Webinar
COVID-19 Risk Communication and Community Engagement… Reimagining SBCC
15 May 2020

PANEL 3
Evidence informed COVID RCCE: Data & Evidence Guidance for RCCE

Panelists
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COVID19 Rapid Surveys

**Dr Divya Nair | May 2020 |
New Delhi**

Agenda

1. Introduction
2. Some results on COVID-19 Awareness
3. Re-imagining SBCC

Introduction

We plan to conduct **4 rounds of surveys** to provide district-level estimates **on COVID-related indicators** across 27 districts in 8 states.
We aim to provide regular updates on the rapidly evolving situation across some of India's most vulnerable populations.
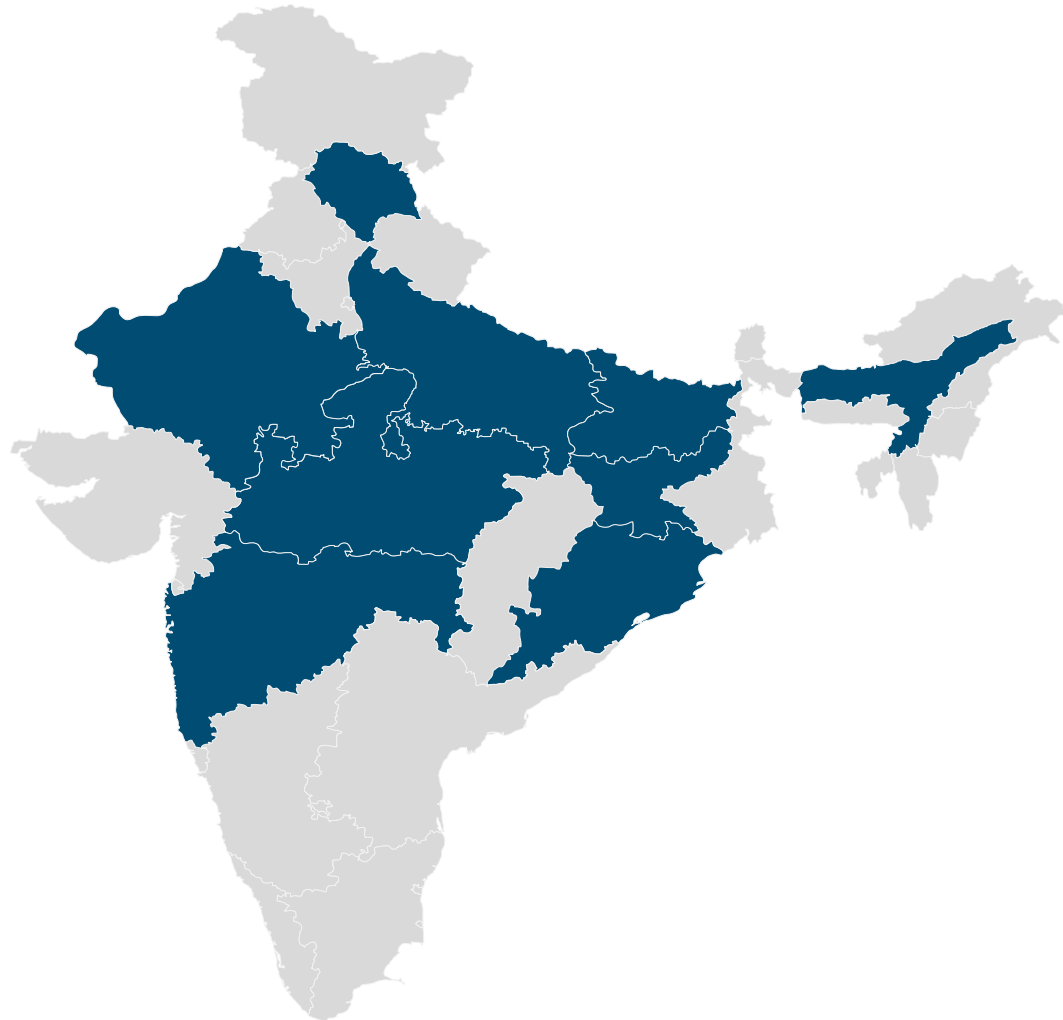
Survey topics (round 1)

COVID awareness

Migration impacts

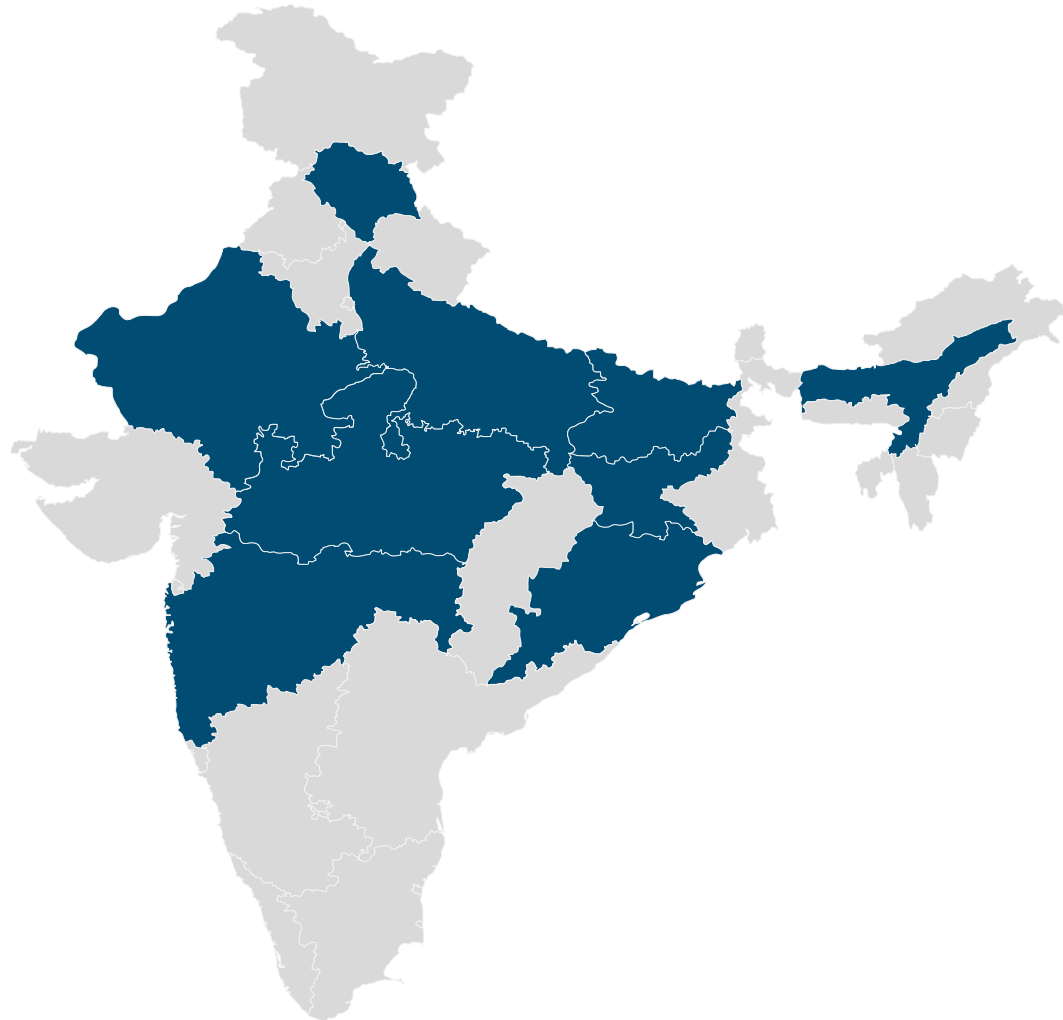COVID practices

Food insecurity

Relief preferences

Economic impacts

We completed the first survey round **two weeks into the lockdown** on **April 11th**. Final report submitted to NITI Aayog on **April 13th – within 10 days of client request**

