Urban Slum Piot Survey-Interim Findings
Social Listening System

RCCE Team
Health Security and Emergency
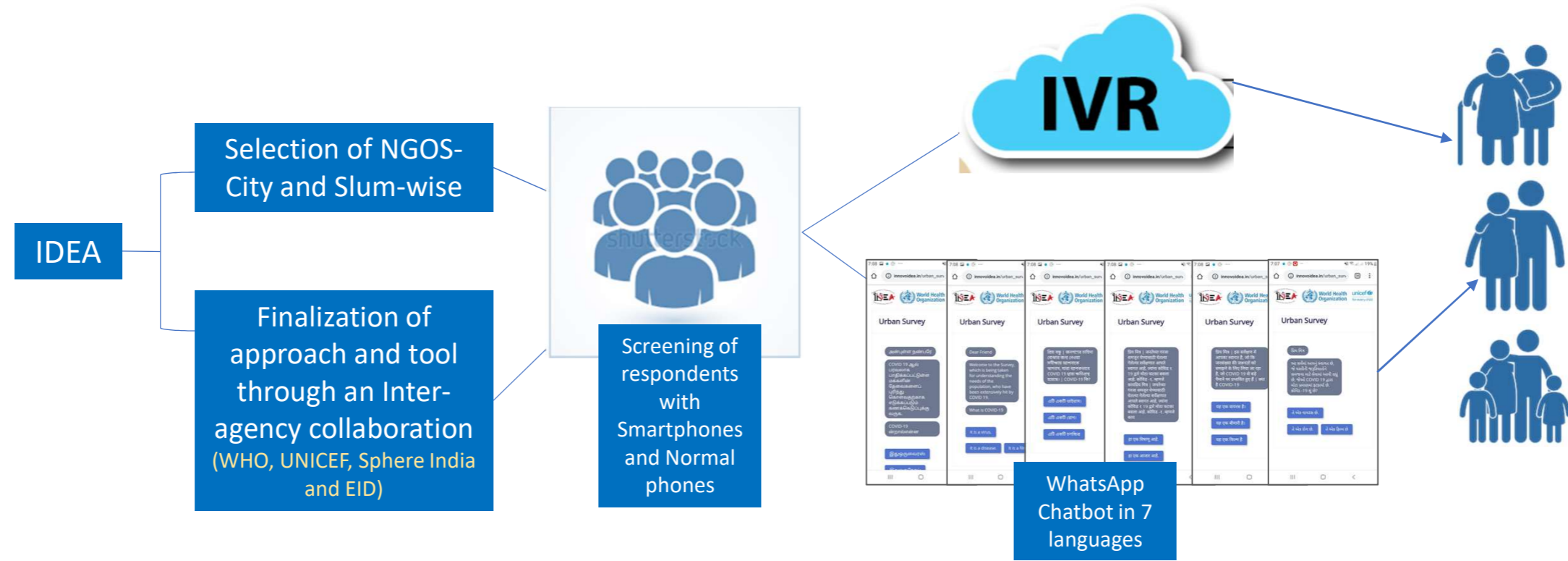**12 May, 2020**

Methodology and Respondent Profile
The Pilot Urban Slum Survey

Objectives: Urban assessment maps high risk behaviors vis-à-vis COVID-19; trusted sources and platforms for seeking information and assess susceptibility perception of communities to COVID-19 as well as provision and availability of essential services (water, sanitation, nutrition), protection and psychosocial care at the community level

IDEA

Selection of NGOS-City and Slum-wise

Finalization of approach and tool through an Inter-agency collaboration (WHO, UNICEF, Sphere India and EID)

