

## Listening to communities improves outbreak response

Community engagement has been recognized as a core pillar of outbreak response. This study found evidence that a new approach, the Community Perceptions Tracker (CPT), helped to track trends in community attitudes towards the COVID-19 pandemic which then informed adaptations to preventative programmes.

## New approach helps humanitarian staff adapt programmes for communities

The study, which tested the CPT in Lebanon and Zimbabwe, illustrates that adopting a systematic process which encourages all implementation staff to actively listen to communities, track perceptions and then act on the trends that emerge, is valued by staff and leads to more acceptable and relevant programming during outbreaks. The CPT process provided humanitarian staff with real-time data on community perceptions and priorities. This was used to inform programme implementation and decision making. While the CPT can be improved, findings illustrate that routinely documenting community perceptions can add value to humanitarian response during disease outbreaks.



*A Nabad staff member documents COVID-19 related perceptions on his mobile device while speaking with a woman in a settlement for Syrian Refugees in Lebanon. Image credit: Oxfam*

## Background

Reducing the transmission of diseases like COVID-19 in humanitarian settings requires population-level adherence to preventative behaviours. In prior outbreaks, this has not always happened because humanitarian actors have struggled to understand changing community perceptions towards the disease and to their response programming. This study examined whether the CPT could help humanitarian organizations to adapt interventions during the pandemic and improve their quality and acceptability.

## How the research was conducted

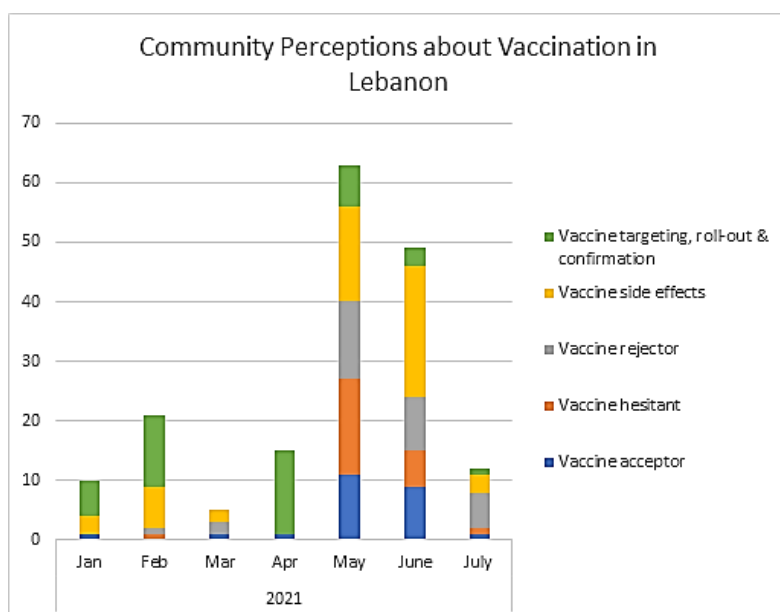
A phased, mixed-method process evaluation of the CPT among crisis-affected populations in Lebanon and Zimbabwe was conducted, including qualitative interviews with staff, structured phone-based interviews with affected populations and an analysis of CPT and programmatic data.

## Key findings

- **Tracking perception trends:** The CPT identified changes in the patterns of community perceptions over time. For example, early on perceptions primarily related to questions about the origin of the disease and preventative actions. As time went on people were concerned by the secondary socio-economic impacts of COVID, government responses, and vaccine hesitancy.
- **Programme improvements:** CPT staff felt the process allowed them to develop closer relationships with communities and be more systematic about the way they undertook community engagement. They reported the CPT led to more frequent programmatic adaptations. This included being able to update communication materials to address common perceptions, modifying programming where new needs emerged (e.g. adding masks to hygiene kits to address shortages or shifting their programming to focus more on facilitating vaccine uptake) and advocating on behalf of communities.
- There was also some evidence to indicate that the CPT process made programmes more acceptable and relevant to crisis-affected communities.

## Implications for humanitarian practitioners and policymakers

- Tracking perceptions on a rolling basis is critical during outbreaks, as community perceptions were found to change over the course of the pandemic in response to transmission dynamics, government trust and policies, the spread of misinformation and community norms. Invariably, these changing perceptions affect community responses to public health measures.
- The CPT was valued by humanitarian staff as it supports development of active listening skills, programmatic reflection, and the discussion of cross-sectoral and inter-agency issues. It was found to be an interactive and feasible way of learning from populations, though it requires critical analysis and reflections from staff to translate insights into programmatic improvements. The CPT could be used to complement standardized approaches to programmatic learning, monitoring or accountability.
- The evaluation identified opportunities to improve the CPT. These are being used to develop more detailed guidance on training, data collection and analysis, and the tracking of programme adaptations. Guidance will be published to enable other humanitarian organizations to replicate the CPT in their own areas of work.



***A sub analysis of vaccine-related perceptions collected through the CPT in Lebanon. Oxfam and Nabad used this data to initiate a vaccine uptake programme that addressed access and misinformation barriers.***

## Recommendations for future research

While initially planned, this study was unable to capture data on actual behaviour during the pandemic due to ethical and safety constraints. This could add value to future perceptions studies. The study used a 'phased' process evaluation methodology, with researchers sharing ongoing learning through workshops. This proved valuable for the researchers and partners alike and could be utilised in similar studies in humanitarian environments. Finally, humanitarian implementation organisations are exploring how the CPT approach can be used in future outbreaks and other types of emergencies. In Zimbabwe, teams are cascading the approach to the village level so that community members can also collect perceptions.

## About the study team

This team comprised partners from the London School of Hygiene and Tropical Medicine (LSHTM), the Lebanese American University, Oxfam in Lebanon and Action Against Hunger (AAH) in Zimbabwe. Operational data was collected by Oxfam, Nabad For Development, AAH, Africa Ahead, and Nutrition Action Zimbabwe. The Principal Investigator was Sian White at LSHTM.

## Keywords

Community engagement, COVID-19, outbreak response, programmatic adaptation, perception tracking.

## Articles and further reading

**General information on the CPT:**

<https://www.oxfamwash.org/en/communities/community-perception-tracker>

**Information about this research:**

<https://www.elrha.org/project/tracking-community-perceptions-curbing-the-spread-of-covid-19/>



Research for health  
in humanitarian crises

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<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>