

Finding the Balance: Public Health and Social Measures in Senegal

What is the purpose of this report?

This report describes findings from a telephone survey with 1,353 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analyzed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third telephone survey and analysis conducted since the pandemic began (see the [first](#) and [second](#) reports).



National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	34,031
Cumulative incidence rate per 100,000 people	204
Test positivity rate	10.7%
Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days	
Total confirmed COVID-19 deaths	857
Case fatality ratio	2.5%
Proportion of total reported deaths among all people reported as testing positive for COVID-19	

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

New reported cases and deaths started increasing rapidly in December. The test positivity rate also increased, indicating cases were likely going undetected. Senegal announced PHSMs in January targeted to Dakar and Thies, which accounted for the majority of new cases. The current COVID-19 wave peaked at about 300 new cases per day in early February and has been decreasing since.

PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to most PHSMs in Senegal decreased from August to February. Following the announcement of the curfew in January, protests occurred in Dakar, with many opposed to the new measures for economic reasons. This survey found that lower-income households were much less likely to report adherence to PHSMs than higher-income households, further highlighting the economic pressures at play.

Risk Perceptions and Information

Despite protests in January, satisfaction with the government's COVID-19 response was high. Trust in religious institutions was notably high, highlighting the importance of their continued engagement. About eight in 10 respondents thought COVID-19 would affect many people in Senegal, and nearly one-third thought their personal risk of being infected was high. Two-thirds of people planned to get vaccinated.

Secondary Burdens

Disruptions to medication and health care services remained largely unchanged in Senegal since August; however, skipped visits for symptoms that may overlap with COVID-19 were high. Nearly nine in 10 respondents reported income loss since the start of the pandemic.

Disease Dynamics and PHSM Implementation

What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

Situational Awareness

Note: Because this survey only includes people with access to phones, the sample likely overrepresents the views of people that are more educated and from higher-income groups in Senegal.

Following a decrease in new reported cases in September 2020, Senegal loosened measures and announced that its annual religious festival, the Grand Magal, could be held with restrictions, including capacity limitations and a mask mandate. People at high-risk for severe COVID-19 were discouraged to attend. There were [reports](#) of millions travelling for the festival, though mobility data showed little change.

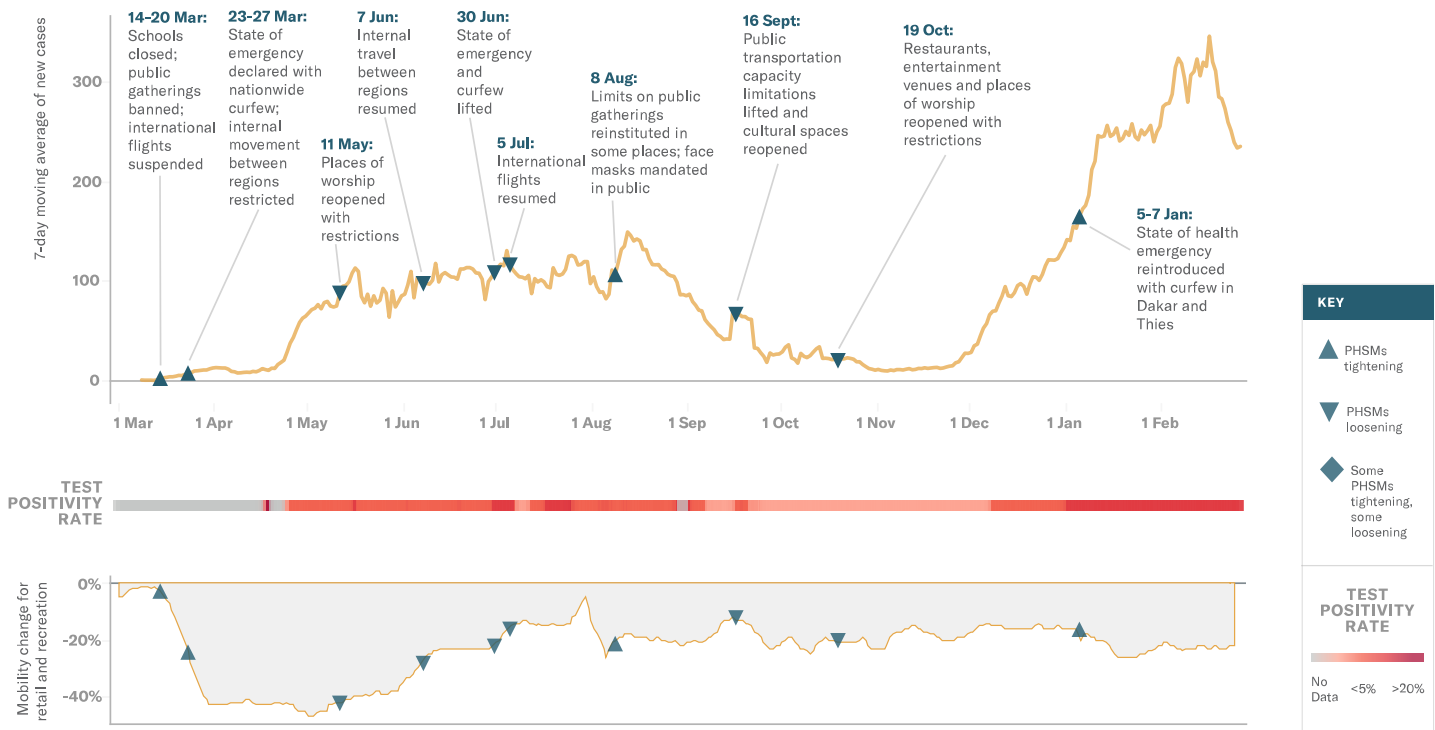
By early December, reported new COVID-19 cases and deaths began to rise rapidly. In January, a State of Emergency with a curfew was announced in Dakar and Thies—these cities accounted for more than 90% of reported cases. [Protests erupted](#) in Dakar in response to the curfew.