Screening of respondents with Smartphones and Normal phones

IVR

WhatsApp Chatbot in 7 languages

Methodology: *This Pilot Urban Slum Survey was rolled as part of Social Listening System.* The survey questions were developed in-consultation with all partners and interagency involvement, to bring in the holistic perspective and expertise of various agencies to assess the community risk perception and thought process. *10 cities were selected based on (1) no. of cases, (2) WHO and UNICEF supported states.* IDEA identified the NGO partners 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. This method of survey also ensures location tracking and eventual data entry at the end of survey.
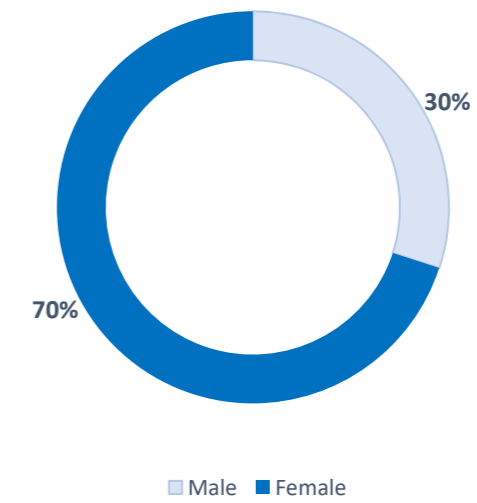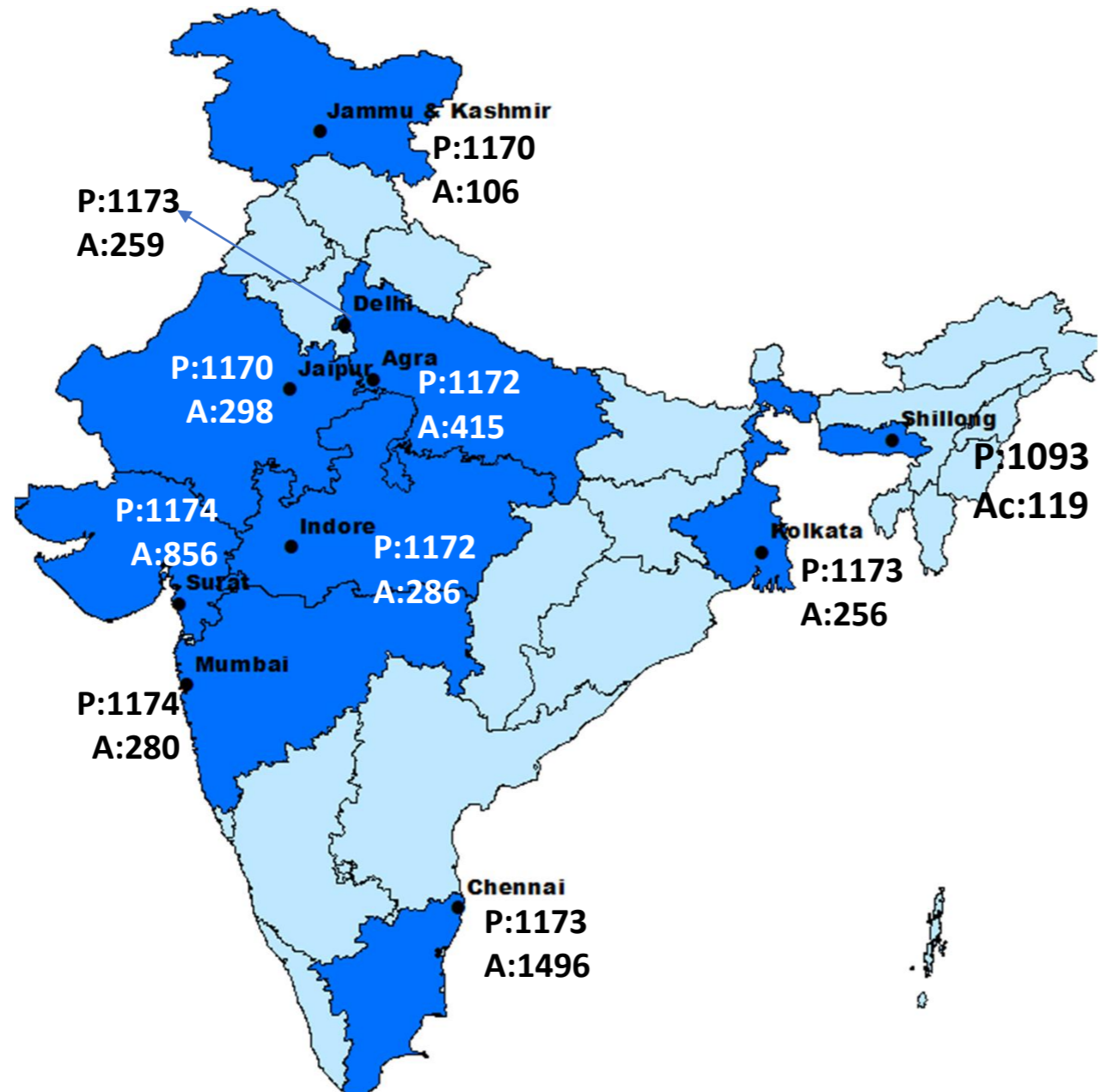
About the Urban Slum Survey

Jammu & Kashmir
P:1170
A:106

P:1173
A:259

Delhi

Jaipur   Agra
P:1170   P:1172
A:298   A:415

Shillong
P:1093
Ac:119

P:1174   Indore
A:856   P:1172
              A:286

Surat

Kolkata
P:1173
A:256

Mumbai
P:1174
A:280

Chennai
P:1173
A:1496

Sample size identified for each city
at 95% confidence level

30%

70%

■ Male ■ Female

P: Planned Sample
A: Achieved Sample

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- 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 populations.*

- *Selection Bias:* The screening in slums have been done by NGO workers from there project areas. As this is social media driven perception survey, hence respondents with phones were selected, and there could be a selection bias.

- *Information bias:* Due to limited scope to explain questions, some questions may not be internalized coherently by respondents, hence there could be an information bias.
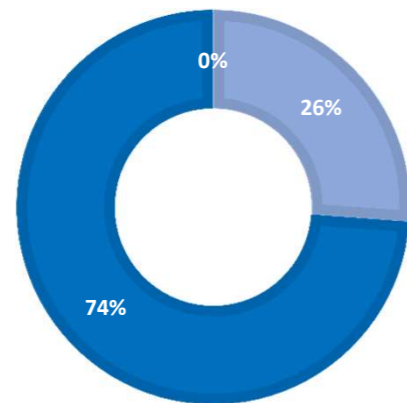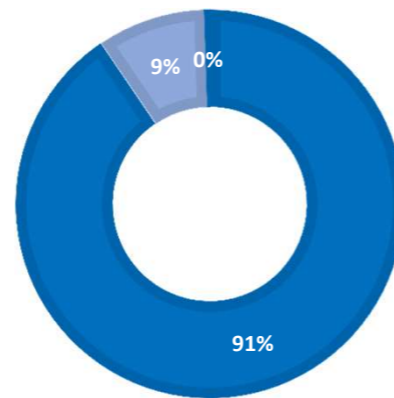
Key Findings
The Pilot Urban Slum Survey

