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COVID-19 SOCIAL LISTENING SYSTEMS

URBAN SLUM PERCEPTION PILOT SURVEY PRELIMINARY FINDINGS 10TH MAY 2020

Urban Perception Surveys are being implemented in nine cities of India with the target of getting inputs from around 10,000 people as a population representative model through Social Listening System platform.

A continuous activity to learn more about the challenges and gaps from the communities and frontline workers-these surveys are being conducted in 6 local languages, and in phases, to establish a baseline to monitor integrated slum containment activities and interventions, including Risk Communication and Community Engagement as well as endline for impact of the interventions and gaps within. The COVID-19 assessment gauges perceptions, high risk behaviors; helps in understanding susceptibility perception of communities; maps trusted sources and platforms for seeking information and provision and availability of essential services (water, sanitation, nutrition), protection and psychosocial care at the community level.

The Social Listening System platform will be also used to engage urban slum audience on the barriers, challenges and promotion of safe public health measures.



Methodology for the Urban Slum Survey: Based on the sample size identified for each city at 95% confidence level, NGO partners were identified from respective cities to screen respondents from urban slums and mobilize them as urban slum champions-so they continue to participate in subsequent perception surveys and feedback collection. After the list is generated, the survey was shared with identified respondents through IVRS and WhatsApp chat box.

The chatbox modality or survey ensures data capturing from the first response itself and is an interactive and effective way for survey methodology developed by the IT team of IDEA. This method of survey also ensures location tracking and eventual data entry at the end of survey.

The survey questions were also developed as process of consultation with all partners and interagency involvment so as to bring in the holistic perspective and expertise of various agencies to assess the community risk perception and thought process.

SAMPELING DETAILS

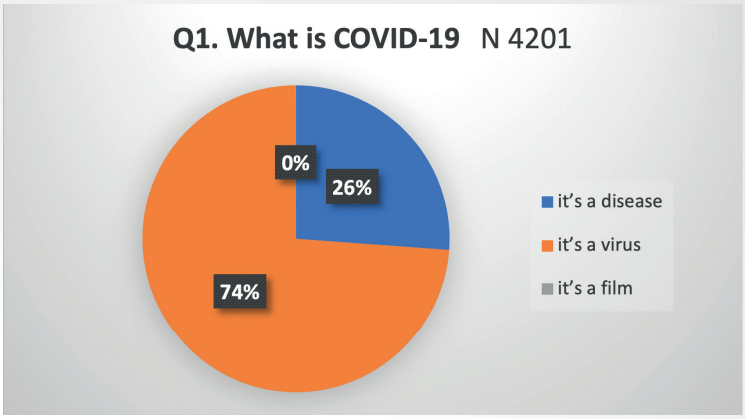
CITY	SLUM POPULATION CENSUS 2011	IDEAL SAMPL SIZE (99% CL,3CI)	MINIMUM SAMPLE	SLUM LOCATION (INDICATIVE PURPOSE ONLY)	Partners / NGO
Mumbai	52,06,473	1067	1174	Dharavi, Bainganwada, Janupada	Sneha
Delhi	17,85,390	1066	1173	Kirti Nagar, Munirka, Kusumpur Pahari, New Ashok Nagar	Sphere HQ, IVN
Kolkata	14,09,721	1066	1173	Pilkhana,Tikipara	CBM
Chennai	13,42,337	1066	1173	Vaysarpari, Kasimedu, Royapuram	Arunodhaya
Indore	5,90,257	1065	1172	Krishnapura	SEWA
Agra	5,33,554	1065	1172	Nagla Chanda, Guilab Nagar, Shanti Vihar	UNICEF
Srinagar	3,43,125	1064	1170	374 households in Srinagar, Near Dal Lake and scattered near shrines	Srinagar Municipal Corporation
Shillong	14,458	994	1093	Muwbah, Demseniong, Pythohrumkrah, Kynjathfutbal	Humanity for Habitat
Surat	45,01,610	1067	1174	Katagam, Mota Varachha, Dindoli and Vesu	SEWA
Jaipur	3,23,400	1064	1170	Kathputli	center for equity studies
			11644		

Limitations of the study: The pilot survey was initiated to guide the development of the COVID-19 Integrated Urban Slum Intervention Framework. While the process of listening is formalized for urban slums, the insights from the pilot assessment could be used for understanding the social-cultural-political-economical context of the slums and listening to the needs, as well as sentiments of the slum population.