Daily reported new cases increased by more than 800% between December and February, peaking at about 300 new cases reported per day. The test positivity rate increased from 5% to 15% in the same time frame, indicating cases were likely going undetected. In January, Senegal [confirmed](#) the presence of the more transmissible COVID-19 variant 501Y.V (B.1.1.7). Media [reported](#) hospitals were overwhelmed and the government urged people to follow public health measures to limit transmission.

At the time of this survey, reported new cases were decreasing, but still high—averaging more than 200 per day. Recently, there have been [violent protests](#) against the Senegalese government, which may influence future COVID-19 trends.

COVID-19 vaccinations [started](#) in late February for health care workers with China's Sinopharm vaccine and will continue with doses expected through COVAX in March. By the end of 2021, Senegal aims to [vaccinate](#) 3.5 million people (about 20% of its total population).

Following the loosening of PHSMs in September and October, as well as the Grand Magal festival, reported new cases started to rise rapidly in Senegal.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

What the data say

Since August, support for and self-reported adherence to all PHSMs decreased in Senegal.

- Although new measures were announced in January, they were largely targeted to Dakar and Thies, which may have contributed to the national-level drop in adherence found in this survey.
- Lower-income households were far less likely to report adherence to measures restricting public gatherings and movement, possibly due to economic pressures. January protests against government measures may have also contributed to lower support and adherence.

In the media

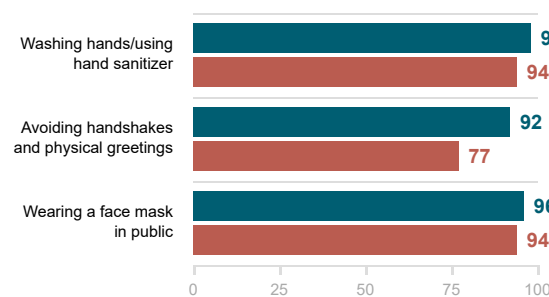
“Urgent: It’s heating up in Niari Tally, Gediawaye and Pikine, young people say no to curfew.”

—Dakar TV highlighting protests against PHSMs, 6 January 2021

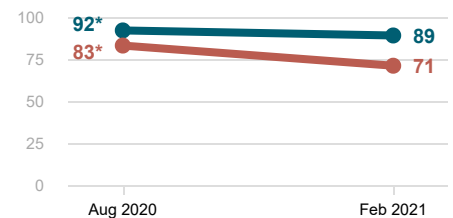
Individual measures

Support for and adherence to individual measures remained high, though it decreased slightly since August. Adherence was much lower among lower-income households than higher-income (68% v. 82%).

