

Responding to COVID-19: Highlights of a Survey in Sudan

Summary

- Almost all Sudanese know about COVID-19 and basic understanding about transmission and the importance of the concept of regular hand washing is high. However, a sizeable minority seek more information, which may help address some misconceptions on avoidance and ‘cures.’
- There is a broadly response to the government’s response to date, although less than half trust the information government provides.
- Sudanese see the virus as both a high personal risk and a threat to their country. As such, they are supportive of a wide range of public health social measures to help limit the spread of the coronavirus at this comparatively early stage of its spread in Sudan. However, closure of churches and mosques have lower level of support.
- Most of those in Sudan have someone to take of their children should schools be closed.
- The Sudanese are high users of digital media and websites.

Background

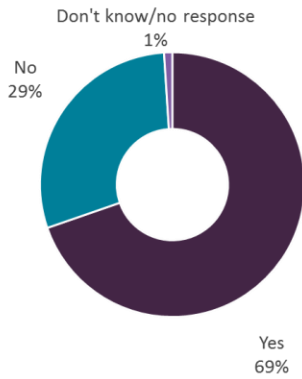
Public health social measures (PHSMs) are an important strategy to delay and reduce the magnitude of COVID-19. PHSMs particularly those that restrict movement or entail the closure of services, can place a significant burden on populations. The effective implementation of PHSMs will require public support and compliance. Hence, this survey was conducted to assess public support for, and the likely social impacts of, PHSMs in Sudan.

Key Findings of the Survey

Awareness of COVID-19 is high - but a sizeable minority seek more information and there is considerable misunderstanding on prevention and ‘cures’

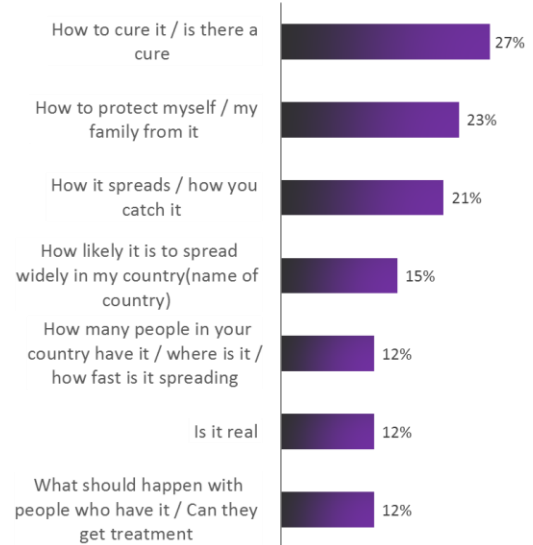
- Almost everyone has heard of COVID-19 (99%). Three in four associate the symptoms with a fever (75%), difficulty breathing (68%) or dry cough (54%). Fewer Sudanese describe it as a flu or cold like sickness (28%).
- Nevertheless, three in ten (29%) of Sudanese feel they do not have enough information about it.
- One in five or more would like more information on ‘how to cure it’ (27%), protection from the virus (23%) and how it spreads (21%).
- Over one in two (56%) believe that ‘hot climate prevents the spread of the virus’, and even higher proportions believe that you can prevent it by drinking lemon and Vitamin C (67%). One in three Sudanese believe that it can be cured with garlic (32%) and one in four believe Africans ‘cannot get it’ (23%).

Q10. Do you feel you currently have enough information about the coronavirus/Covid-19 situation?



% who feel they have enough information	
Gender:	
Male	71
Female	68
Age:	
18-25 years	62
26-35 years	77
36-45 years	69
46-55 years	68
56 and older	67
Monthly Household Income:	
\$0-100	71
\$101-200	59
\$201-500	70
\$501+	74

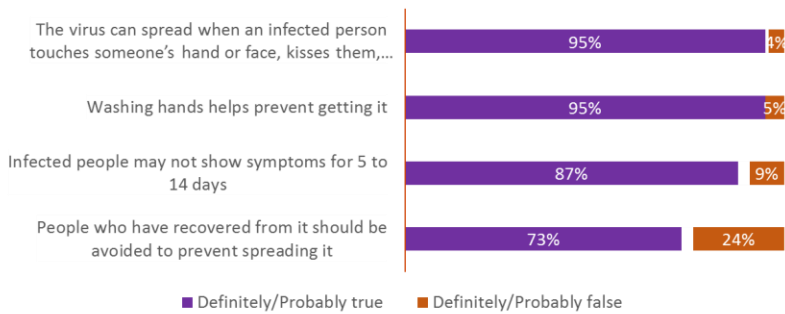
Q11. What are the two things about it that you would like most to have more information about? [Top five mentions]



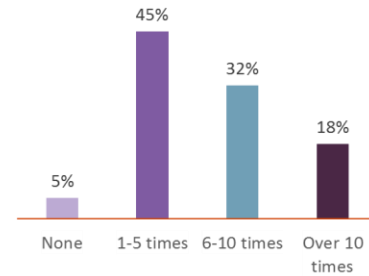
Most Sudanese appreciate that the virus is spread through close contact and recognize the value of hand washing, although this does not necessarily feed through into frequent personal handwashing

- Almost all think COVID-19 can be spread by touch, kiss, sneeze, or cough (95%, including 85% thinking this is 'definitely true') and that washing hands helps prevent getting it (95% including 80% 'definitely true'). Seven in ten Sudanese (73%) think people who have recovered from it should be avoided due to risk spreading the virus.
- Just under half stated they washed their hands five times or fewer times in the day prior to their interview – twice as many as those washing 10 times or more (45% vs. 18%).