Survey protocols

Efficiency at scale
- 351 surveyors
- 6462 households
- 27 districts in 8 states

Maximizing representativeness
- 22% migrant households
- 37% female respondents
- Post-stratification weights

Maximizing data quality
- 20% surveys back-checked
- 50% surveys audio audited
- Real-time data tracking

We will be tracking the status of the following indicators:

COVID awareness	Awareness of COVID symptoms	Awareness of COVID preventative behaviours	Awareness of asymptomatic carriers
COVID practices	Access to handwashing equipment and materials	Adherence to social distancing protocols (outside the household)	Ability to socially distance and quarantine within the household
Migrant impacts	Changes to employment status due to COVID-related lockdowns	Changes to household income due to COVID-related lockdowns	
Relief preferences	Access to relief provisions (both cash and in-kind relief)	Relative preference between cash and in-kind relief	Relative preference between sustaining and suspending lockdown
Food insecurity	Consumption-shock-related coping strategies adopted by households		
Economic impacts	Changes to employment status due to COVID-related lockdowns	Changes to household income due to COVID-related lockdowns	Changes to food prices due to COVID-related lockdowns

Caveats and limitations of results

Representative of phone owners

Our results are not representative of **individuals who don't own phones**

40% of individuals did not respond

Non-respondent behaviours **may be correlated** with our outcomes, which could add bias to our results

Data was collected 3 weeks ago

Given the evolving nature of the crisis and policy response, these numbers **may be different at present**

High-level insights on COVID-19 Awareness

COVID-19-Related Awareness

- Social distancing and washing hands most common precautions reported

- **70%** of respondents reported that social distancing measures protect against COVID-19.

- **63%** of respondents reported that they should wash hands regularly protect against COVID-19.

Separately, 84% of respondents reported having enough access to water and soap to wash their hands every 2-3 hours.
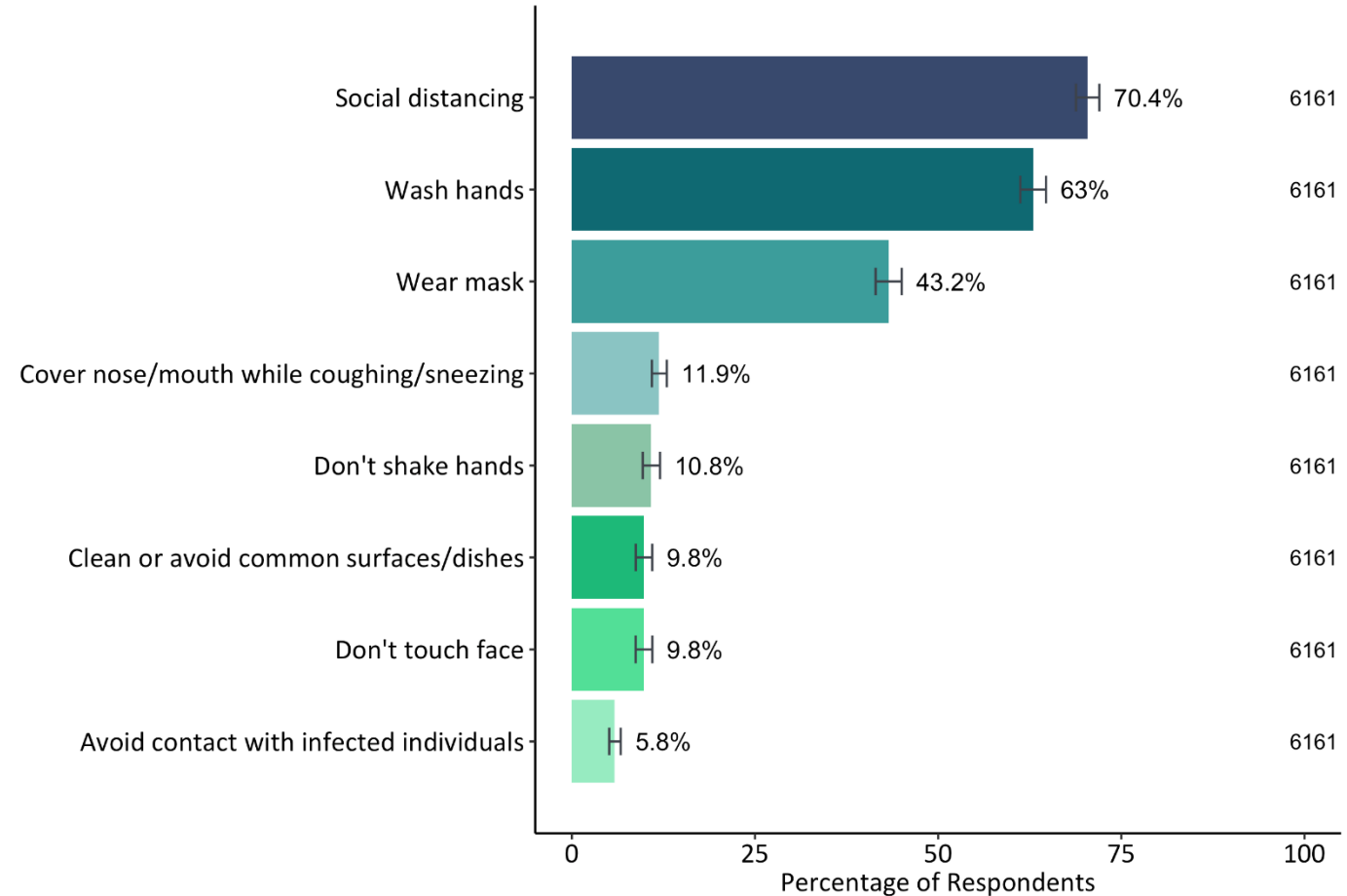
Respondents reporting knowledge of various preventive measures for coronavirus (all 27 districts)

Note: Total sample size for each question is reported along the right margin.

COVID-19-Related Awareness

- **27%** of respondents reported **not knowing** a single symptom of COVID-19

- **66%** of respondents cited cough as a symptom, and **57%** cited fever, but only **30%** cited breathlessness

- Only **33%** of respondents knew that a person who does not show any COVID-19 symptoms can still be carrying the virus