Percent that **support** and **adhere** to each individual measure in Feb 2021



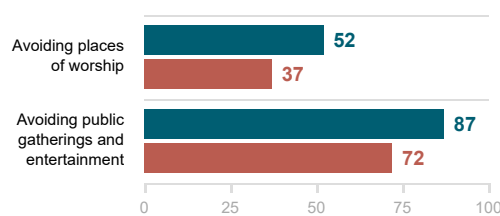
Trend in percent that **support** and **adhere** to all individual measures (composite score)



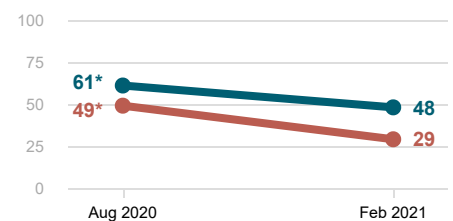
Measures restricting social gatherings

Support for and adherence to social gathering measures decreased significantly since August. Adherence was much lower among lower-income households than higher-income (21% v. 49%).

Percent that **support** and **adhere** to each social measure in Feb 2021



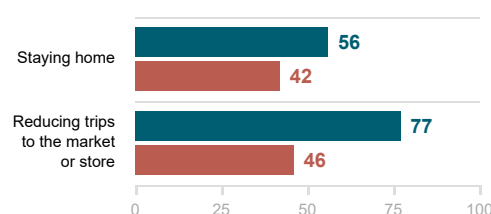
Trend in percent that **support** and **adhere** to all social measures (composite score)



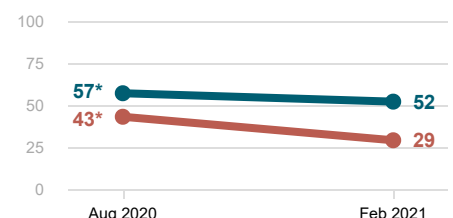
Measures restricting movement

Support for and adherence to movement restrictions decreased significantly since August. Adherence was much lower among lower-income households than higher-income (25% v. 47%).

Percent that **support** and **adhere** to each movement measure in Feb 2021



Trend in percent that **support** and **adhere** to all movement measures (composite score)



PHSM Support and Self-Reported Adherence

Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

What the data say

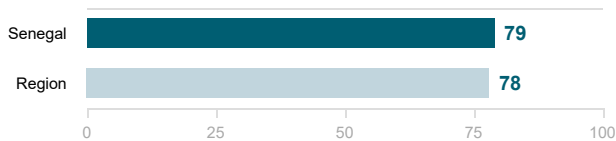
Despite January's protests against the curfew, satisfaction with the government's COVID-19 response was high at the time of the survey, up by more than 20 percentage points since August.

- Senegal has been [credited](#) with mounting a swift and strategic response, with international media [calling](#) on higher-income countries to learn from its approach. Respondent trust was highest for hospitals/health centers (89%) and religious institutions (83%).
- The high trust in religious institutions found in the survey highlights the importance of continued engagement with the religious community. People widely shared helpful COVID-19 information posted on social media by Mouride religious leaders, further emphasizing their influence.

What do people think about their country's institutions?

Nearly eight in 10 respondents are satisfied with the government's COVID-19 response in Senegal, in line with the regional average.

79% are satisfied with the government's pandemic response



Top five most trusted institutions and individuals

Percent of people reporting trust in each source

Hospitals/health centers	89%
Religious institutions	83%
Ministry of Health	82%
Community health workers	77%
Army/military	76%

What are people saying in the news and on social media?

Media [reported](#) that the January protests against the curfew announced were mainly attended by younger people upset with the economic burdens of the pandemic. Many also [cited water shortages](#) in December and January as a major barrier to continued PHSM adherence. In March, violent [protests](#) erupted in reaction to the arrest of an opposition leader in Senegal, which further contributed to the growing anti-government sentiment and may affect adherence to PHSMs.

In the media

"We earn a living on a day-by-day basis. I have children and they're stopping me from working."

