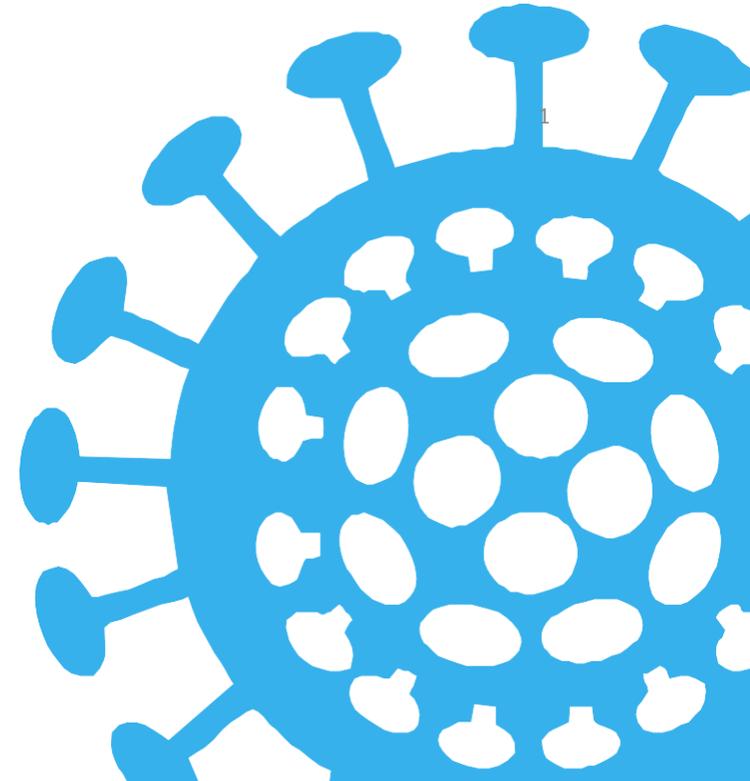


# COVID-19 Urban Slum Pilot Survey The Social Listening System

IDEA and WHO RCCE Team, Health Security and Emergency



To assist the Ministry of Health and Family Welfare, Government of  
India

**A joint effort by WHO, IDEA, UNICEF, Sphere India and eNVisions**

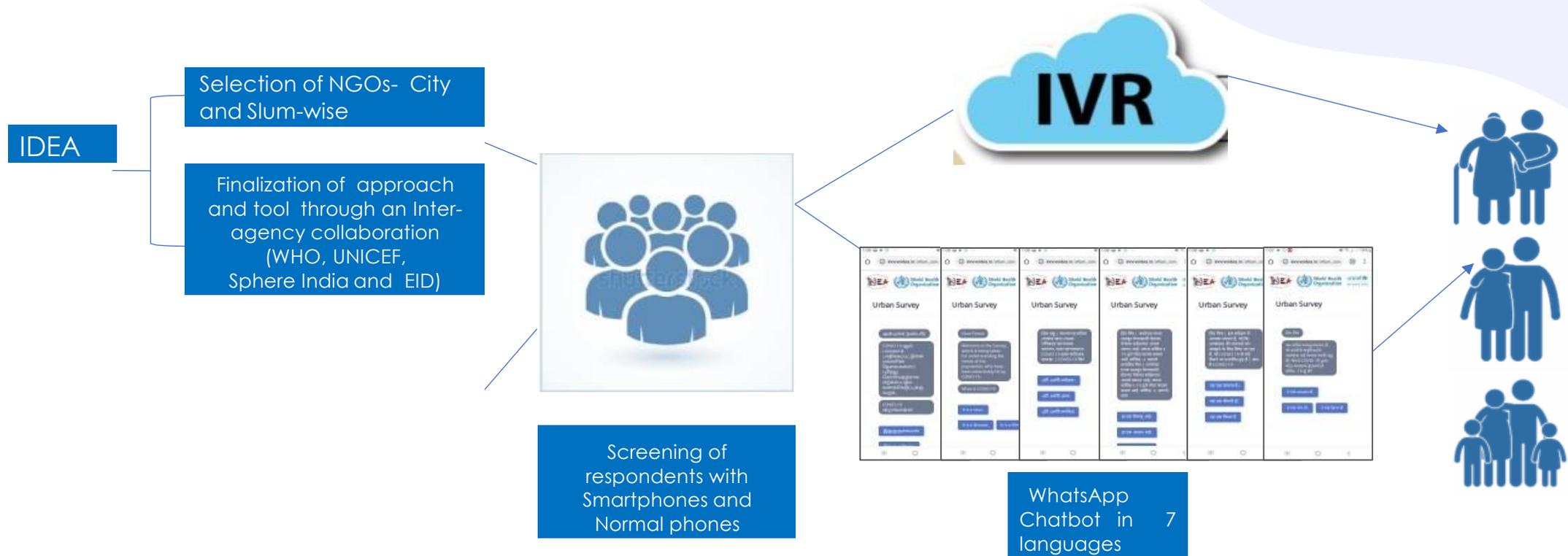


## **Methodology and Respondent Profile**



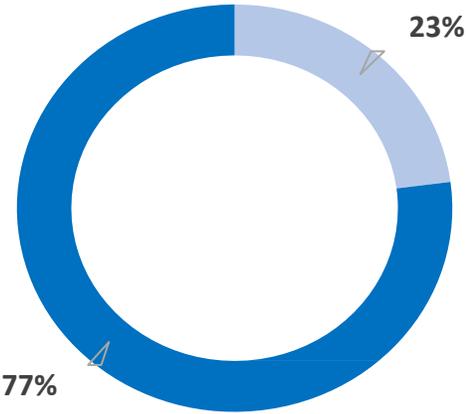
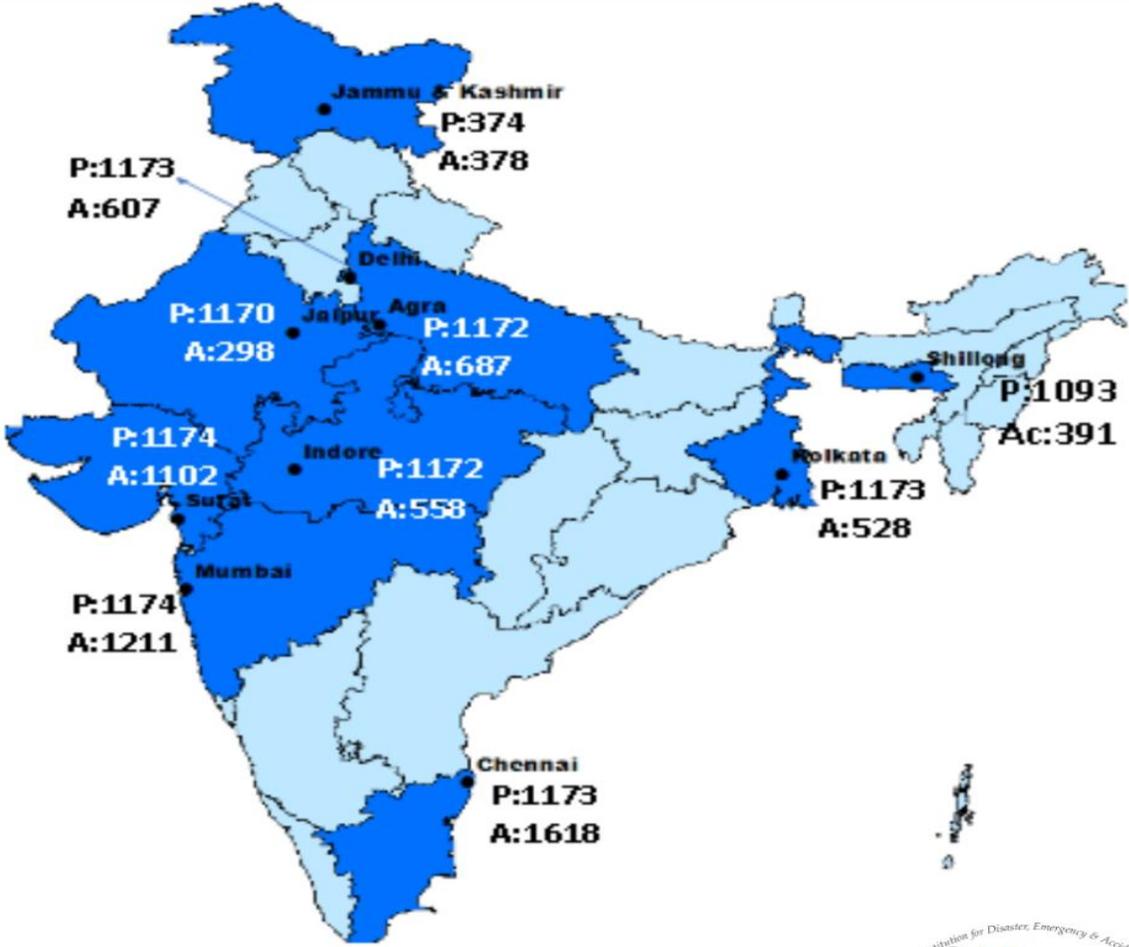
## Objective

To assess the community risk perceptions, access to WASH and other essential services and key behaviours towards prevention, protection and management of COVID-19



- 10 cities were selected based on (1) No. of reported cases, (2) WHO and UNICEF supported States.
- Respondents mobilized to continue as urban slum champions-so they continue to participate in subsequent perception surveys and feedback.
- IVRS and WhatsApp chat bot also ensures location tracking and eventual data punching at the end of survey.