Respondents reporting knowledge of various symptoms of coronavirus (all 27 districts)
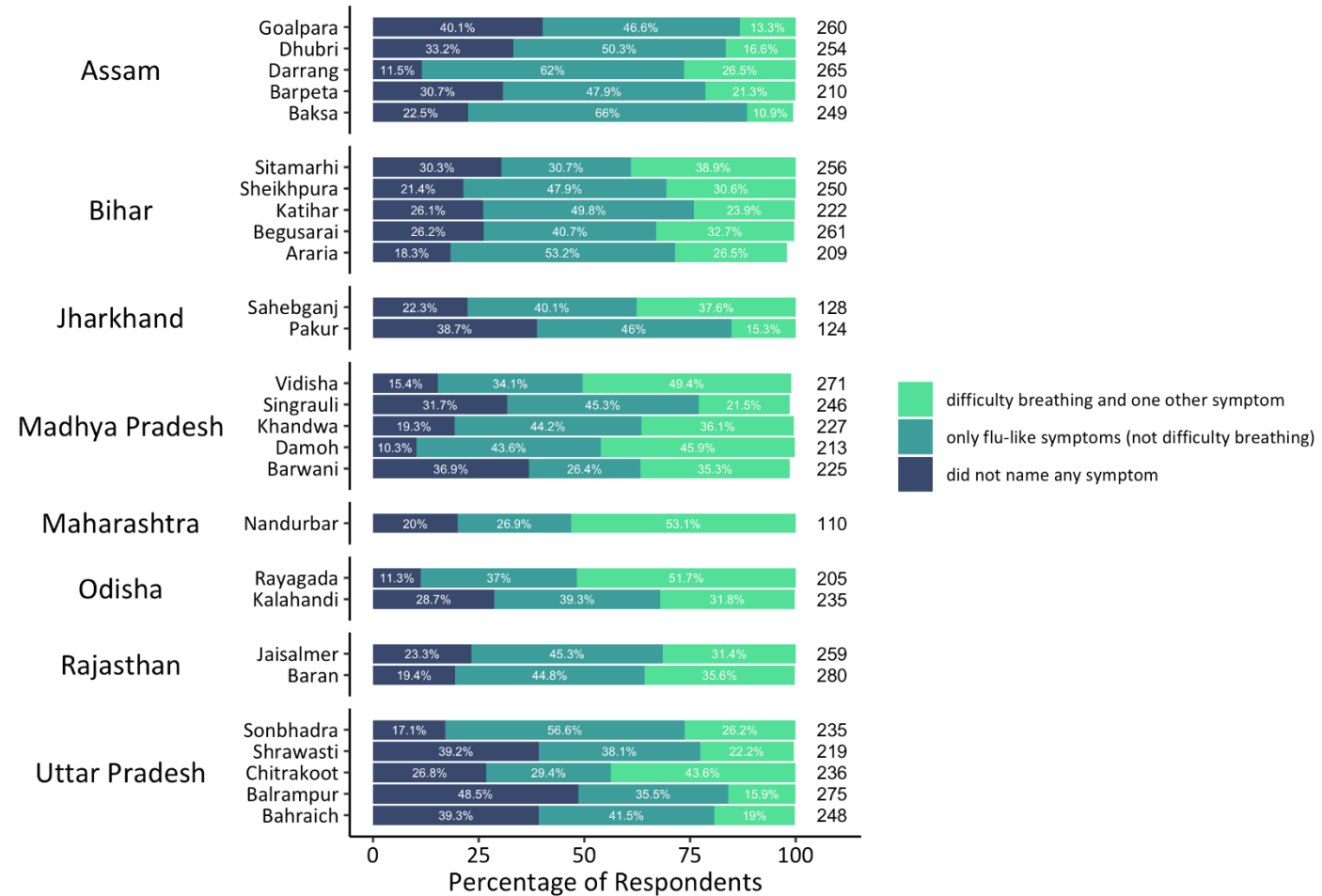
Note: Total sample size for each question is reported along the right margin.

COVID-19-Related Awareness

- Knowledge is associated with **socio-economic status, gender and education**

- Differences between subgroups **widen** as socio-economic status improves
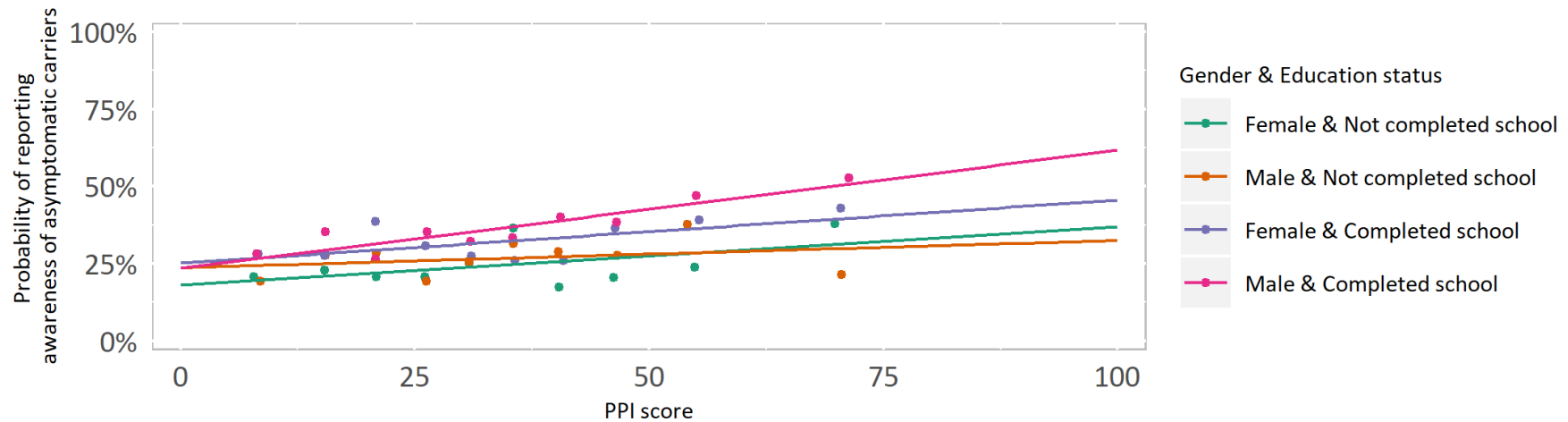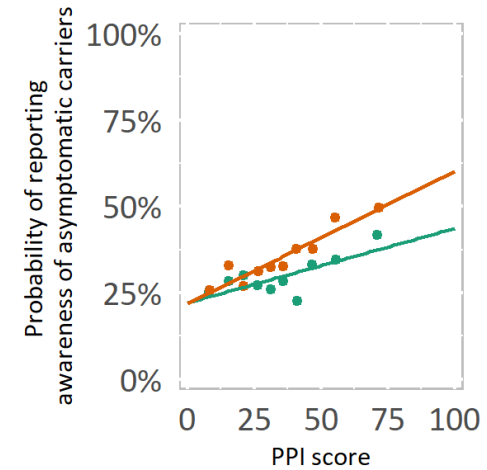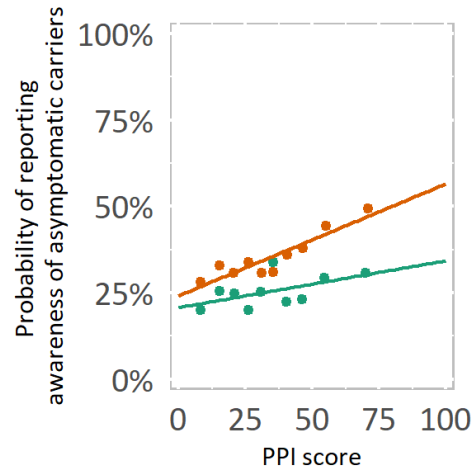
Relationship between PPI scores[1] and the probability of asymptomatic carrier awareness, by socio-economic strata, gender and education

1. A respondent's PPI score reflects the likelihood that they are living below various national and international poverty lines – lower scores indicate a higher likelihood of failing under various poverty lines. Dots represent the estimated probability for each PPI score decile.