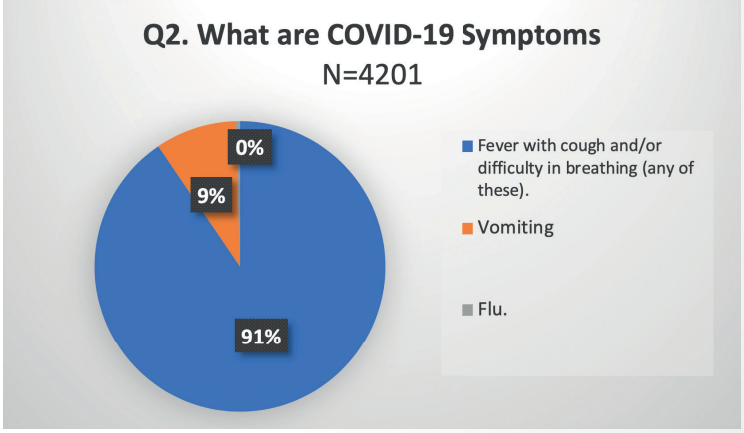
Key learnings for administrating surveys from the Pilot Survey: (1) The Pilot survey was found to be long with 20 questions. Therefore, there is a declining trend witnessed in responses from question number 10 onwards. All the subsequent surveys and feedback process will have only 5-7 questions. (2) Tools need to be in the local language to connect with the local population. (3) Alternate social media platforms will be needed as literacy and technology-based capacities become a challenge (therefore, both IVRS and WhatsApp were used to connect) with vulnerable groups within slums (4) Social Media Surveys need to be time specific, giving people limited time to respond.(5) Since the survey was on a social media platform, it has been exchanged across cities that were not part of the original survey and to overcome this challenge responses are being geotagged to filter out the responses from non-assessment cities. (6) Dissemination of survey via social media platforms can also help in bringing wide perspectives and more data inputs. (7) The screening in slums have been done by NGO workers from there project areas. As this is social media driven prevention survey, hence respondents with phones were selected, and there could be a selection bias. (8) Due to limited scope to explain questions, some questions may not be internalized coherently by respondents, hence there could be an information bias.

I. INFORMATION AND KNOWLEDGE ABOUT COVID-19

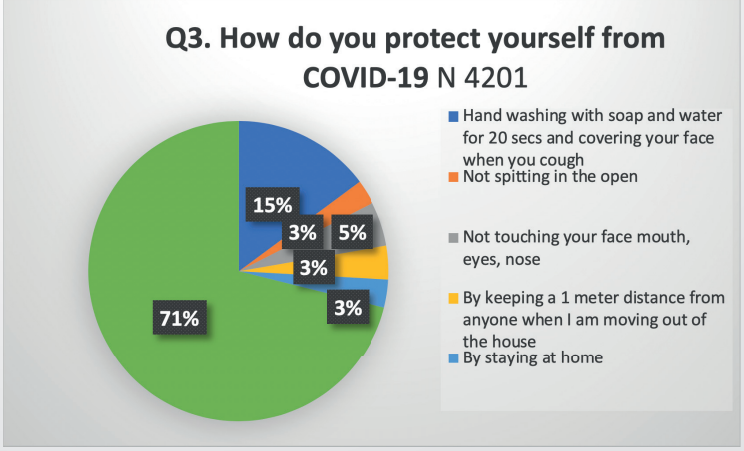
74% of the slum population considers COVID-19 as a virus. Only 26% identified correctly as a disease



91% of slum dwellers could identify COVID-19 symptoms correctly. 9% incorrectly cited vomiting as a symptom.