# State wise Urban Slum Perception Survey



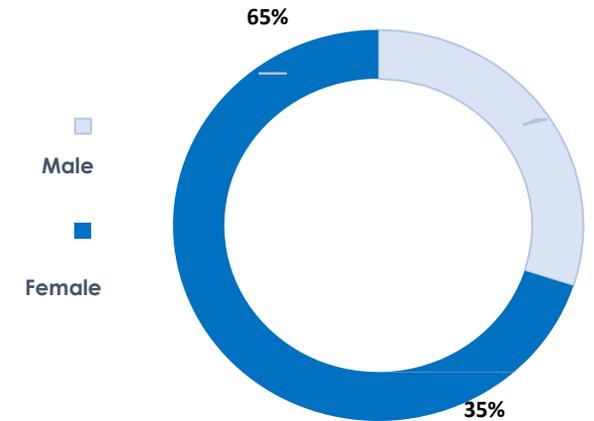
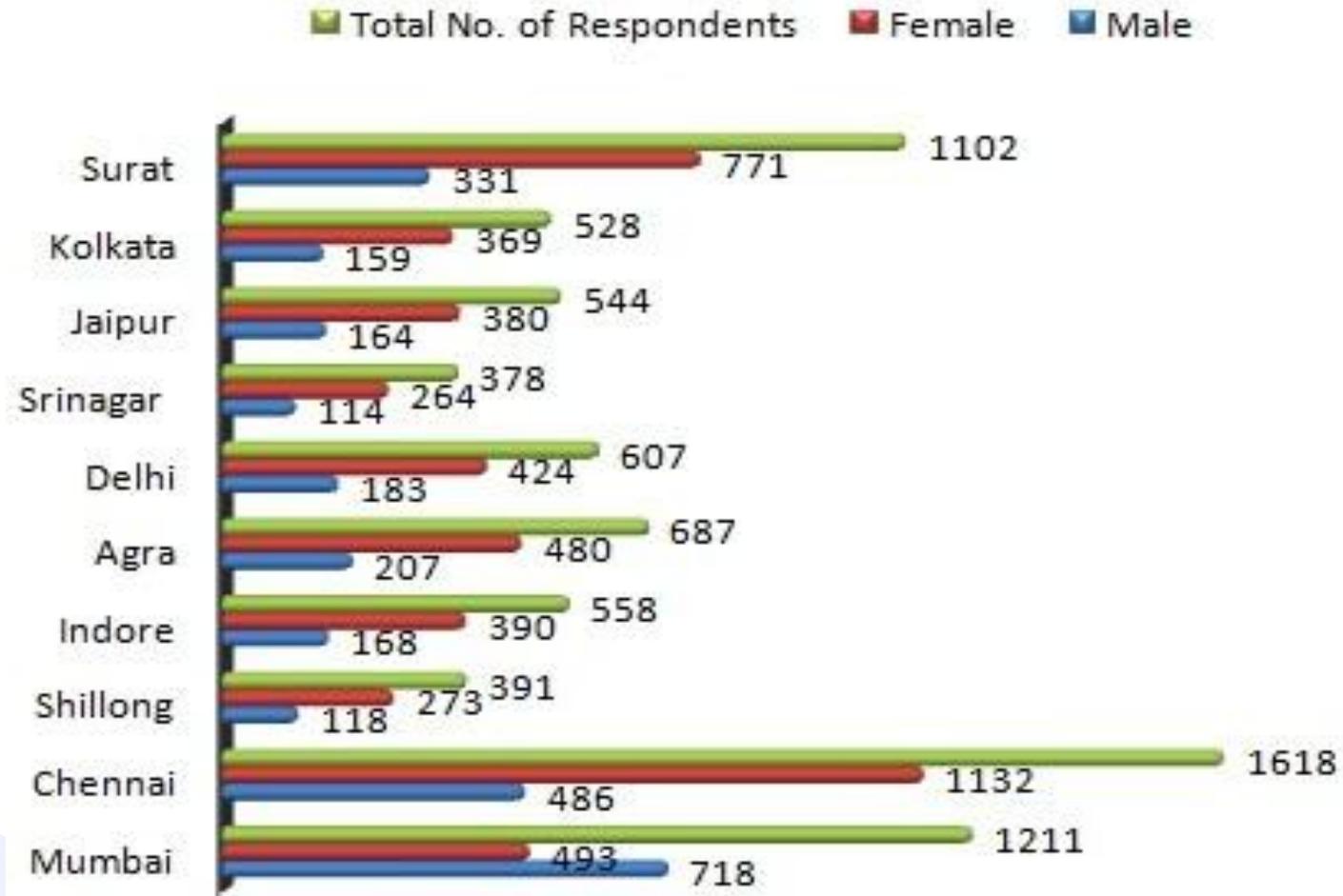
Planned : 9894 and Achieved : 7624



Sample size identified for each city at 95% confidence level

P: Planned Sample  
A: Achieved Sample

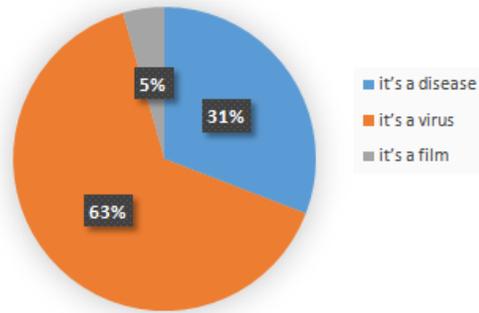
**Figure 2: Genderwise distribution of respondents in ten Survey Districts (N=7624)**