Round 2 Survey

Round 2: Knowledge, attitude, and sources of information indicators

Ability to engage in COVID-precautions at work

- Ability to maintain 1 metre distance from others at work
- Ability to wear a mask at work
- Ability to access water and soap to clean hands regularly at work

Health-seeking behavior and stigma

- Contacts for help if experience COVID symptoms
- Perceptions of who is more likely to catch COVID
- Community norms of reporting to health worker if have symptoms
- Community preferences towards migrants remaining in cities vs returning

Platform reach

- Recent sources of information on COVID
- Whether health worker has visited household
- Mode of health worker contact

Reimagining SBCC post-COVID19

Pre-COVID Platform Reach among Pregnant & Lactating Women

- **Top platforms** were frontline health worker platforms, television, voice message

- Platforms such as WhatsApp, Facebook, and radio reached fewer women

Platform	Percent (%)
Village Health Sanitation Nutrition Day	65
Home visit	65
FHW (elsewhere)	54
Community-based event	47
Television	46
Voice message	39
POSHAN event	37
Poster, hoarding, wall painting	35
ASHA Mothers Meeting	30
Text message	29
Other event	25
Audiovisual van	22
WhatsApp	20
Video shown by FHW	20
Nukkad Natak	16
Newspaper or magazine	16
Facebook	12
Self-Help Group Meeting	12
Radio	10
Community Radio	5

Percent (%)

Reach - % of pregnant and lactating women exposed to platform at least once in last three months

Note: This represents 1,901 women in 16 aspirational districts. Conducted in November 2019.

Platform Sources of COVID-19 Messages

- **TV and mobile-based** platforms had high recall levels as sources of information on COVID19

- Frontline health workers had low recall levels
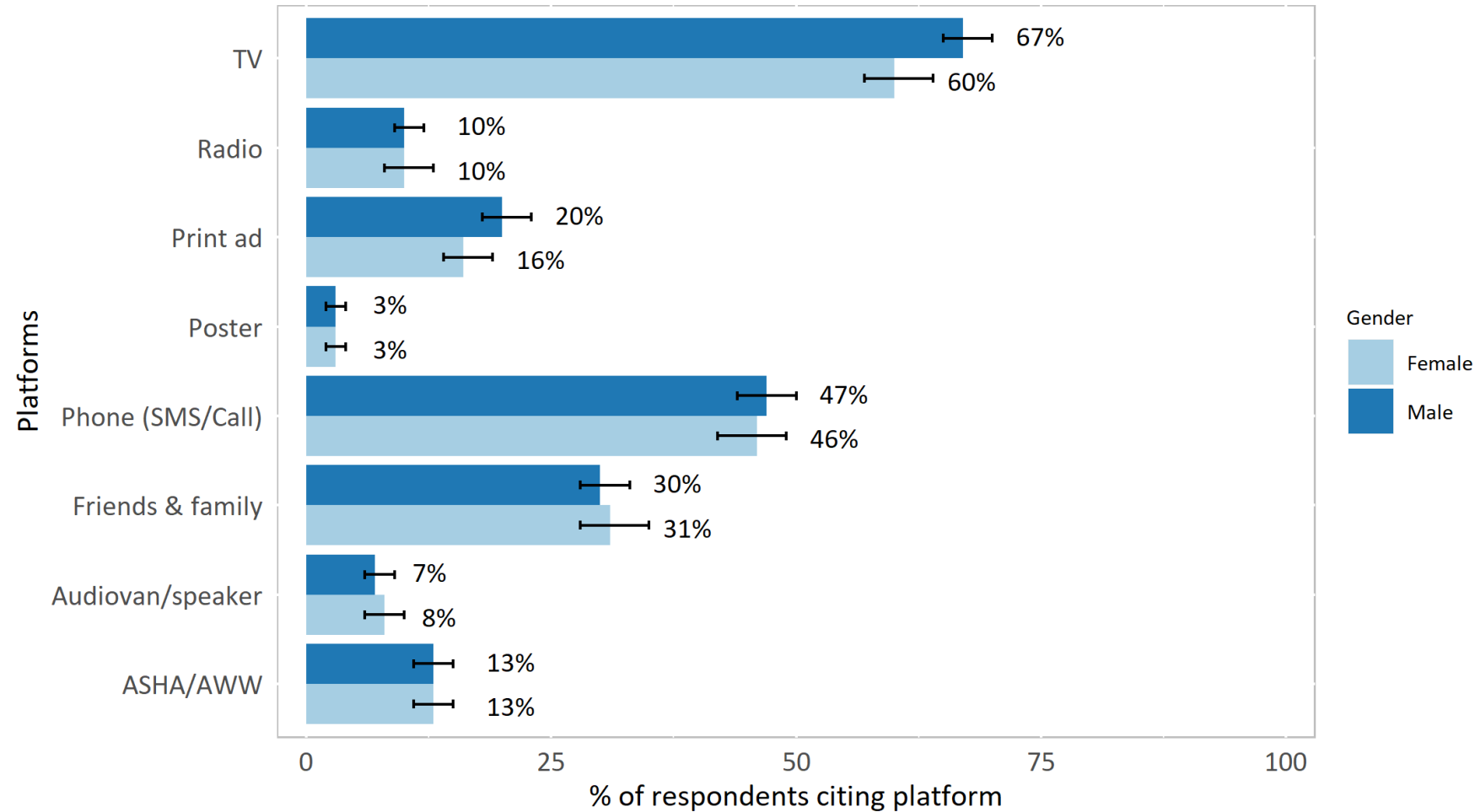
Platforms via which respondents report hearing about COVID-19 prevention, by gender[1]

N=6219

1: The bars represent 95% confidence intervals around our population estimates.

Platform Sources of COVID-19 Messages

- Subgroups with **better knowledge cite TV** as a source of information at significantly higher rates

Platforms via which respondents report hearing about COVID-19 prevention, by education[1]

N=6042

1: The bars represent 95% confidence intervals around our population estimates.