Q14. I'm going to read things people have said about coronavirus or Covid-19. Please tell me if you think each is definitely true, probably true, probably false, or definitely false.



Q40. Yesterday, how many times did you wash your hands with soap or use hand sanitizer?

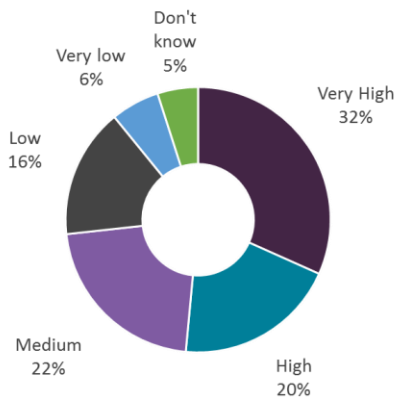


Q14. Share who agree definitely/probably true (%)	Male	Female	18-25 years	26-35 years	36-45 years	46-55 years	56 and older	\$0-100	\$101-200	\$201-500	\$501+
The virus can spread when an infected person touches someone's hand or face, kisses them, or sneezes or cough near them	95	95	93	95	96	97	94	93	82	96	96
Washing hands helps prevent getting it	94	95	92	95	98	96	93	95	92	94	94
Infected people may not show symptoms for 5 to 14 days	88	87	82	91	90	89	86	91	87	92	84
People who have recovered from it should be avoided to prevent spreading it	74	73	69	74	77	76	69	84	73	80	67

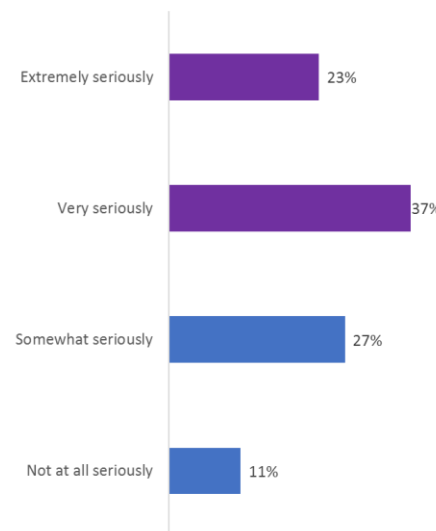
79% of Sudanese believe that COVID-19 poses a big problem for the country; 52% see themselves at high risk for contracting COVID-19.

- Seven in ten (68%) believe that the Coronavirus will be a ‘big problem’ in their country and an additional 11% see it at a big problem that will be dealt with, compared with 13% perceiving it will be ‘not much of a problem.’
- Twice as many Sudanese feel they are at high risk of catching the coronavirus compared to low risk (52% high risk, including 32% ‘very high’ versus 22% low, including 6% ‘very low’).
- A majority believes than infection would seriously affect their health (59% ‘extremely/very seriously’ vs. 38% ‘somewhat/not very seriously’). Younger people are less likely than older people to consider the impact to be serious.
- The most commonly cited rationale for understanding the perceived effect on health is ‘it could kill me/make me very sick’ (45%), followed by it causing problems in other countries (20%), and perceived seriousness (17%).
- Three in five (59%) are confident about being able to immediately get the help they need versus two in five (40%) who are not confident.

Q5. Please indicate what you think your level of risk of catching coronavirus or Covid-19 is?



Q6. If you were infected by coronavirus or Covid-19, how seriously do you think it would affect your health?

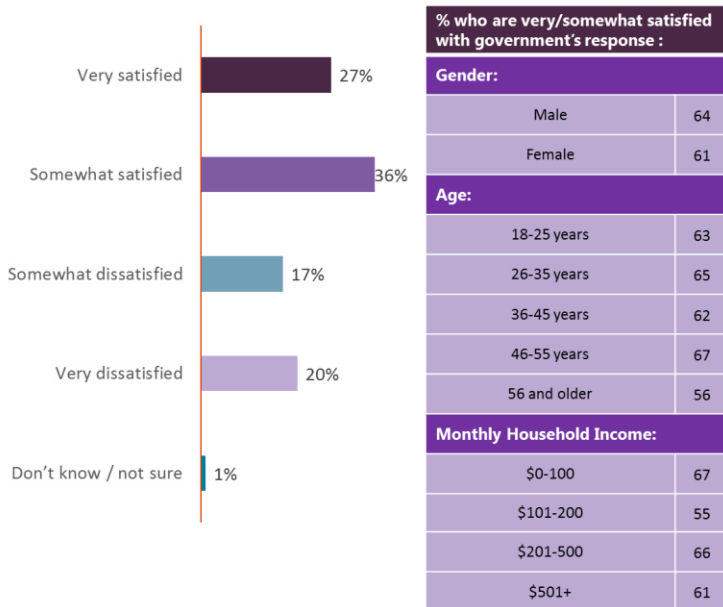


% who think coronavirus would affect their health extremely seriously/very seriously:	
Gender:	
Male	59
Female	59
Age:	
18-25 years	48
26-35 years	59
36-45 years	61
46-55 years	69
56 and older	72
Monthly Household Income:	
\$0-100	48
\$101-200	68
\$201-500	69
\$501+	59