Information and Knowledge About COVID-19
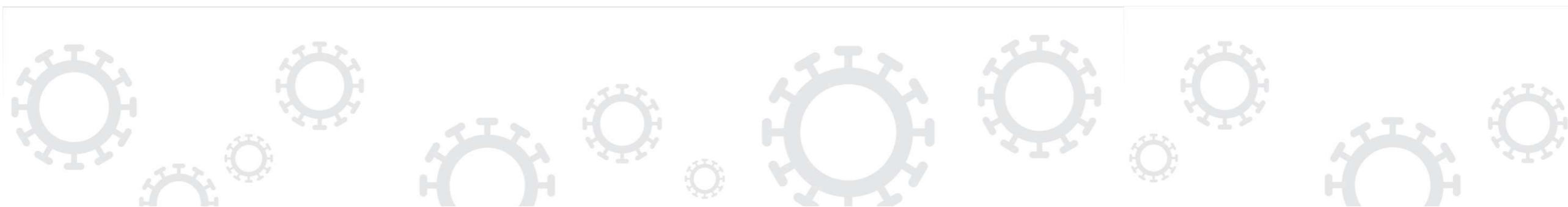
WHAT IS COVID-19   N 4201
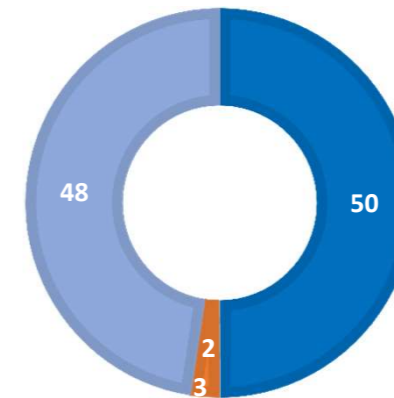
■ it's a disease   ■ it's a virus   ■ it's a film

- 0%
- 26%
- 74%

WHAT ARE COVID-19 SYMPTOMS N 4201

■ Fever with cough and/or difficulty in breathing (any of these).   ■ Vomiting   ■ Flu.

- 9%
- 0%
- 91%

HOW DOES THE N COV2 ENTER YOUR BODY N-4201

■ Through nose, mouth, eyes

■ Through mosquito bite

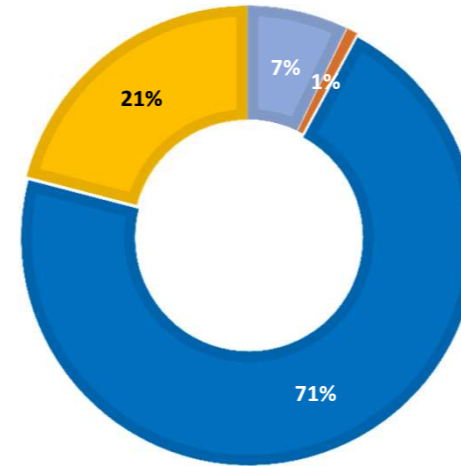■ Through fecal matter

■ Through the air

- 48
- 50
- 2
- 3

HOW DO YOU PROTECT YOURSELF FROM COVID-19 N 4201

■ Hand washing with soap and water for 20 secs and covering your face when you cough
■ Not spitting in the open

■ Not touching your face mouth, eyes, nose

■ By keeping a 1 meter distance from anyone when I am moving out of the house
■ By staying at home

■ All of the above

- 15%
- 3%
- 5%
- 3%
- 3%
- 71%

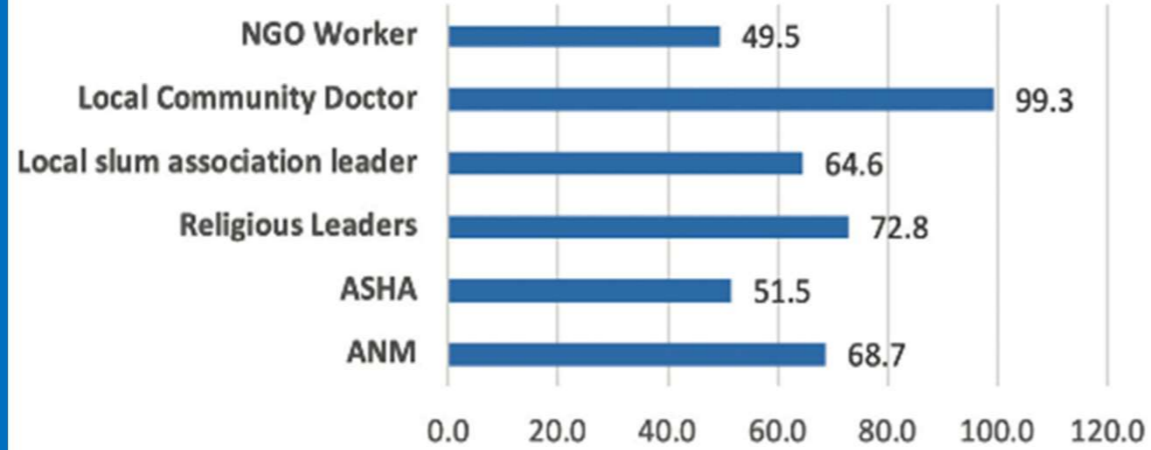**Ministry of Health & Family Welfare Government of India**
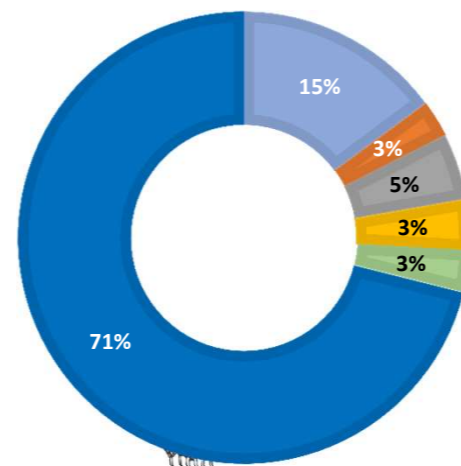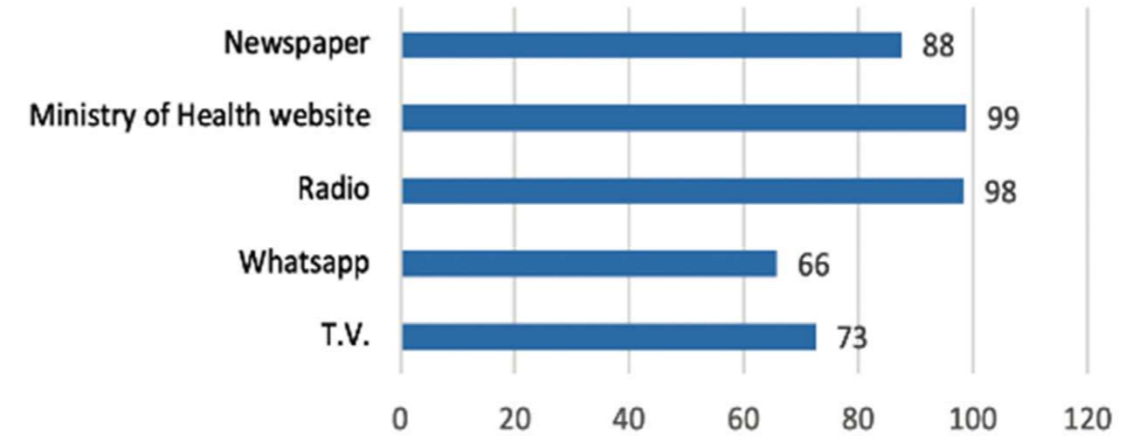
I WILL CALL A COVID-19 HELPLINE 1075….. N=4201