—Taxi driver responding to the Dakar and Thiès curfew, Africa News, 7 January, 2021

Risk Perceptions and Information

How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

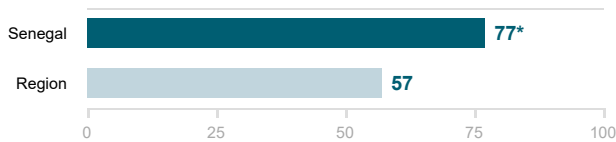
What the data say

Nearly 80% of respondents believed that COVID-19 will affect many people in Senegal, slightly higher than the regional average (57%). Similar to the regional average, nearly one-third thought their personal risk of contracting COVID-19 was high. However, only 20% believed that their health would be seriously affected if they were infected, which is a significant decrease since August (28%) and the lowest among all Member States surveyed (49%).

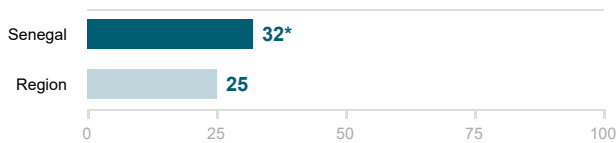
- There were no clear differences in risk perception based on income level, though there were marked differences in support for and adherence to PHSMs based on income, indicating economic pressures are affecting adherence.
- About 40% of respondents believed that health care workers should be avoided because they may transmit COVID-19—in line with the regional average of 43%. Almost half (45%) reported that COVID-19 can be cured with herbal remedies, also in line with the regional average.

How do people understand the risk of COVID-19?

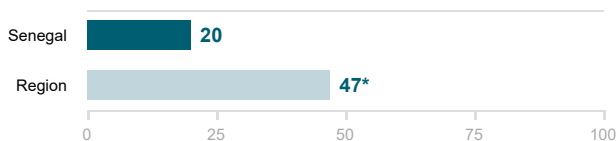
77% believe that COVID-19 will affect many people in their country



32% believe that their personal risk of being infected with COVID-19 is high



20% believe that their health would be seriously affected by COVID-19



Do people stigmatize others?

41% think they should avoid health care workers because they could get COVID-19 from them

29% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

83% understand that infected people may never show symptoms but could still infect others

85% understand that infected people may not show symptoms for five to 14 days

45% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

How are perceptions of risk informing actions?

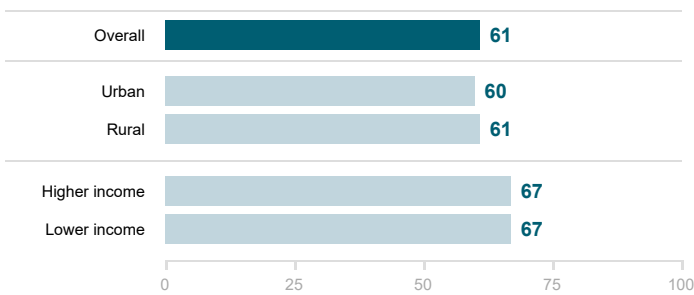
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

How do people feel about resuming day-to-day activities?

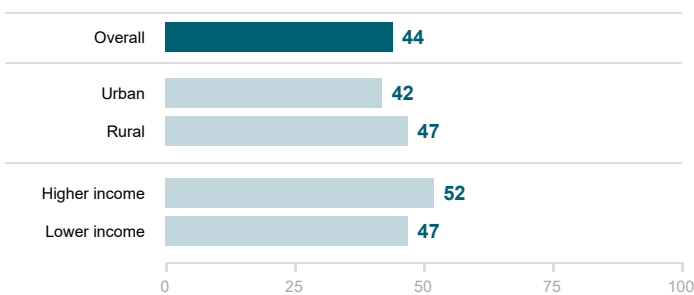
More than 40% of respondents reported resuming normal activities; about 60% reported feeling anxious about doing so.

- Resumption of activities was lower in Senegal compared to the regional average (64%), likely due to the measures in place during the survey.
- Higher-income households were more likely than lower-income households to report resuming activities and feeling comfortable taking public transportation.