## Key Findings

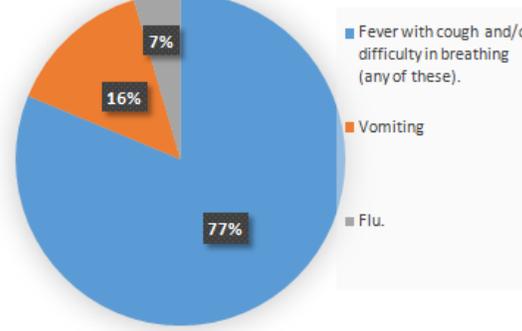


Figure 3: Community's perceptions regarding what is COVID-19 (N=7624)



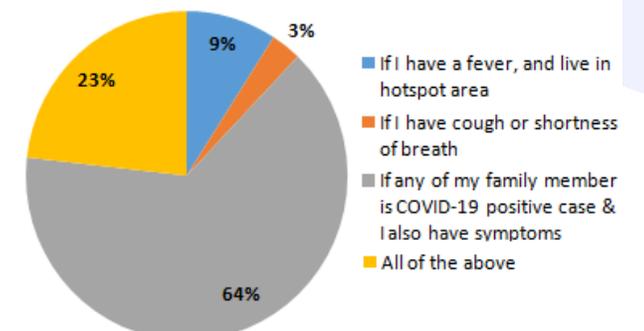
63 % of the respondents say that COVID 19 is a virus, not a disease.

Figure 4: Community's perceptions regarding what are COVID-19 Symptoms (N=7624)



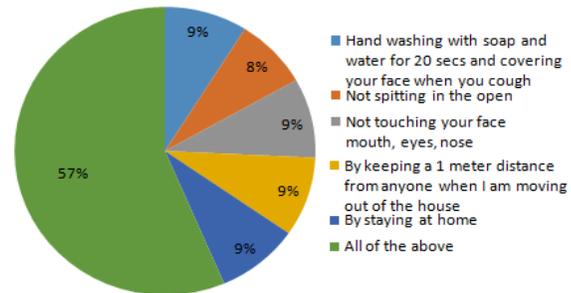
77% of respondents identify the most common set of symptoms associated with COVID 19

Figure 7: Community's responses as to when they would call COVID-19 Helpline 1075 (N=7624)



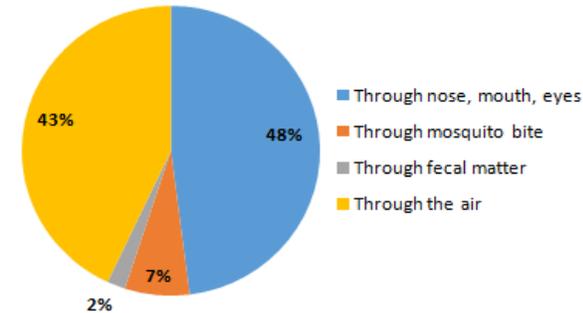
88% of the respondents would call the helpline .

Figure 5: Community's perceptions regarding prevention from COVID-19 (N=7624)



Around 57% of the respondents agree that a set of multiple preventive measures and personal protection behavior are effective in prevention of COVID 19

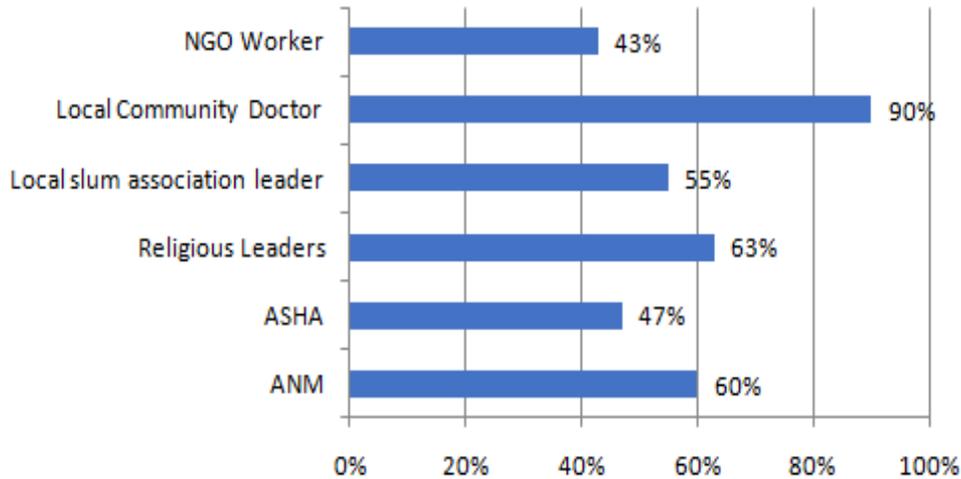
Figure 6: Community's perceptions regarding key modes of transmission of Corona Virus (N=7624)



91% of the respondents understand that the modes of transmission is through respiratory droplets and can spread through nose, mouth and ears.