■ If I have a fever, and live in hotspot area

■ If I have cough or shortness of breath

■ If any of my family member is COVID-19 positive case & I also have symptoms

■ All of the above

- 7%
- 1%
- 21%
- 71%

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Q6. Most trusted source of information
N=2911

Source	Value
NGO Worker	49.5
Local Community Doctor	99.3
Local slum association leader	64.6
Religious Leaders	72.8
ASHA	51.5
ANM	68.7

Q7. Most Trusted Medium of Information
N=1280-1546

Medium	Value
Newspaper	88
Ministry of Health website	99
Radio	98
Whatsapp	66
T.V.	73

Role of WhatsApp in spreading the correct information, fake news and rumours-cannot be undermined.

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Q8. What are the chances of you and your family getting covid-19 infection
N=1046

0% 6%

94%

- very little
- very high
- anyone can get it
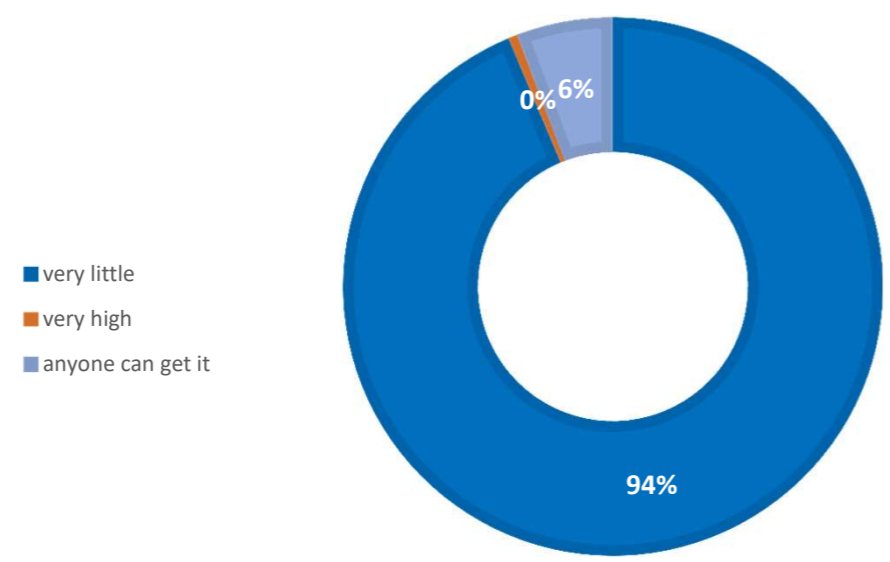
Q9 What can help you in reducing the chances of catching the Coronavirus infection
N-1023