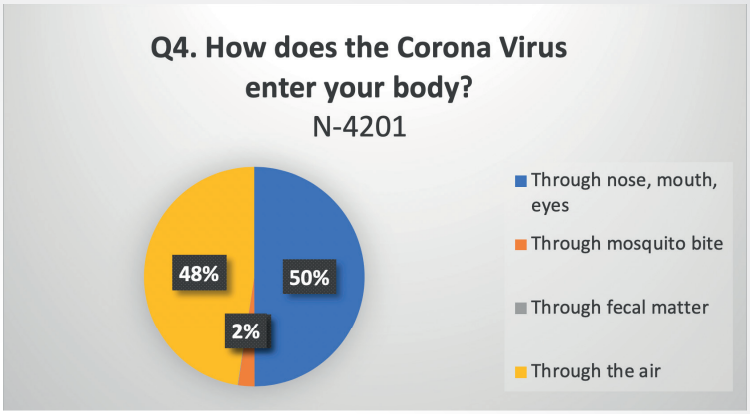


71% of slum dwellers identified all key public health measures simultaneously effective in containing the spread of COVID-19. However, 15% considered covering of face while coughing or sneezing and handwashing on regular intervals as one of the important personal protection measures.

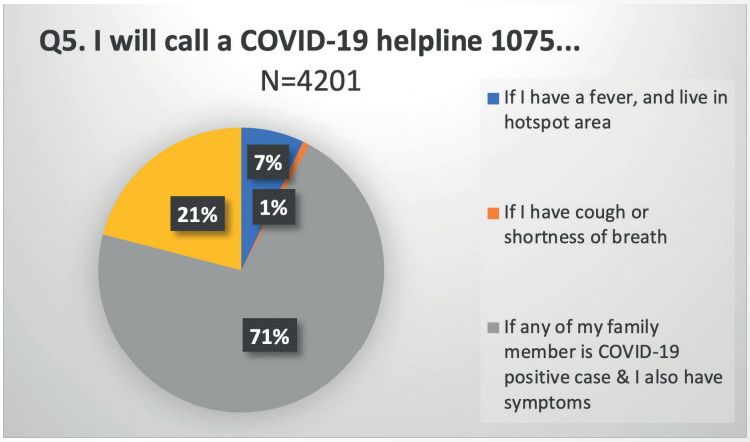


I. INFORMATION AND KNOWLEDGE ABOUT COVID-19

50% correctly identified the primary mode of transmission of n CoV2 as through nose mouth and eyes; while another 48% cited transmission through air.

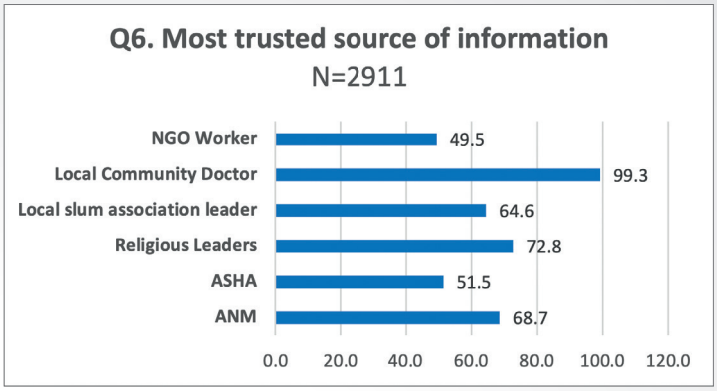


The COVID-19 helpline number (1075) was found to be quite popular among 71% of the respondents and they will call/report in case of emergence of symptoms in themselves or within their family members. Only 7% could cite the importance of calling on the helpline number in case of fever while living in hotspot area.