Platform Sources of COVID-19 Messages

- Subgroups with **lower economic status** have less exposure to COVID messaging from television
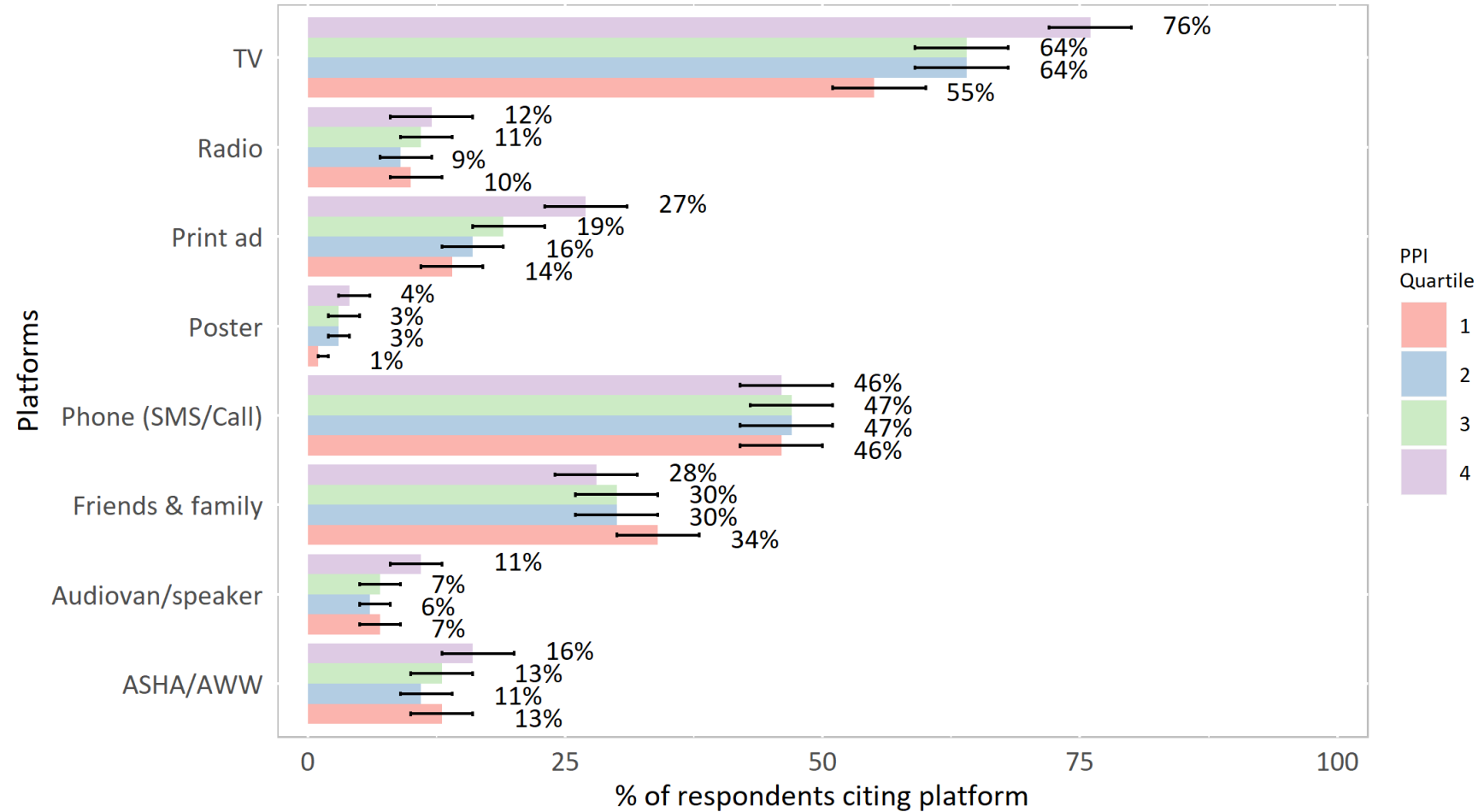
Platforms via which respondents report hearing about COVID-19 prevention, by PPI quartile[1]
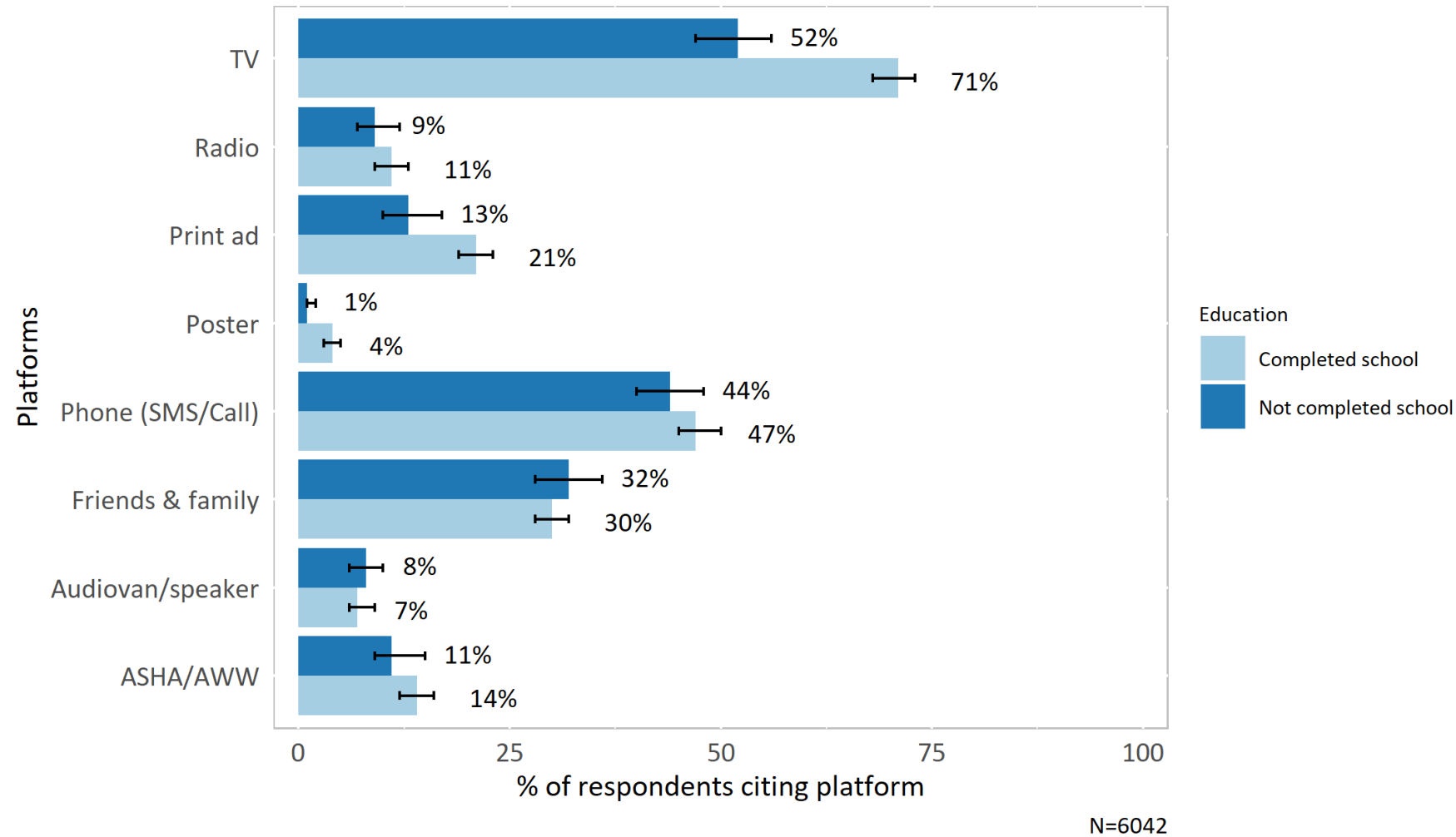
N=6163

1: The bars represent 95% confidence intervals around our population estimates.

Key Takeaways and Potential Recommendations

Message	COVID-related messages
Clear Consistent Reiterated	1) All main COVID symptoms (including breathlessness); physical distancing methods 2) Testing processes; self isolation; care seeking
	NON COVID messages
	1) On entitlements and benefits; process to access relief; redressal mechanisms 2) On gender equality, mental health, equity

Platform	
Mix platforms Multiple	1) Leverage television and telephonic messages 2) Empower and engage frontline workers

Covid–19 Research findings

Bihar and Uttar Pradesh

Niranjan Saggurti

15 May 2020

Methodology

|	
Setting	UDAYA/SDG Cohort (www.projectudaya.in), supported by BMGF and Packard Foundation – Over 20000 Adolescent (10-19 years of age) girls and boys recruited in 2015-16 in Bihar and Uttar Pradesh
Sampling frame	Adolescents who were in the 15-19 age-group in 2015-16 (they are all 18-24 years of age)
Sample for telephone survey	Randomly selected adolescent boys and girls (or) any other adult member of that household and consented to participate in survey
Sample size achieved in 1st round survey	2041 from the UDAYA study participant households; UP – 1481; Bihar - 560 • 1667 (82%) were direct respondents of UDAYA Cohort • Rest 374 (18%) were adult members of UDAYA cohort household
Issues covered in 1st round survey (April 3 – 21)	Awareness of COVID-19 symptoms, perceived risk, awareness of and ability to carry out preventive behaviours, misconceptions, fears, and the economic and food security impacts, mental health, access to service

Perception of COVID-19 Risk

क्या आपको लगता है कि आपको कोरोना से संक्रमित होने की संभावना कम है, मध्यम है या अधिक है, या क्या आपको बिलकुल भी जोखिम नहीं है?
Do you think your chance of getting infected with Corona is low, medium, or high, or do you have no risk at all?