2%

2%

9%

2%

85%

- Wearing a mask /cloth when you leave your home
- Avoiding crowded places
- Washing hands with soap and water whenever they are dirty
- Drinking warm water
- Use of amulets & charms
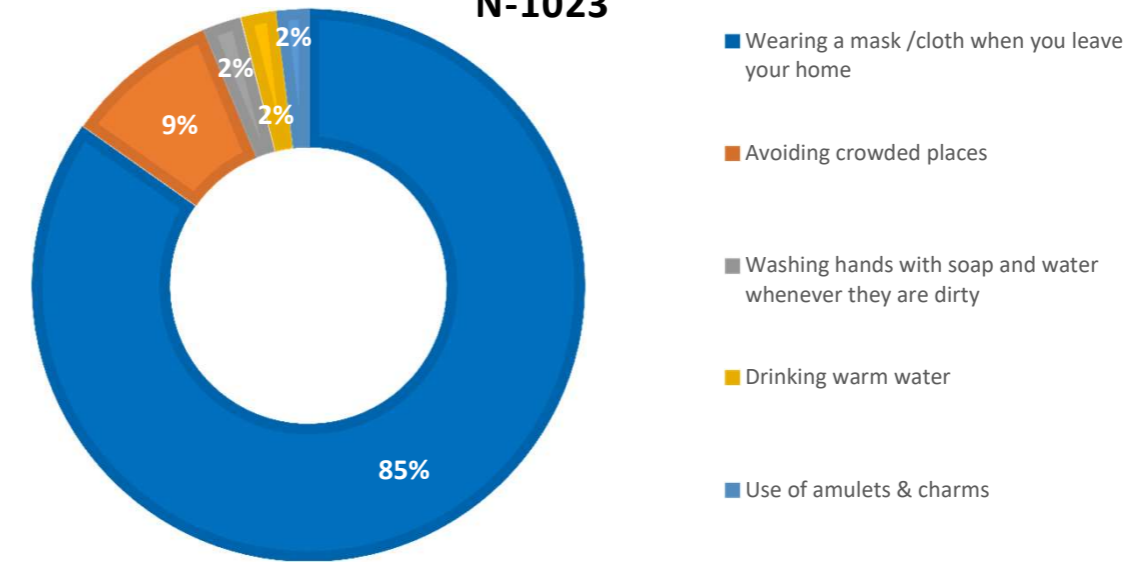
Extremely low risk perception and hand-hygiene is not seen as an important preventive behaviour.

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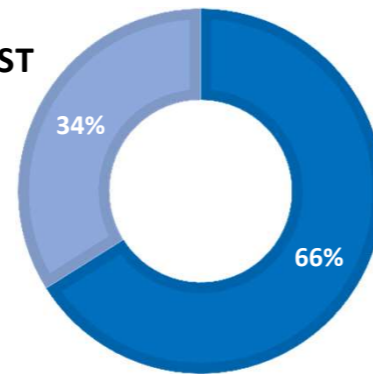**Q10. When do you have to get yourself tested for COVID-19**
N-1020

- If I have fever and I have travelled out of my house
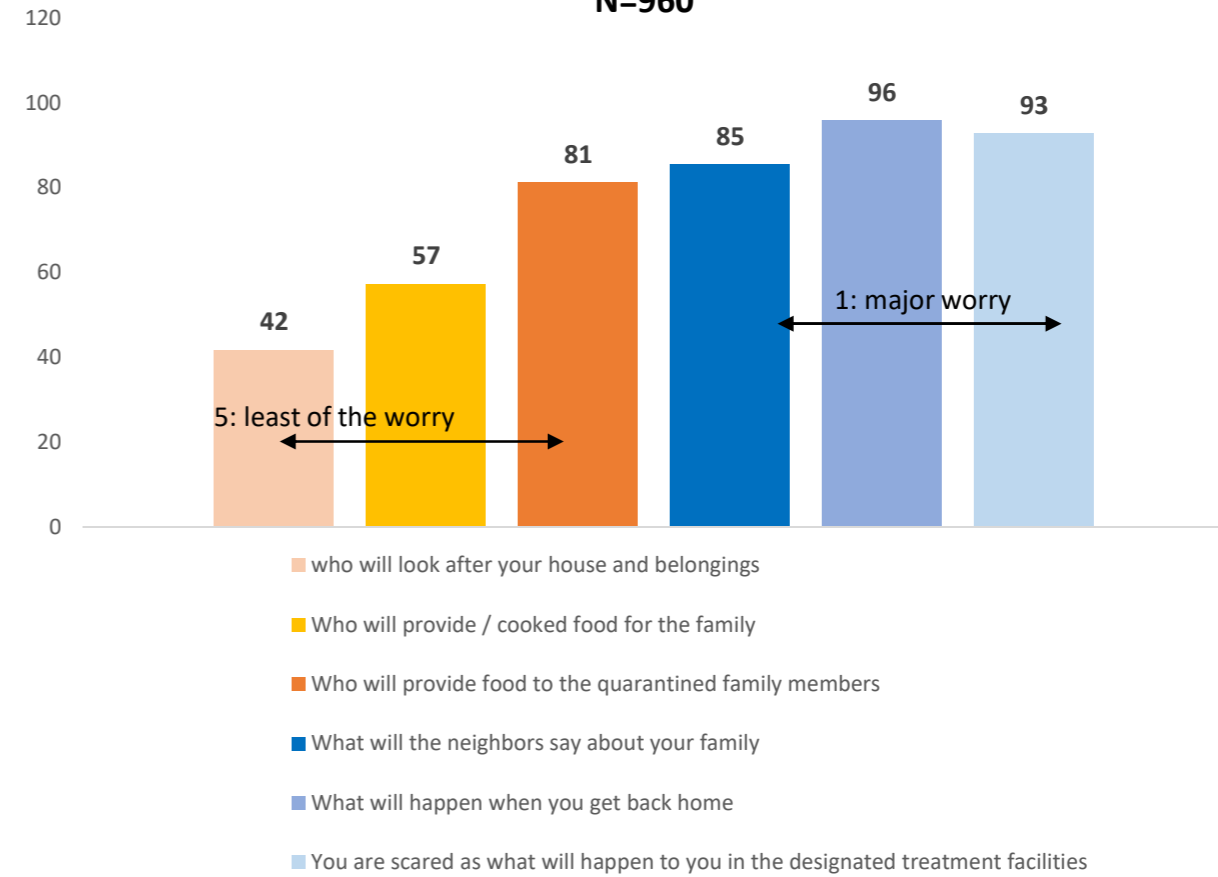- If I have been in contact with a person who has tested positive for COVID-19
- Both a and b