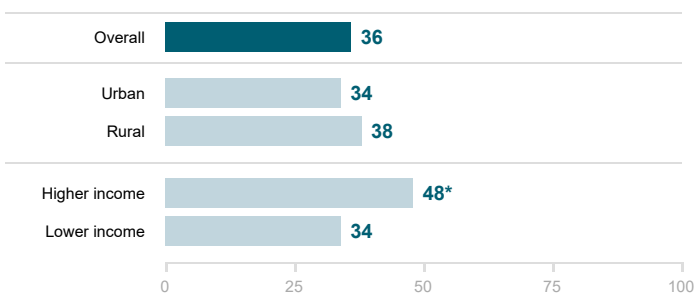
61% feel anxious about resuming normal activities



44% have already resumed normal activities because they believe COVID-19 risk is low



36% feel comfortable taking public transportation

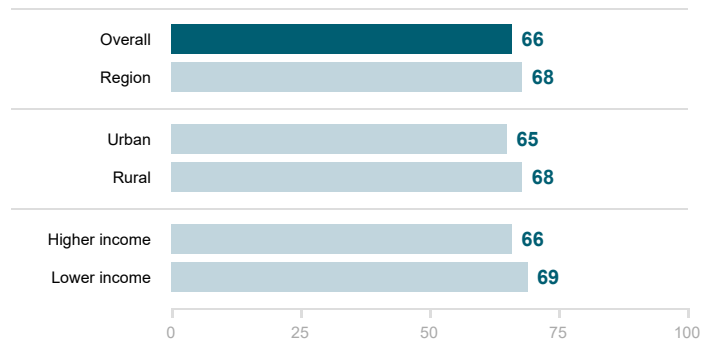


What do people think about vaccines?

Two-thirds of respondents planned to get vaccinated, similar to the regional average.

- Vaccine acceptance was higher among those satisfied with the government's COVID-19 response (73%) than those who were dissatisfied (53%).
- Among those who do not plan to get vaccinated, the most frequent reason was a lack of information, which could potentially be remedied with better information from trusted sources.

66% plan to get a vaccine when available



Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

I do not yet know enough about the vaccine to make a decision	51%
Approval/development for the vaccine may be rushed and not thoroughly tested	20%
I do not feel I am at risk of catching the virus	17%

In the media

"It was with a feeling of immense joy that we welcomed the vaccine. We are fully confident about it, knowing it won't kill us."

—Religious leader in Senegal, Reuters, 24 February, 2021

Secondary Burdens

Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

What the data say

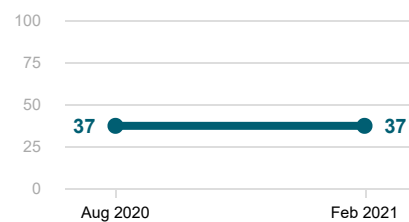
Disruptions to medication access and health care services in Senegal remained largely unchanged since August, and are in line with the regional average.

- As in August, skipped health care services were much more common among higher-income households than lower-income, which aligns with more higher-income respondents reporting they are staying at home. Cost of care was the most commonly reported barrier among lower-income households, while higher-income households reported health facility disruptions such as staff shortages or busy hospitals.
- Health visits for diagnostic services were the most common type of visit skipped in Senegal, including visits for symptoms that may overlap with COVID-19, including fever/chills (23%), fatigue/body pain (15%) and respiratory problems (10%).

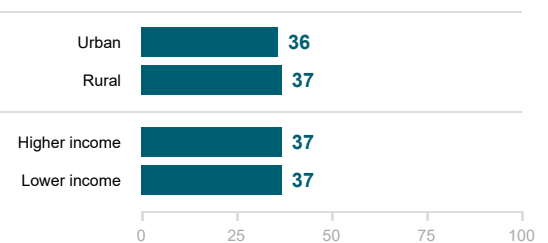
Difficulty getting medicines

Similar to August, nearly 40% of households in need of medication reported difficulty obtaining it, with no differences based on income level.

Trend in percent of households having difficulty getting medicines in the past three months



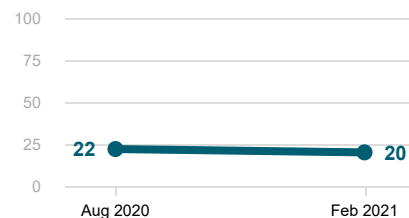
Percent having difficulty getting medicines by category



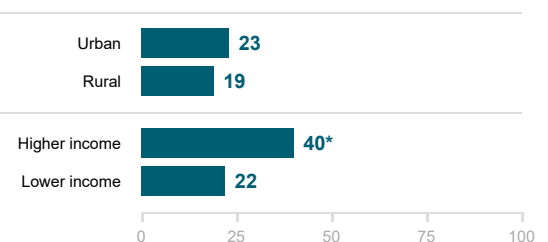
Skipping or delaying health visits

One-fifth of households in need of health care skipped services, similar to August. Higher-income households were much more likely to skip than lower-income (40% v. 22%).