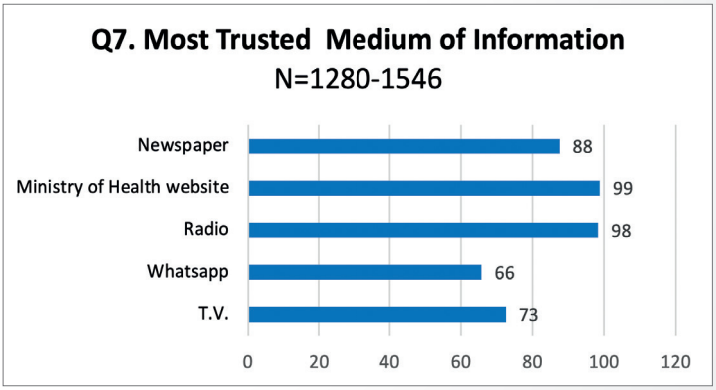


II. TRUST AND RELIABILITY

99% of the slum population cited their own local doctor for information and trustworthy direction related to COVID-19. Followed this, 73% preferred religious leaders and 69% preferred ANMs which shows the communities' strong belief in local mechanisms and that they are comfortable in interventions through these groups.

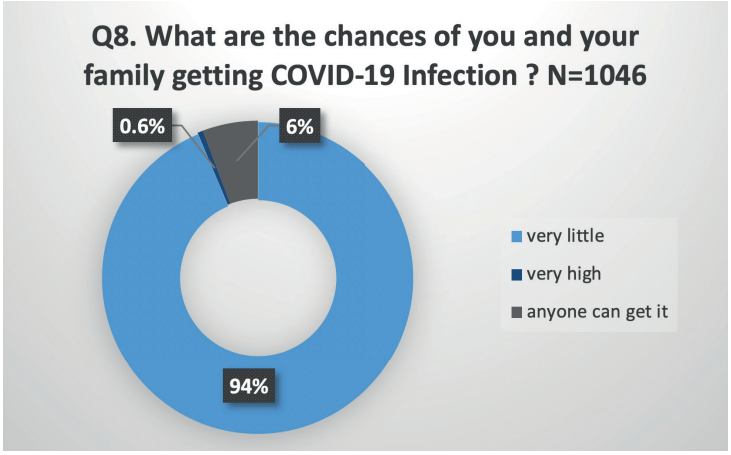


Ministry of Health website is found most trusted by 99% of respondents followed by Radio at 98% and newspaper at 88%. TV is rated reliable by fewer (73%) While the overall data appears to be positive, an important message for communicators is that 66% respondents find WhatsApp most reliable. So, its role in spreading both - correct information and rumours and fake news - can not be undermined.

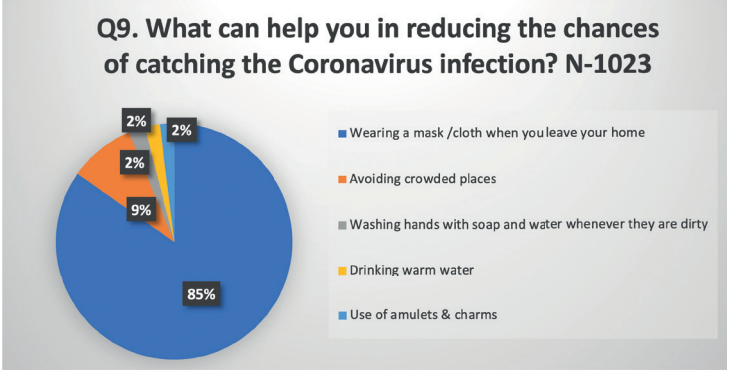


III. SUSCEPTIBILITY PERCEPTIONS

The risk perception related to COVID-19 is extremely low and only 0.6% of the targeted population thinks that this is a highly transmissible disease and 6% felt anyone can get affected by it.