कम / Low...1
मध्यम / Medium...2
अधिक / High..3
कोई जोखिम नहीं / No risk...........................4
पहले से ही कोरोना वायरस है /
Already had Coronavirus...............................5
पता नहीं, कोई जवाब नहीं /
Don't know, no response...............................8

Although all participants were aware of COVID-19, their risk perception was very low in both Bihar and Uttar Pradesh. More females than males perceived their risk to be none in both states (79% vs. 63% in Bihar and 81% vs. 60% in Uttar Pradesh).

More young men and women (ages 18-24) believed that they were at moderate to high risk, compared with, adult men and women (ages 25 and above)
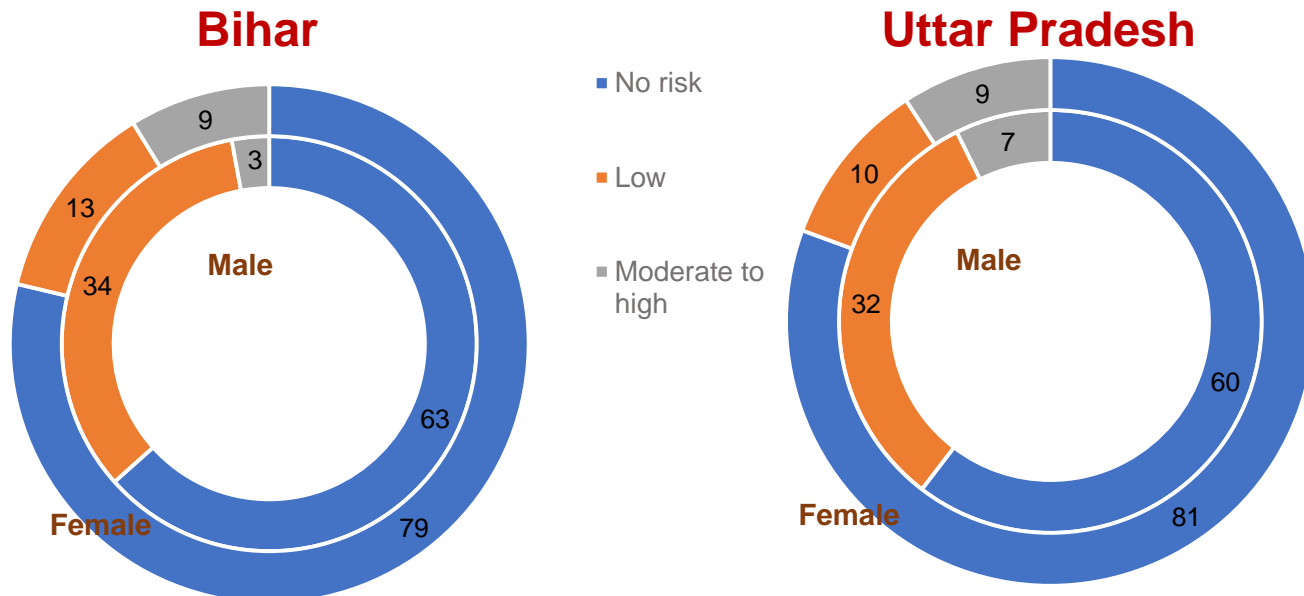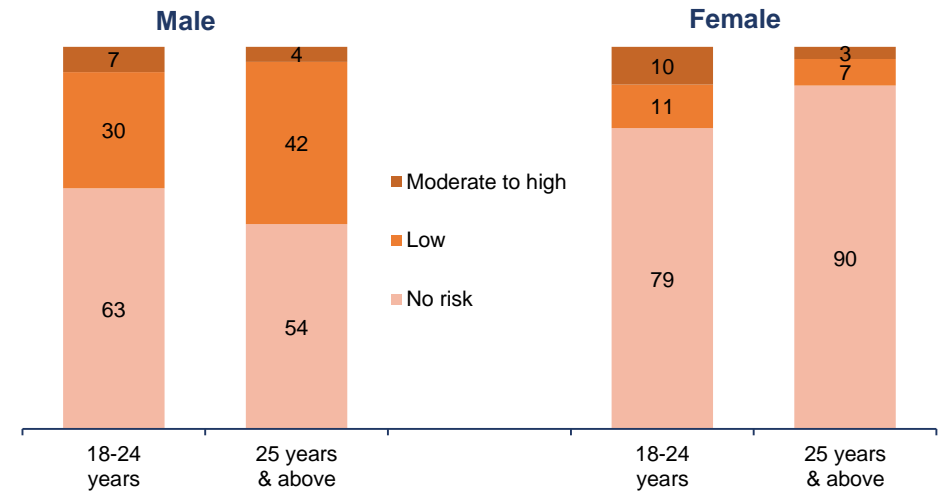
Among those who perceived their risk to be none or low, reasons include being young and healthy, haven't travelled outside neighbourhood

Bihar

Uttar Pradesh

- No risk
- Low
- Moderate to high
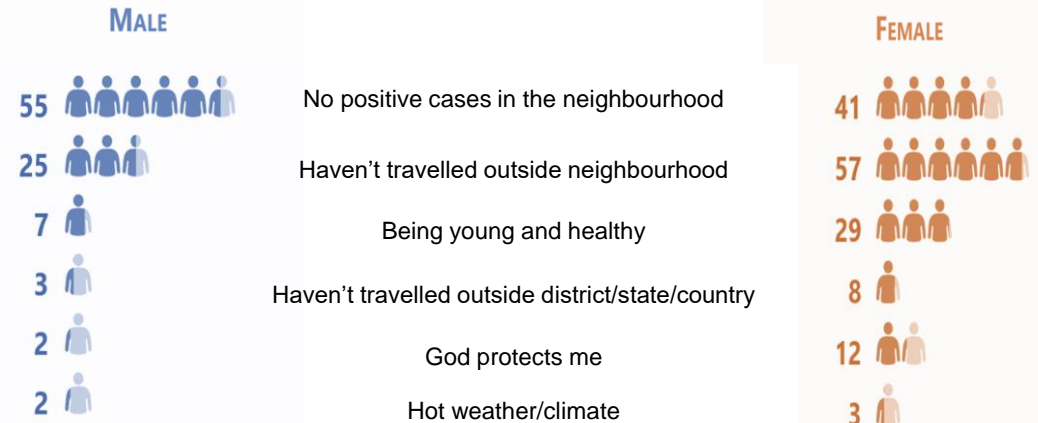
Migration and COVID-19

Sample size:
- Total survey sample: 2041 households (HHs)
- Percent migrant households (analytical sample): 27% (n=552).
- Of the 552 households, 378 were from UP and 174 from BH

Nearly three out of four migrant households reported that their family members are stranded elsewhere. Majority were living/working in the states of Maharashtra, Gujarat, Delhi, Punjab, West Bengal. Madhya Pradesh.