31% say it's a disease; 63% say its Virus; 77% identify its symptoms; Only 57% know all key preventive measures ; 91% know major modes of transmission; 88% would call 1075

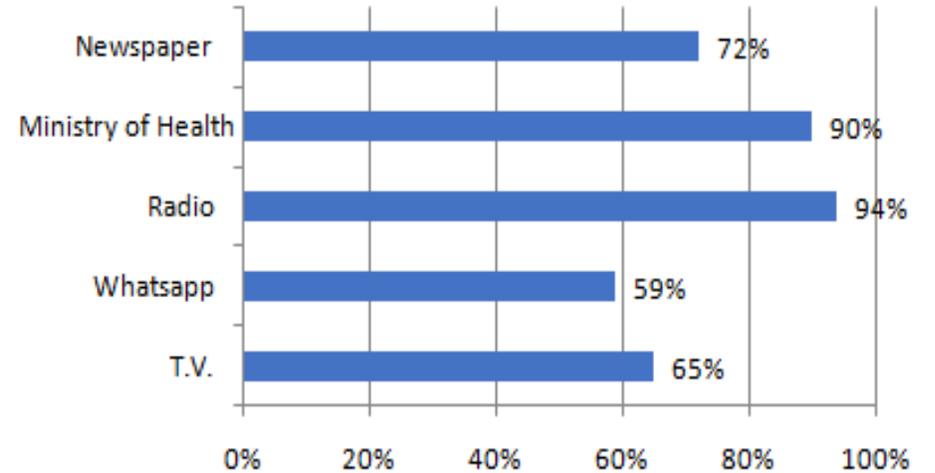
Figure 8: Trust on sources of information (Individuals/persons) regarding COVID-19 (Multiple responses allowed) (N=5002)



*90% believe that local doctor is the most trusted source of information, followed by 63% as religious leaders and 60% believes ANMs.*

**Local doctor most trusted (90%) source of information followed by religious leaders (63%) and ANM (60%)**

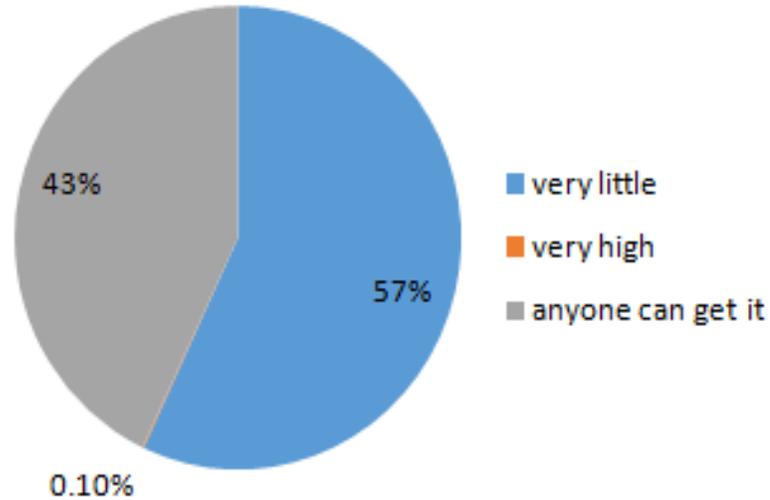
Figure 9: Trusted media regarding information on COVID-19 (Multiple responses allowed) (N=5002)



*Radio is considered as the most trusted source of information by 94% and 90% believe on Ministry of Health website.*

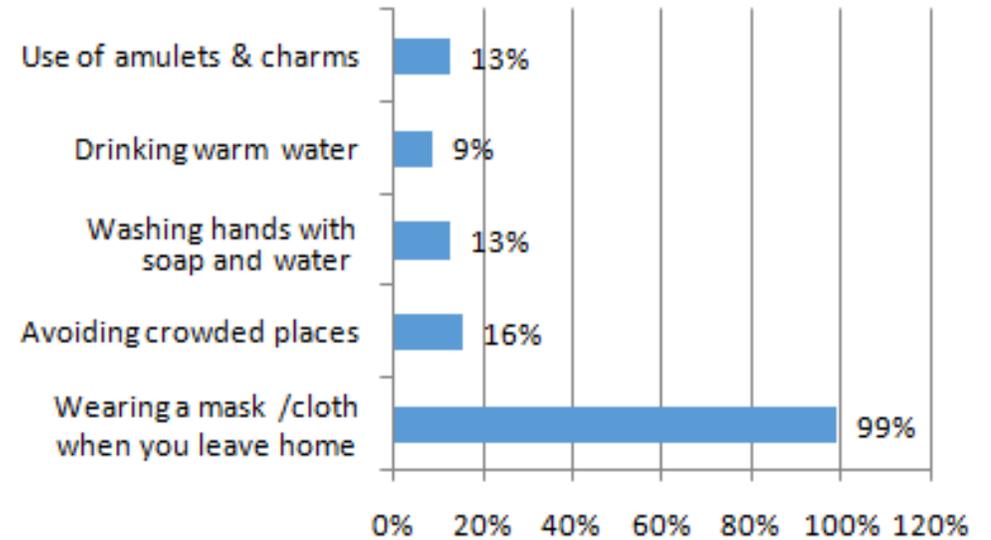
**Radio (94%) most trusted source of information followed by Ministry of Health sources (90%)**