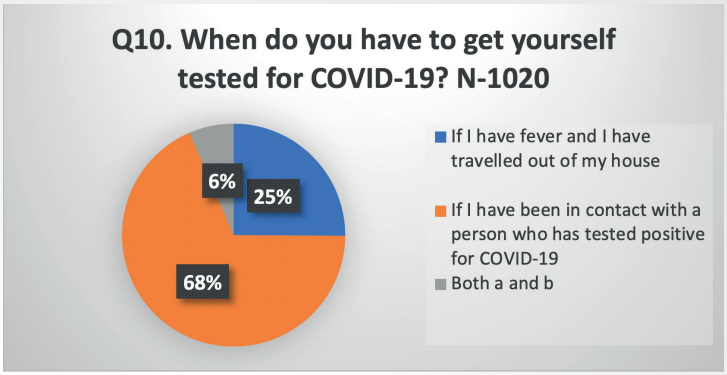


85% of the slum population thinks that wearing a mask or cloth while leaving home will reduce their chances of getting COVID-19. Only 9% cited physical distancing and 2% mentioned handwashing with soap and water whenever hands are dirty.

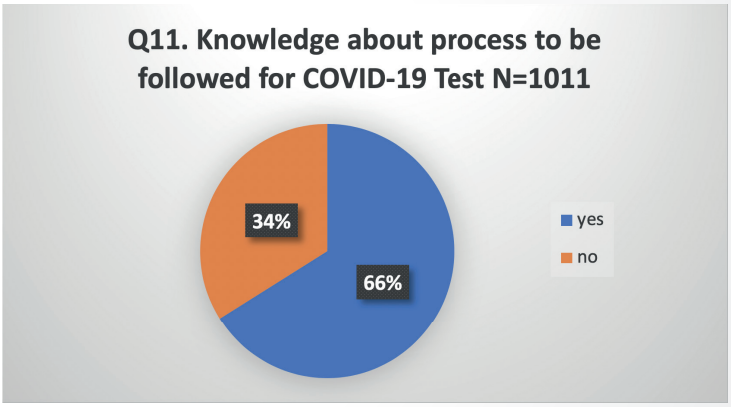


IV. COVID-19: DETECTION AND TREATMENT

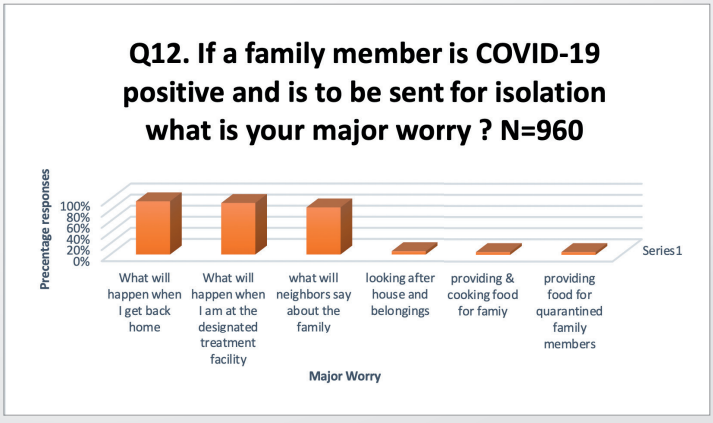
Only 6% mentioned the need for testing upon coming in contact with a COVID-19 positive person while having fever and having travelled out of home (both a and b). Mixed perceptions among the communities on the evolving testing approach must be clarified in simplistic way.



66% of the respondents were aware of the process to be followed for getting oneself tested for COVID-19 infection showing that information regarding testing is still not universally known and further communication inputs on testing are required.