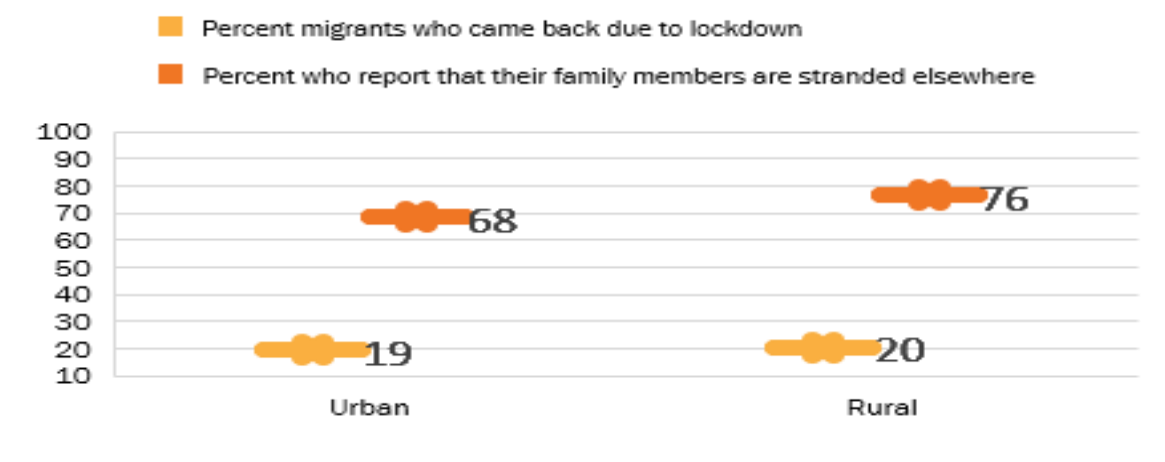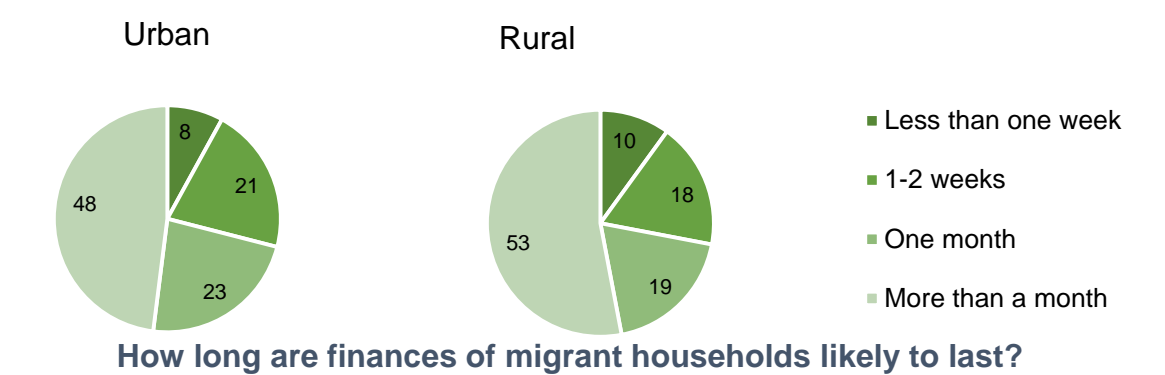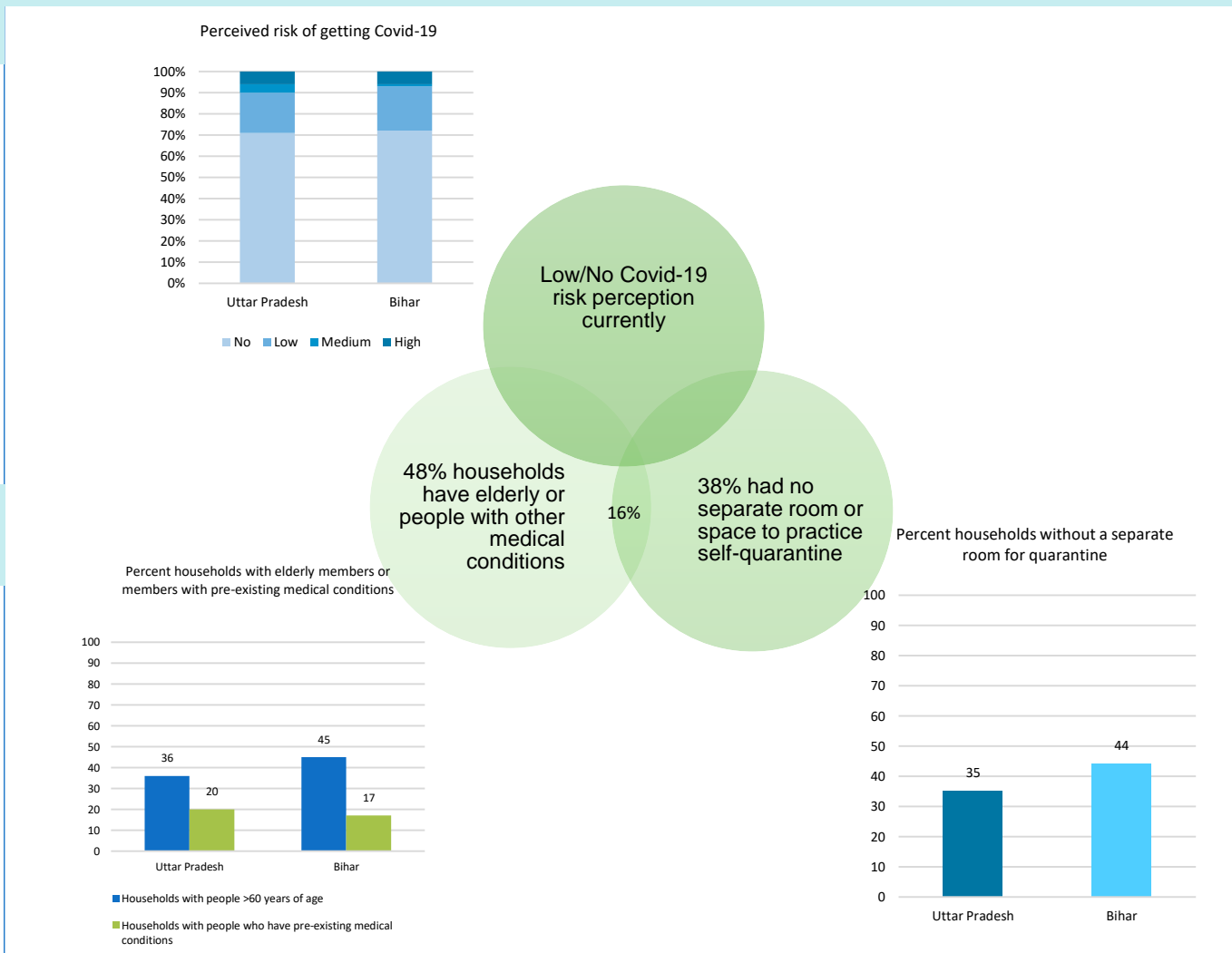Majority of the migrant households are vulnerable to COVID-19 when they receive family members, as 44% migrant households in Bihar and 35% migrant households in UP do not have a separate room for quarantine. About half of the total migrant households have either elderly or people with pre-existing medical conditions. 16% migrant households were not only having separate room but also have people who are elderly or pre-existing medical conditions.

- Percent migrants who came back due to lockdown
- Percent who report that their family members are stranded elsewhere

Urban: 68, 19
Rural: 76, 20

Perceived risk of getting Covid-19

No | Low | Medium | High

Low/No Covid-19 risk perception currently

48% households have elderly or people with other medical conditions

16%

38% had no separate room or space to practice self-quarantine

Half of the migrant households will need income within a month. About a quarter of migrant households have had financial resources for less than two weeks in mid-April.

Urban
8, 21, 23, 48

Rural
10, 18, 19, 53

- Less than one week
- 1-2 weeks
- One month
- More than a month

How long are finances of migrant households likely to last?