**Figure 10: Community's risk perceptions regarding their chances of getting Corona Virus (N=1996)**



*Their is a low risk perception related to COVID-19 and 57% believe they have little chance of infection.*

**Figure 11. Community's perceptions regarding ways to prevent COVID-19 (N=1773)**

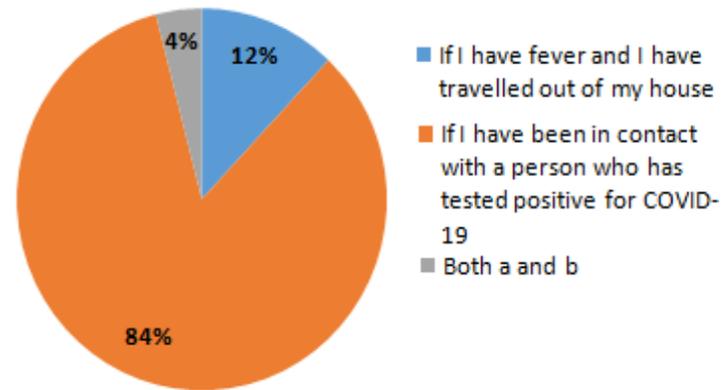


*Though community acknowledges hand washing as an preventive measure only 13% perceive it to be important. However wearing a mask while going out is a message clearly understood by the community.*

**Low risk perception: 57% believe there are very little chances of them getting COVID-19**

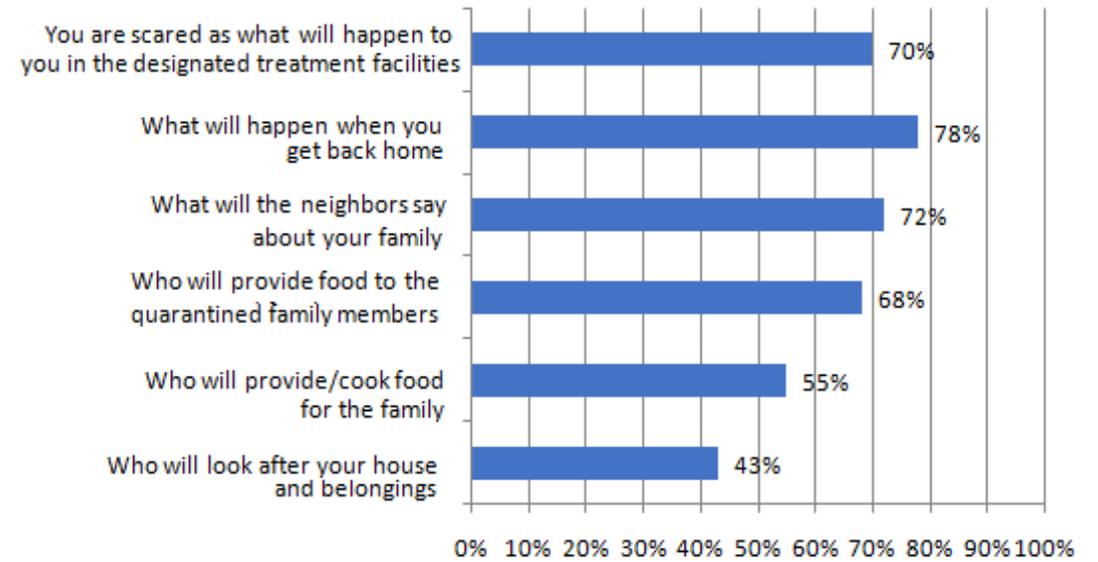
**Though community knows Hand-washing as an preventive measure (slide 9), but only 13% perceive it to be important**

**Figure 12: Community's perceptions regarding when they should get tested for COVID-19 (N=1670)**



**84% of respondents believe they should get COVID-19 tested. If they have been in contact with a person who had tested positive.**

**Figure 13: Community's concerns regarding if a family member tested positive and sent to designated facilities for isolation (Multiple responses allowed) (N=1610)**

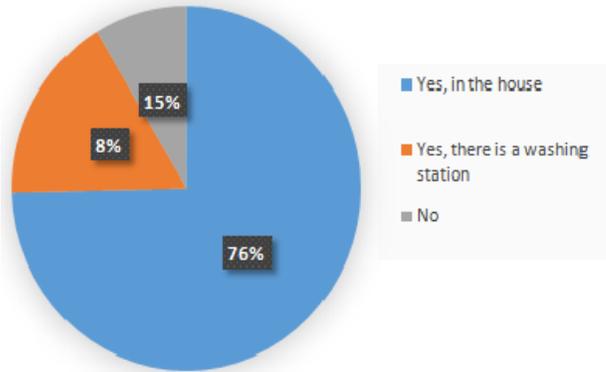


**Stigma is very high as 78% worry what will happen when they get back home and 72% worry what will neighbours say.**

78% worry what will happen when they get back home; 72% worry what would neighbours say

