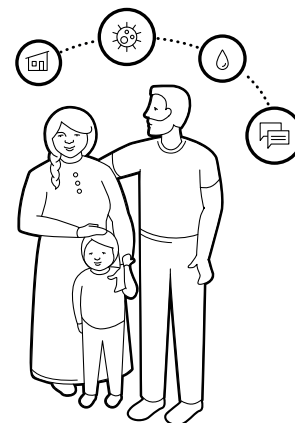# COMMUNITY PERCEPTION TRACKER (CPT)

In 2018, Oxfam launched a new approach to better understand the perceptions and beliefs of crisis-affected communities, particularly in relation to disease outbreaks. Given the magnitude of the current Covid-19 pandemic, the CPT is now more useful than ever. But what is the CPT and why use it?

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.

What do we mean by 'perceptions'?
Questions, beliefs, concerns, feedback – in relation to views and perspectives that arise in line with the spread of disease.

Perception collected in DRC, 2018:
"Sick people get scared when response teams address them in French"

What do we mean by 'a programme'?
The CPT is not a standalone approach. For it to work effectively, it should supplement an emergency response programme. It is currently exclusively used for epidemics but in time, could be adapted to suit other types of response.

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.

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.

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How does it add value?

1. A SYSTEMATIC APPROACH
During a disease outbreak, qualitative information is often informal and subjective, and can be considered anecdotal – rather than integral to the response. By capturing such information in a more systematic manner, we can translate informal data into more purposeful evidence that can inform current and future response activities.

2. ENABLES RAPID ANALYSIS
We know from previous experience with data collection that the use of digital tools to capture information can support faster, more accurate, data collection in a way that avoids placing burden on programme staff. In so doing, it also provides reports that are rapidly analysed to produce findings that can – in real time – directly impact a humanitarian response.

3. CAPTURES TRENDS
The rapid analysis of systematically collected data enables us to generate concrete evidence. This enables us to identify relevant trends, anticipate their reoccurrence and thereby inform future responses and preparedness plans.

The CPT has been specifically designed for use during disease outbreaks (including Covid-19) but will be adapted in due course to suit other types of emergency response.

Ideally, the CPT should be set up from the outset of a programme to capitalise on the process' ability to shape/adapt activities based on the analysis of captured data.

A checklist for future users

Before implementing the CPT, please consider your understanding of the approach and whether it is appropriate for your response programme. The following checklist should be considered:
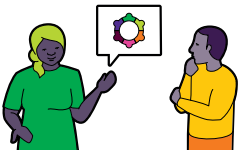
What do you know about the CPT?

☑ **DO YOU HAVE A PROGRAMME?**

If you have an existing programme which you think the CPT can supplement, it may be possible to implement and facilitate provided the following are also in place:

- *Your team is familiar with Community Engagement and how it works in relation to WASH.*
- *Your team has capacity – a PHP focal person and MEAL support will be required in the field.*
- *Your partners and your team have both appetite and interest in the implementation of the CPT.*
- *Your team is aware of similar in-country initiatives – these should be noted and brought to the attention of the GHT.*

Does your team have the technical capabilities?

- Is it possible to use a mobile device in country?
- Is there internet access?
- Does Oxfam (and/or its partners) already use ICT to collect data?
- Where the movement of staff and partners is limited, can data be collected through phone calls/SMS?

Does your team have the resources?

You will need budget for:

- SurveyCTO access fees
- Mobile phones
- Training days (including sustenance costs and venue hire)
- Additional staff costs, including global support (a minimum of 5 days for ICT HSPs/Advisors and 7 days for PHP HSPs/Advisors), and in country support from both PHP/CE and MEAL teams

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

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