7%

25%

68%
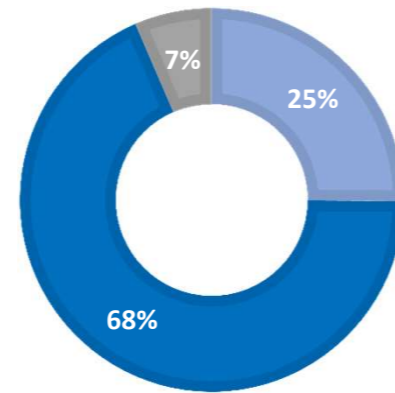
Knowledge about process to be followed for COVID-19 TEST
N=1011

- yes
- no

34%

66%

Q.12 If a family member is COVID-19 positive and is to be sent for isolation what is your major wory?
N=960

42   57   81   85   96   93

5: least of the worry

1: major worry

- who will look after your house and belongings
- Who will provide / cooked food for the family
- Who will provide food to the quarantined family members
- What will the neighbors say about your family
- What will happen when you get back home
- You are scared as what will happen to you in the designated treatment facilities

Stigmatizing nature of COVID-19 infection is clearly emerging.

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Provision of Essential Services in Slums

Q13.Handwashing facility in the area
N=949

- Yes, in the house
- Yes, there is a washing station
- No

7%
13%
80%
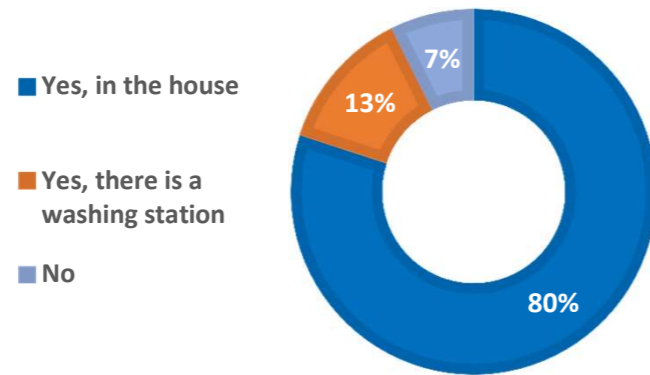
Q14. Do you think it is possible for you to maintain a distance of 1 meter from people around you
N=949

- Yes ■ No

18%
82%
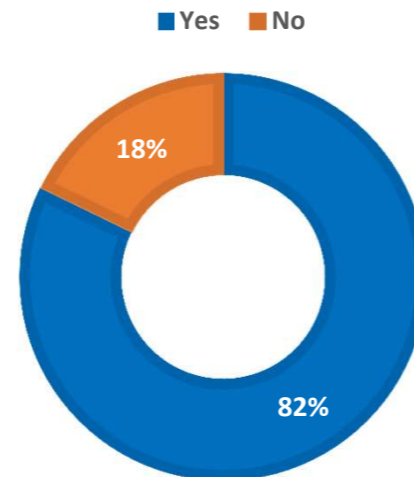
Q15. Is there easy availability of fruits, vegetables and groceries in your locality
N=949

- Yes and I can access it easily
- Yes, but the ration shop is overcrowded
- No

27%
5%
68%
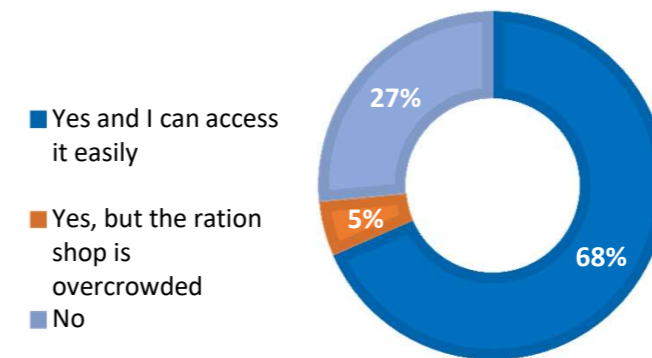
Very high percentage of access to handwashing (80%) is to be seen in the backdrop of extremely low (2%) response against 'handwashing as a protection measure' (Q9)

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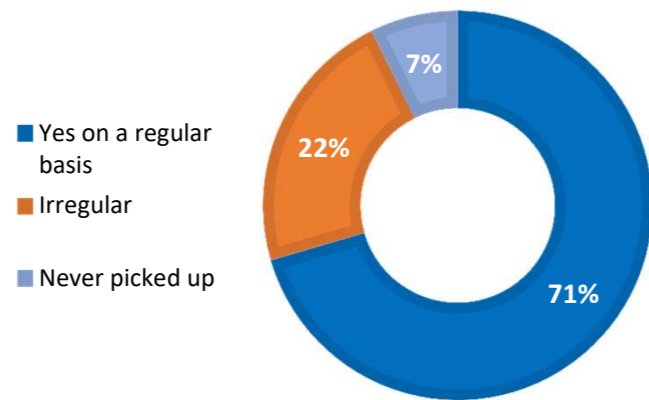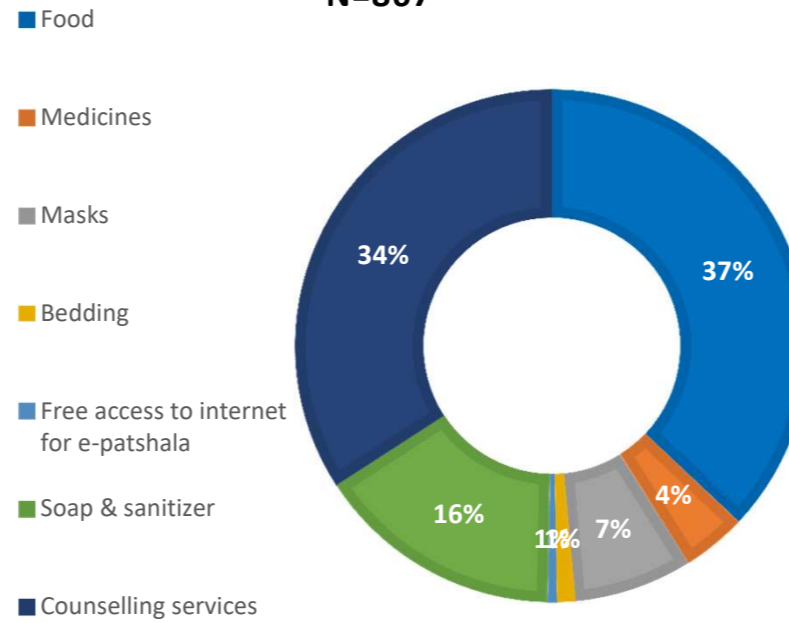**Provision of Essential Services in Slums**