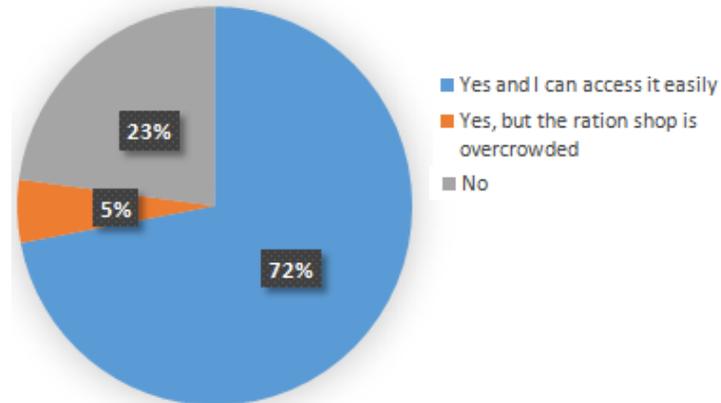
**Stigmatizing nature of COVID-19 infection is clearly emerging.**

Figure 14: Availability of handwashing facilities at home/vicinity (N=1401)



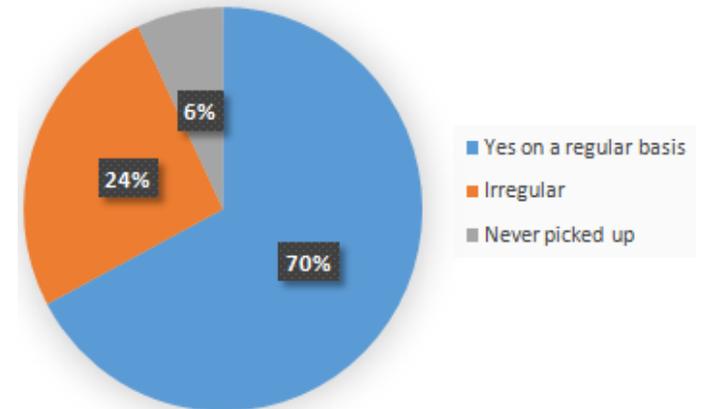
76% of the respondents does not have any issue with regards to hand washing facility at home, however 1/4 of the respondents lack this facility. However soaps, hand washing liquids and sanitizers, remains a major concern in urban settlements.

Figure 15: Access to fruits/vegetables/grocery in the vicinity (N=1386)



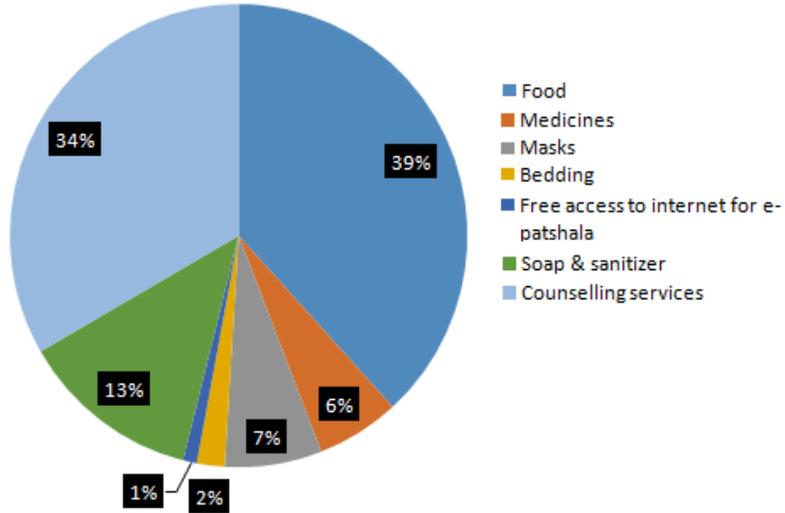
23% of the respondents said they don't have access to essential commodities near their homes.

Figure 16: Sludge/Solid waste pick-up from slums (N=1130)



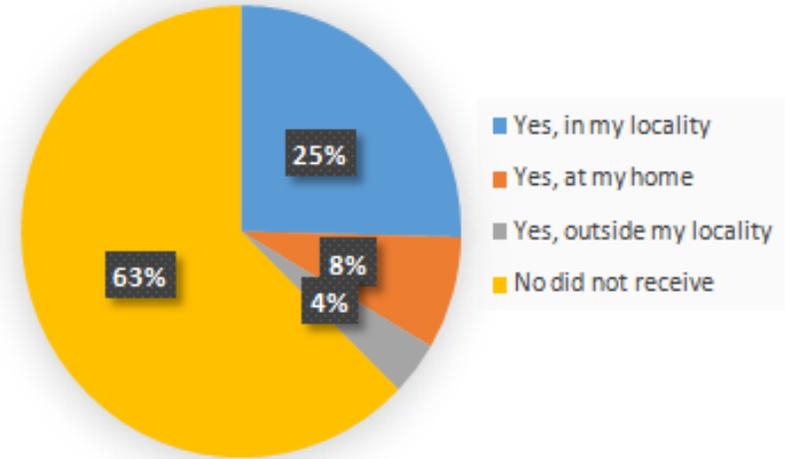
30% of the respondents said sludge/ solid waste irregularly picked up.

