

July 2020

This research is part of the [National Institute for Health Research \(NIHR\) Global Health Research Unit on Improving Health in Slums](#), which focuses on access to healthcare in seven slums in Bangladesh, Kenya, Nigeria and Pakistan. Since June 2017, we have geospatially mapped each site with community members, surveyed households and health facilities about healthcare use and service delivery; and engaged with stakeholders to understand local and national policy-drivers, questions and concerns relevant to the healthcare provision. Now, we are focusing with stakeholders, on healthcare in a COVID-19 context.

The project is led by the University of Warwick, UK, in collaboration with: African Population Health Research Centre, Kenya; Aga Khan University, Pakistan; Independent University, Bangladesh; The University of Ibadan, Nigeria; University of Birmingham, UK; Lancaster University, UK; and Keele University, UK. **Principal Investigator (PI), COUNTRY PI:** Prof. Rita Yusuf

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Community perspectives on health in slums at the time of COVID-19

As global efforts continue in the fight against COVID-19, it is essential for decision-makers to understand the needs of communities and health workers and how these are changing over time.

In Dhaka/Bangladesh, we are in contact with stakeholders in an urban slum's community - leaders, residents and health workers serving the community. Through weekly phone updates, we are exploring community efforts to contain COVID, healthcare access, sources of health information; challenges and solutions on the ground.

In this brief, we present key messages from the weeks during April-May 2020.

National Dashboard- 23 June 2020



Bangladesh Government's website¹ provides COVID-19 related latest news, statistics, guidelines, hotline numbers & telemedicine service details, corona tracing app details, etc. There is a dedicated page for telemedicine² with detailed information on the services as calls to hotline numbers increased significantly post COVID-19.

Key findings

1. Slum communities have been hit hard by COVID-19, as they already faced challenges in accessing quality healthcare
2. During this ongoing pandemic, there has been a significant reduction in available health services as NGOs, doctors & community health workers have reduced their services. However, pharmacy vendors and slum health volunteers are available
3. Residents are willing to use telemedicine but report difficulties accessing available services that require complicated registration processes and technological proficiency
4. Many slum dwellers find it difficult to decipher medical advice or medicines prescribed via mobile.
5. Residents report not being able to afford telemedicine services: - fees are difficult to pay in the current economic situation
6. Residents get COVID-19-related information mostly from TV, social media, local community leaders & volunteers
7. Community members lack professional medical advice regarding non-COVID-19 health problems like diabetes, high blood pressure and there is disruption in preventive health services.
8. People are often reluctant to get face-to-face medical consultations on COVID-19-related symptoms due to fear of isolation and stigmatization.

This research is also part of the **mConsulting study**, which explored mobile consulting in communities with minimal healthcare access in remote, rural areas in Pakistan and Tanzania; and urban slums in Bangladesh, Kenya and Nigeria.

The project was led by Prof Frances Griffiths of Warwick Medical School, UK, in collaboration with: African Population Health Research Centre, Kenya; Aga Khan University, Pakistan; Independent University, Bangladesh, The University of Ibadan , Nigeria; St. Francis University College of Health and Allied Sciences, Tanzania, King's College London, UK.

Research in each study site was guided by a **Project Advisory Group** of local experts, including community leaders, local health workers and managers, mHealth service providers, mobile companies, technical and academic experts, local NGOs and researchers.

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References

1. <https://corona.gov.bd/>
2. <https://corona.gov.bd/telemedicine>

Recommendations

1. Specific initiatives must be taken to provide telemedicine for the underprivileged during the COVID-19 pandemic.
2. More telemedicine service platforms should be made free of charge for the slum dwellers and the underprivileged around the country.
3. Several designated hubs for telemedicine services, possibly via pharmacy vendors or trained community volunteers, can be set up for Korail and other slum residents. This can help solve the problem of slum dwellers not being able to access or decipher medical consultations through currently available telemedicine services. These kinds of initiatives can be developed via communication with local community leaders & volunteers in the slum.
4. Provide links for treatment options and discount/insurance opportunities in nearby clinics/hospitals as part of the telemedicine service for the underprivileged initiative.
5. Disseminate information about free and accessible telemedicine services through TV, social media, leaflets and also by coordinating with the local community leaders & volunteers.
6. Provide professional medical consultation through telemedicine for both COVID-19 and non-COVID-19 related health problems at low cost.
7. Telemedicine/mHealth services can be adapted to be used by community for stigmatized issues like mental health, domestic violence or social alienation during the COVID-19 pandemic.
8. As these services become more popular and widely used, they should be continued through after the COVID-19 pandemic for general health problems in areas with low access to medical consultation like urban slums and rural areas.

Thank you to all who are participating.

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Contact us for **Site Maps** to support decision-making.

Training materials are available [here](#) for training health workers to continue health care delivery digitally in low resource countries.

Click [here](#) to find out more about the work of our NIHR Global Health Research Unit and COVID-19 in slums. Find out about our mConsulting project [here](#).