Q.17 if you are given any support by the government what you will opt to get?
N=867

- Food
- Medicines
- Masks
- Bedding
- Free access to internet for e-patshala
- Soap & sanitizer
- Counselling services

34% | 37% | 16% | 1% | 1% | 7% | 4%

Q16. Is sludge and solid waste picked up from your area.
N=880

- Yes on a regular basis
- Irregular
- Never picked up

7% | 22% | 71%

Q.18 Support received to date
N=865

- Yes, in my locality
- Yes, at my home
- Yes, outside my locality
- No did not receive

21% | 8% | 4% | 67%
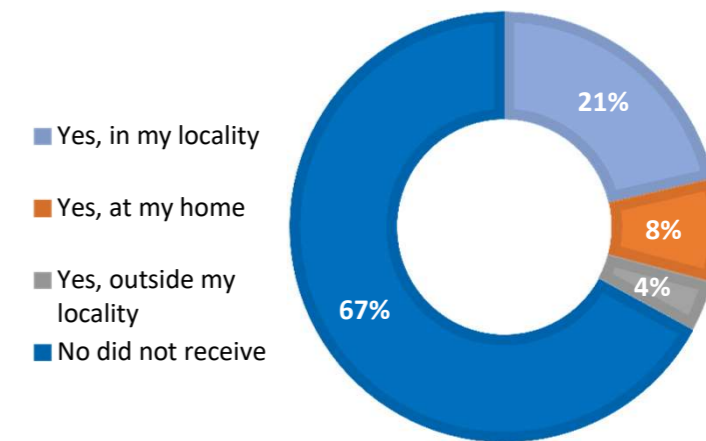
Sludging and waste management needs to be improved in slums. Food, Counselling services and Soap and Sanitizers are current needs of the slum dwellers.
Significant proportions of slum population is not reached with aid.

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Perceptions about health workers and Service Providers

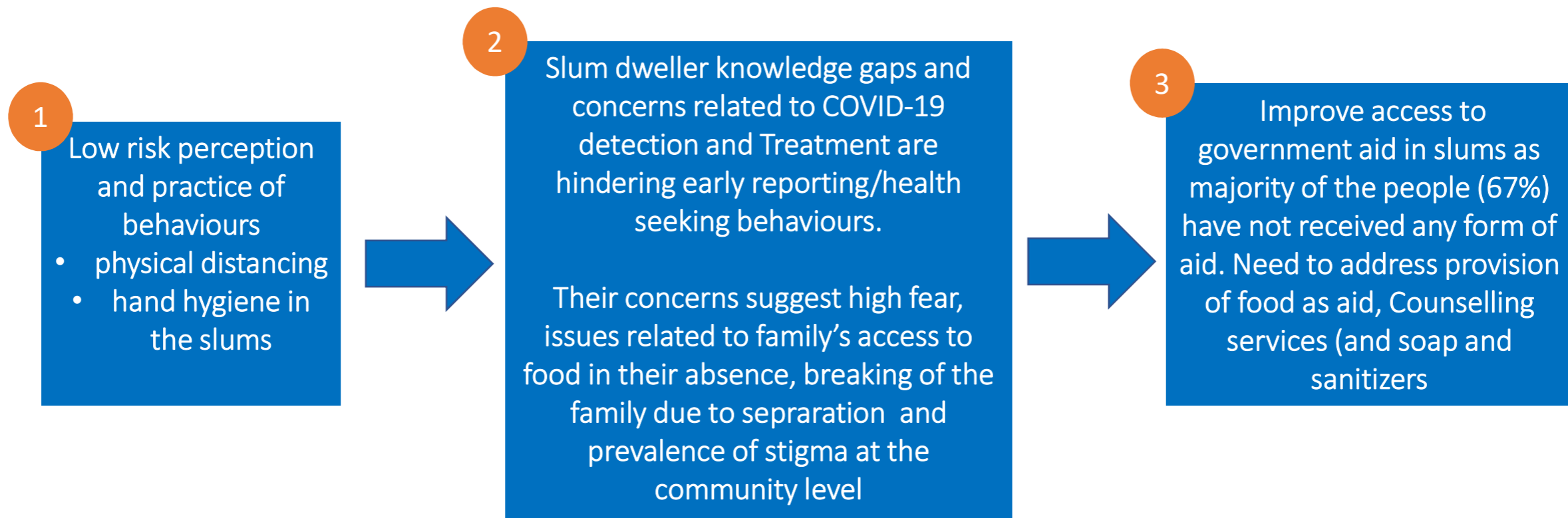- 84% of the respondents cooperate with health workers seeking information and share the required information with them, while 5% withhold information which they feel may be misused. (N=859)