Figure 17: Community's expected aid from the Government (N=1117)



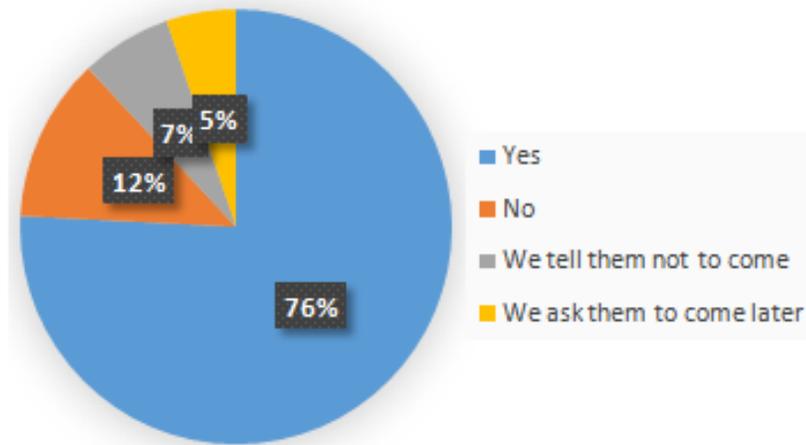
**Food and counseling services are major expectations from government during COVID 19 scenario.**

Figure 18: Community's response regarding aid received from the Government amidst COVID scenario (N=1015)



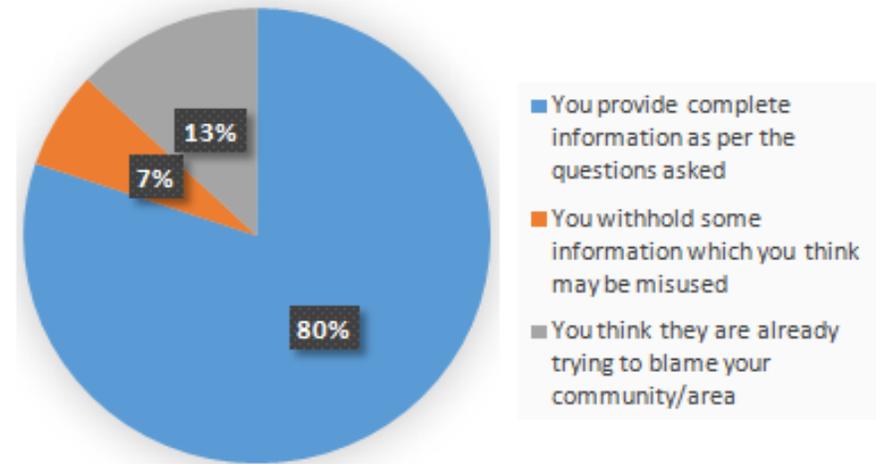
**63% of the respondents said they did not receive any kind of aid from government.**

Figure 19: Community's responses regarding whether health workers' visited them to share COVID-19 information (N=1109)



**76% of the respondents said that health workers visited them to share COVID 19 information.**

Figure 20: Community's responses regarding health worker's visits for COVID screening (N=973)



**20% of the respondents hide information from health workers.**

- A total of 7624 participants responded to the survey against the total 9848 screened respondents. Not all screened respondents participated in the survey, which resulted in this shortfall.
- **Selection bias:** Screening in urban slums have been done by NGO workers from there project areas. As this was a 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 might not have been comprehended by the respondents; hence there could be some information bias.

## Key Recommendations



Major Observation	Key Recommendation
<p>Knowledge about signs &amp; symptoms of COVID-19 as well as about various other aspects of its prevention &amp; management is not universal</p>	<p>Need for targeted and continued Information, Education &amp; Communication (IEC) for COVID-19 prevention and management</p>
<p>The most alarming finding from this study is the low risk perception among the respondents from COVID19. This could translate in delayed or no care- seeking for symptoms of COVID-19, which could be fatal for the patient as well as the community.</p>	<p>Hence, targeted, tailor-made, culturally relevant risk communication is urgently required.</p>
	<p>Amidst current scenario, food, followed by counselling services and soaps &amp; sanitizers are the key expectations of the community in terms of aid from the government.</p>
	<p>The information that slum residents prefer radio and government sources for COVID-19 needs consideration for design of programmes and</p>

Major Observation	Key Recommendation
<p>Availability of hand-washing resources did not actually translate into knowledge regarding its importance and consequently also might not translate into practice</p>	<p>Need for promotion of hand-washing behaviours.</p>
<p>Community prefers local doctors within their social ambit to receive information for COVID-19. It is also likely that the community could use their services even for COVID-19 management. Care-seeking from unqualified providers for COVID-19, could be fatal for the patient as well as the community.</p>	<p>Evolve ways to identify and safely engage local doctors for COVID-19 prevention and management.</p>
<p>Various factors have created a social stigma around COVID-19, which could prevent timely and appropriate care-seeking regarding its symptoms. This could have serious public health consequences</p>	<p>Culturally sensitive risk communication coupled with appropriate behaviour change management at community level to address the issue of social stigma related to COVID-19</p> <p>Wash related Risk Communication messages need to be widely propagated</p>





Thank you