Trend in percent of households skipping or delaying health care visits in the past six months



Percent skipping or delaying health care visits by category



The reasons why visits were skipped or delayed

People could choose multiple responses

Worried about catching COVID-19	29%
Health facility disruption	17%
Cost/affordability	15%
Caretaker responsibilities	12%
Mobility restrictions/transport challenges	6%

The types of visits which were skipped or delayed

People could choose multiple responses

Diagnostic services/symptoms	46%
General/routine check-up	34%
Non-communicable diseases	23%
Reproductive, maternal and child health	20%
Suspected COVID-19	5%

Secondary Burdens

Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

What the data say

Nearly 90% of respondents reported income loss since the start of the pandemic, higher than the regional average (77%). Four in 10 reported missing meals in the previous week, comparable to the regional average (46%).

- Reported income loss was higher among the lowest-income group, but there was no clear trend in missed meals based on income level.
- This may be a result of government aid reaching lower-income households. About one-fifth (21%) of respondents reported receiving food aid from the government in the previous month, which is much higher than in other Member States. Additionally, higher-income households reported high adherence to limiting trips to the grocery store, which could contribute to missed meals.
- Women were more likely than men to report issues accessing food based on income loss (73% v 64%) and higher food prices (71% v. 65%).

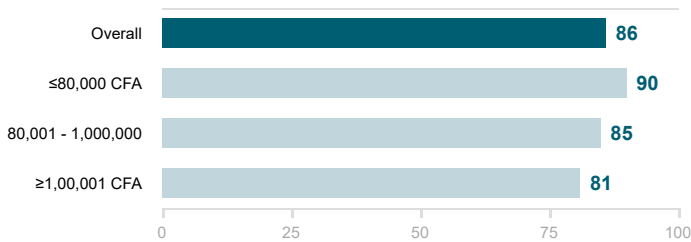
Reported barriers to food access

Percent of people reporting each barrier

Less income	68%
Higher food prices	68%
Food markets closed	57%
Mobility restrictions	52%
Food market supply shortages	56%

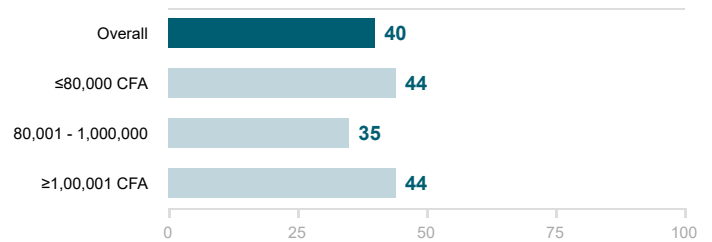
Household income

Percent of households experiencing **income loss** by category



*Household income is significantly associated with income loss.

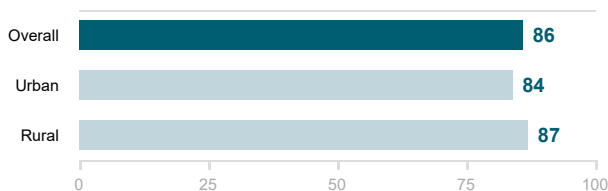
Percent of households **missing meals** by category



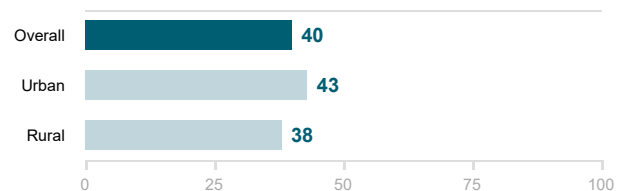
*Household income is significantly associated with missing meals.

Location

Percent of households experiencing **income loss** by category



Percent of households **missing meals** by category



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess statistical differences. An asterisk (*) indicates statistical significance where $p < 0.05$.

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see preventepidemics.org/perc.

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness.

Country notes

The survey sampled from Senegal consisted of 1,353 adults (614 urban, 739 rural), collected between 13 to 24 February 2021.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Low income: Monthly household income 80,000 XOF and below
- Middle income: Monthly household income 80,001 XOF - 100,000 XOF
- High income: Monthly household income 100,001 XOF and above