- *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. (N=859)*

- *Respondents were divided about their responses on why there are attacks on health workers*. (N=560)
  - 33% said that it may be because health workers are seen as the ones who spread the infection
  - 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

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Key take-aways and Key learnings
The Pilot Urban Slum Survey

1 Low risk perception and practice of behaviours
- physical distancing
- hand hygiene in the slums

2 Slum dweller knowledge gaps and concerns related to COVID-19 detection and Treatment are hindering early reporting/health seeking behaviours.

Their concerns suggest high fear, issues related to family's access to food in their absence, breaking of the family due to sepraration and prevalence of stigma at the community level

3 Improve access to government aid in slums as majority of the people (67%) have not received any form of aid. Need to address provision of food as aid, Counselling services (and soap and sanitizers
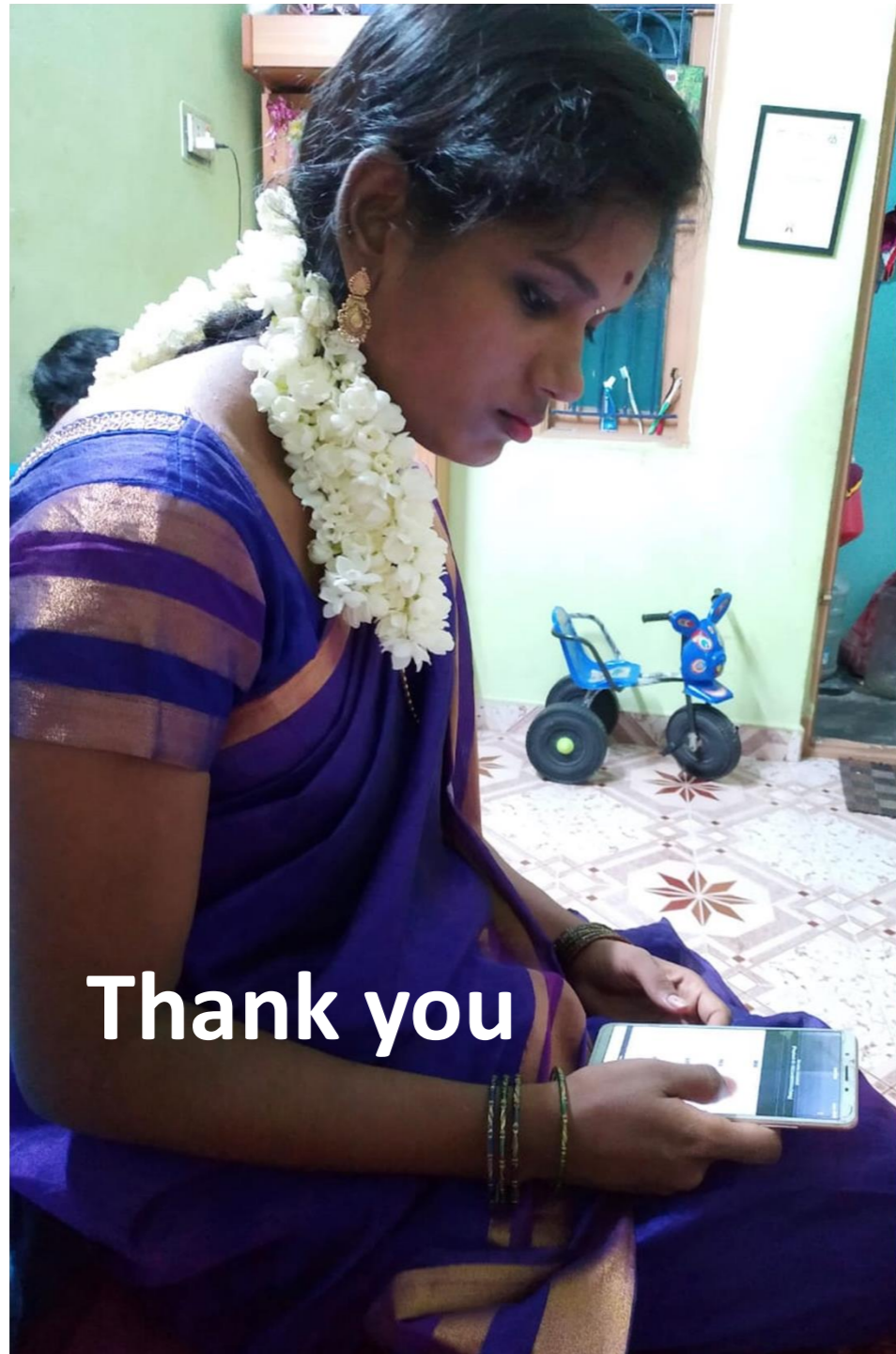
Key learnings for forthcoming Surveys:

- The Pilot survey was found to be long with 20 questions (Declining trend after Q10) . *All the subsequent surveys and feedback process will have only 5-7 questions.*
- *Tools need to be in the multiple local languages (as per the slums)* to connect with the local population.
- *Alternate social media platforms* for wider reach-both IVRS and WhatsApp were used to connect) with vulnerable groups within slums.
- *Social Media Surveys need to be time specific*, given people's limited time to respond.
- High Spill over-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,

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Thank you