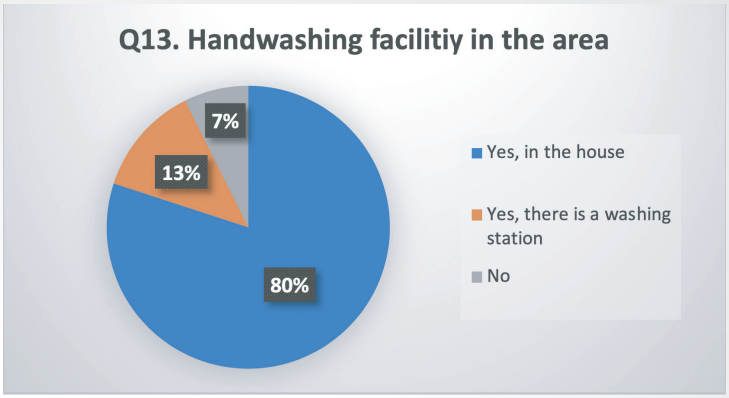


The response highlights that 96% of the respondents have answered that their major worry is how they will cope with the situation when they get back home. Along with this 93% worry how they will be treated at the designated isolation facility and 85% are worried about the stigma that they are likely to face when they return or the stigma that their family members will have to face. This brings out the stigmatizing nature of COVID-19 infection and clearly points out that more than house and belongings people are worried about the stigmatizing nature of the infection.

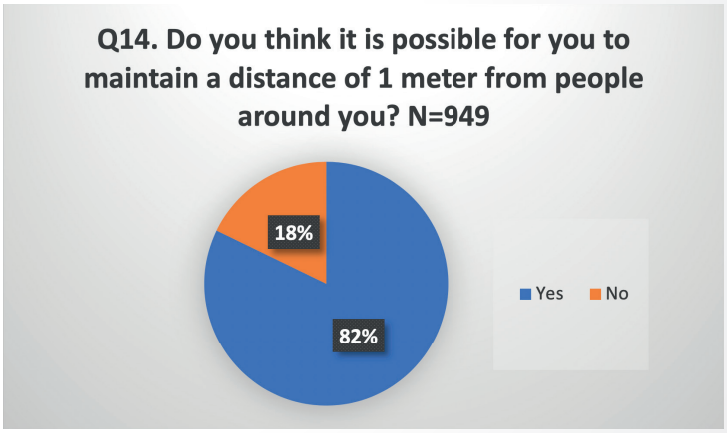


V. PROVISION OF ESSENTIAL SERVICES IN SLUMS
(ACCESS TO WATER, SANITATION AND SOCIAL PROTECTION)

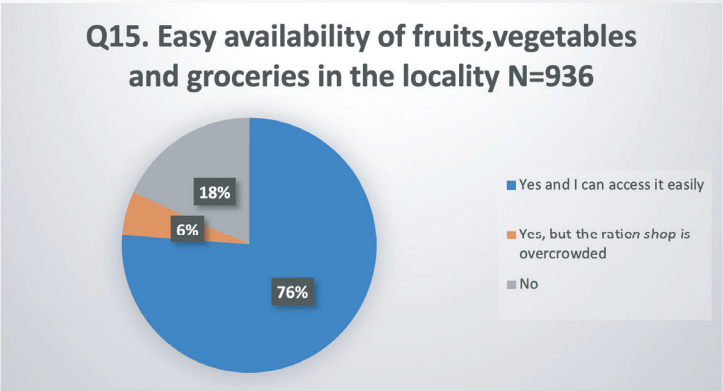
80% of the respondents said that they have access to handwashing facilities in their homes, 13% have it in their community and only 7% said that they do not have access to handwashing. Very high percentage of access to handwashing (80%) is to be seen in the backdrop of extremely low (2%) response against 'handwashing as a protection measure' (Q9 page 6)



82% of the respondents have answered that they are able to maintain the required practice of social distancing in their daily interactions. Interventions are required for the 18% who are not able to maintain the 1-meter measure for social distancing. In response to an earlier question (Q9 page 6) only 9% have said that 'maintaining physical distance can help reduce the possibility of getting infected.' So, ability of maintaining physical distancing (82%) would not necessarily transform into action because the felt need is low.