Percent households with elderly members or members with pre-existing medical conditions

Uttar Pradesh: 36, 20
Bihar: 45, 17

- Households with people >60 years of age
- Households with people who have pre-existing medical conditions

Percent households without a separate room for quarantine

Uttar Pradesh: 35
Bihar: 44

Critical needs during Covid-19 lockdown: Job, Food, Cash, Medicines – Who Needs What?
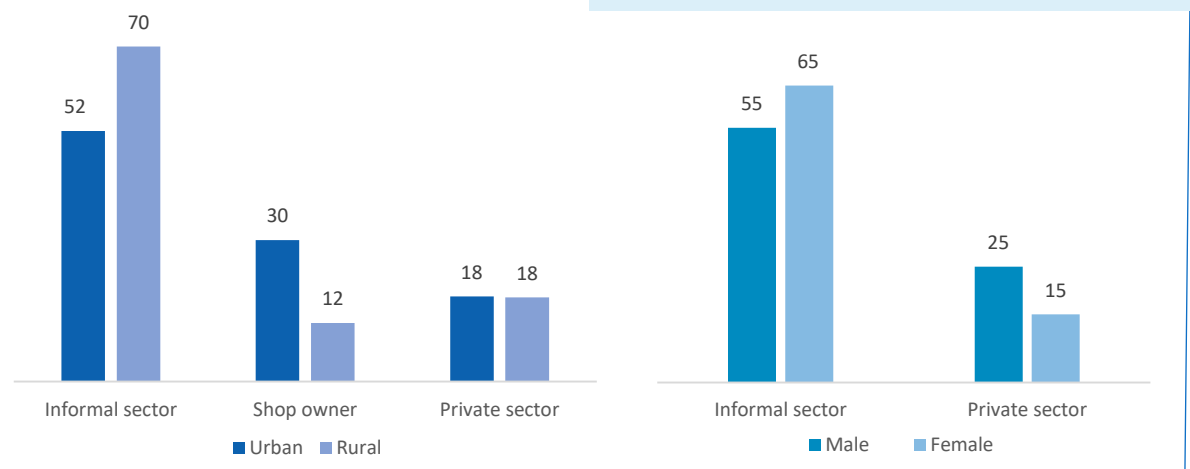
Sample size:
- Total survey sample: 2041 households (HHs)
- UP: 1481; Bihar: 560

Challenges

About two-thirds (Uttar Pradesh: 64% vs. Bihar: 67%) reported that either themselves or their family members lost jobs/livelihood due to lockdown.
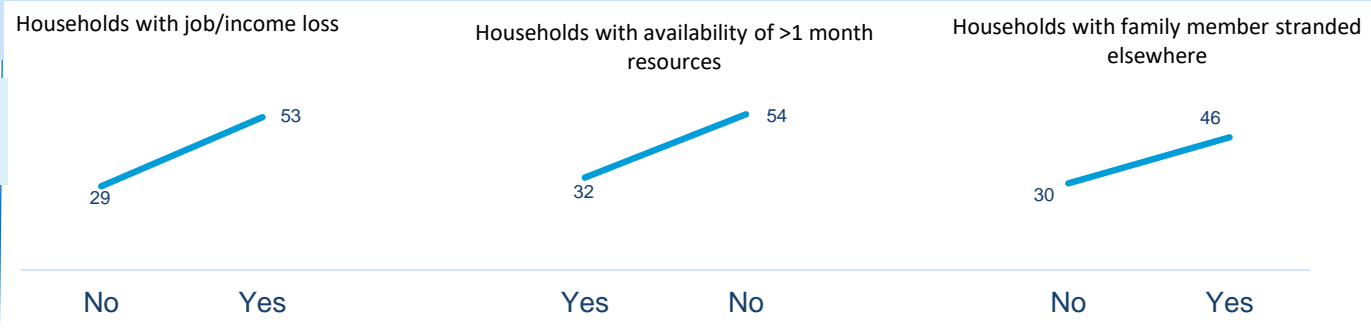
Of those who lost jobs, more individuals were from the informal sectors in rural areas.

Loss of jobs was higher for females than males in the informal sectors, while more males lost jobs in the private sector

Chart 1 (Urban vs Rural):
- Informal sector: Urban 52, Rural 70
- Shop owner: Urban 30, Rural 12
- Private sector: Urban 18, Rural 18

■ Urban ■ Rural

Chart 2 (Male vs Female):
- Informal sector: Male 55, Female 65
- Private sector: Male 25, Female 15

■ Male ■ Female

Cash Needs by household CONDITIONS

The cash needs were greater among households where family members lost jobs/livelihood, households with non-availability of >1 month resources at home, and households where family member is stranded elsewhere.

Households with job/income loss
No 29 — Yes 53

Households with availability of >1 month resources
Yes 32 — No 54

Households with family member stranded elsewhere
No 30 — Yes 46

Household financial condition

In the survey conducted in the first two weeks of April, 54% from UP and 61% from Bihar reported having resources that may last for less than 1 month and around one-third had resources to survive for less than 2 weeks.

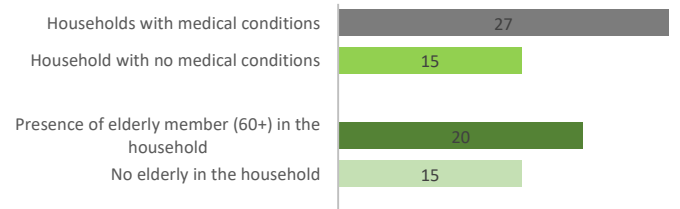| Proportion of participants who reported that resources would survive only for less than a month		
	Uttar Pradesh	Bihar
Sex		
Male	41.7	48.6
Female	59.5	66.5
Place of residence		
Urban	60.3	61.0
Rural	48.1	60.8
Number of rooms in the house		
1	75.6	79.7
>=2	50.1	58.5
Number of people who slept in the house last night		
1-2	67.4	59.1
3-4	52.7	58.3
>= 5	53.2	61.9

Critical needs

Besides food items, people wanted cash, medicines. **households with elderly members and individuals with pre-existing medical conditions reported greater needs of medicine.**

Mask Toilet
Medicine
LPG/Cookingfuels
Food Nothing
Sanitizer
Money Fodder
Water
Talktime/data
Electricity
Cloth

Food (88%), money (44%) and medicine (17%) were the three most critical needs, irrespective of gender, state and area where the respondent lived.

Medicine Needs
- Households with medical conditions: 27
- Household with no medical conditions: 15
- Presence of elderly member (60+) in the household: 20
- No elderly in the household: 15

Summary of recommendations

Monitor migration within India so that it can be done safely. Migrant households cash needs are much more compared to non-migrant households.

Promote adherence to social distancing behaviors

There is a need to debunk the myths and misconceptions about COVID-19. Promote Arogya Setu App for assessing the risk with inclusion of new dimensions applicable for states with high rates of migration.

Pay special attention to households with family members stranded elsewhere and facilitate support through respective local governments or private sector; pay cash and medicines besides food.

Key Findings

92% respondents had heard about COVID-19 and 92% knew correct prevention measures

TV (67%) was primary source of information, followed by Facebook (11%) and WhatsApp (9%)

75% respondents knew correct actions in case of symptoms

68% respondents understood social distancing completely

70% respondents understood self-quarantine completely

21% respondents reported it hard to practice social distancing

Key Findings

Reasons why respondents found it hard to social distance
• Social or societal issues (friends, family, neighbours)
• Mental health concerns
• Limited access to essentials (due to jobs, businesses, and income)
• Logistical difficulty (internet speed, space constraint, disruption of education)

Any other concerns that respondents had
• Financial difficulties
• Food shortage and hunger
• System's shortcomings, i.e. low testing levels, PPE shortage
• Negative effects on their education
• Comments on certain religion and castes being blamed for the spread
• Medical concerns largely related to reporting symptoms or asking about symptoms

Thank you