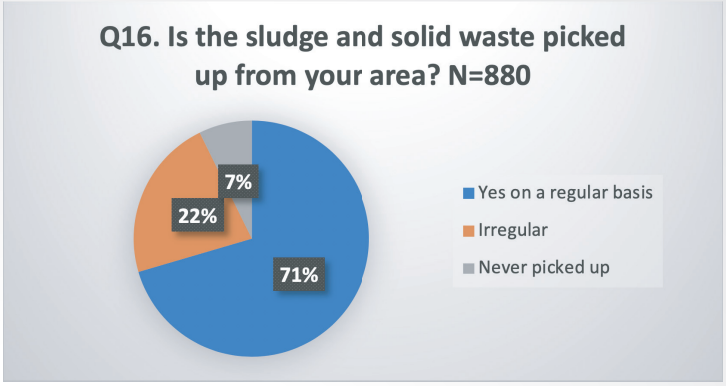


76% of the respondents have said that they can access groceries and vegetables easily in their neighbourhood but almost 18% do not have the access and 6% say that social distancing will be a problem as the shops are too crowded.

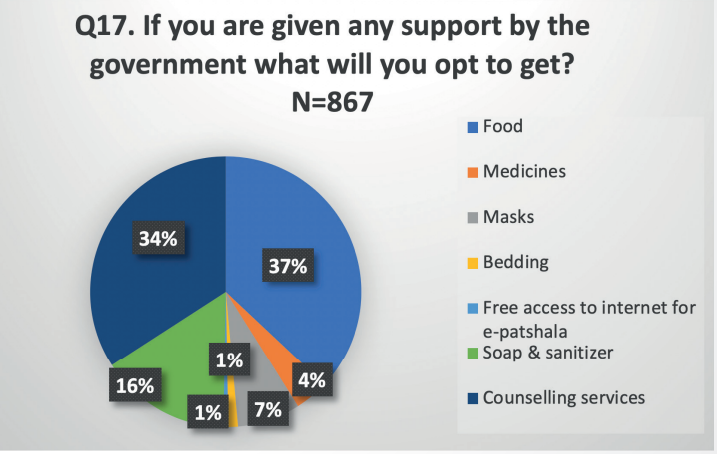


V. PROVISION OF ESSENTIAL SERVICES IN SLUMS
(ACCESS TO WATER, SANITATION AND SOCIAL PROTECTION)

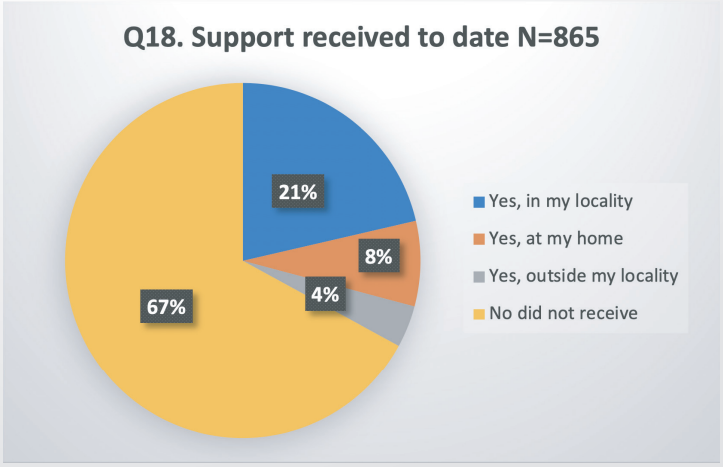
71% of the areas are being cleaned and sludge picked up from the area, while 7% of the respondents answered that sludge is never picked up, 22% say that it is picked up irregularly.



When asked what would be the primary need from the government, respondents have shown the highest preference for receiving food as aid (37%) closely followed by Counselling services (34%) and then 16% saying they would require soap and sanitizers. Only 7% said they require help in getting masks and only 1% require internet access as aid.

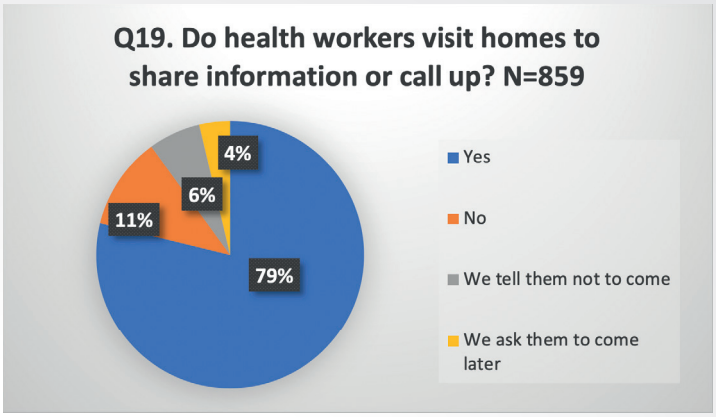


When asked if the respondents had received any such support to date, the overwhelming answer (67%) was in negative. Majority of the people have not received any form of aid from the government and 33% have received it either in their locality (21%) or at home (8%) or outside their locality (4%).

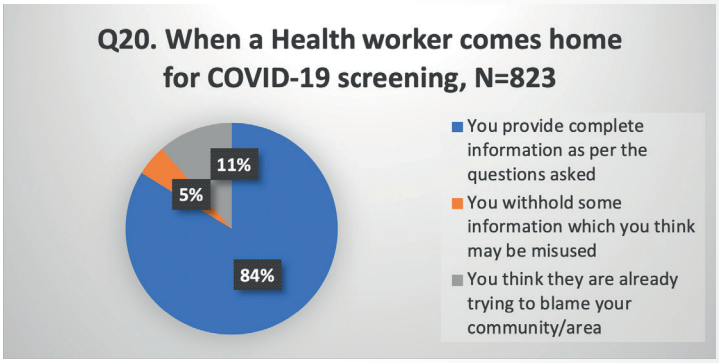


VI: PERCEPTIONS ABOUT HEALTH WORKERS AND SERVICE PROVIDERS

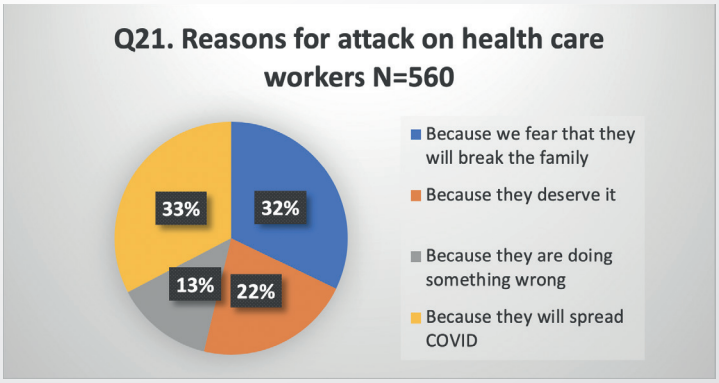
79% of the respondents say that healthcare workers come to their houses and give them information about safety and prevention of COVID-19. 11% said that the health workers do not come and 6% said they tell the workers not to come home. 4% try to put off the health workers, telling them to come later.



84% of the respondents said that they cooperate with health workers seeking information and share the required information with them. Whereas 5% withhold information which they feel may be misused. 11% of the respondents felt that the health workers were anyways trying to blame the community for the spread of the infection and therefore do not share the data with them.



Respondents were divided about their responses on why there are attacks on health workers. 33% of them said that it may be because health workers are seen as the ones who spread the infection whereas 32% said that it was because there was a fear that when they come they may be declaring someone as positive, therefore having them taken away to isolation, thus breaking the family. 22% said that they deserve being attacked and 14% felt that they must definitely be doing something wrong and are therefore getting attacked.



Disclaimer: This question is based on news reports of attacks on health care workers and reasons given thereof. The question was framed to understand the community perceptions of why health care workers are seen as threats to the community.

FOR FURTHER INFORMATION CONTACT:

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