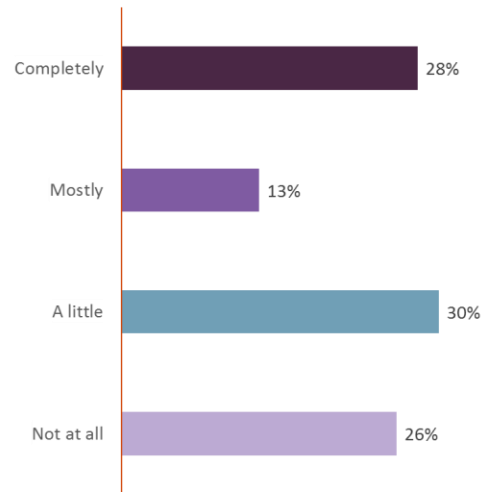
Perceptions of the governmental response to COVID-19 is leaning positive

- The majority are satisfied with their government’s response (63%; vs. 36% dissatisfied).
- However, only two in five completely or mostly trust the information from government (41%) versus 57% who have little trust (30%) or no trust at all (26%).

Q12.How satisfied are you with the government's response to coronavirus or Covid-19?



Q13.How much do you trust information from the government about the coronavirus or Covid-19?



There is widespread support for Public health social measures (PHSMs)

- Almost all Sudanese support stopping handshake/kiss greetings (93%); requiring those with COVID-19 to remain home until they are well (91%); and requiring those who have contact with infected people to self-isolate (84%).

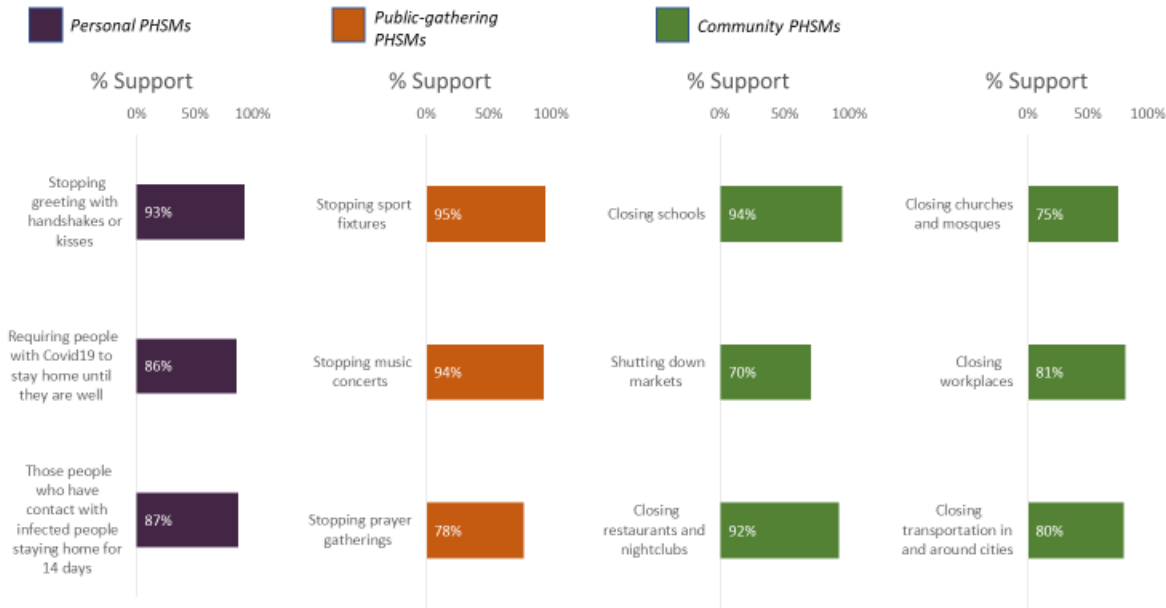
Sudanese also support restricting public gatherings

- Support is almost universal for restricting public gatherings to help limit a COVID-19 outbreak by stopping music concerts (97%) and sports fixtures (96%). Whilst still a strongly majority, fewer support stopping prayer gatherings (68%).
- There is no one option for making prayer gatherings / stopping religious services easier that garners majority support. Three in ten select having small groups instead of large gatherings (29%), while one in four choose services on TV or internet (25%) and similar proportions for radio broadcasts of religious services (25%). One in five propose having outdoor services (20%).

There are varying degrees of support for community PHSMs in Sudan, in particular with lower levels of support for closing churches and mosques

- Nine in ten support closure of schools (97%), closing restaurants and nightclubs (95%) and shutting down markets (89%).
- Eight in ten support closing transportation around cities (83%) or closing workplaces (82%).
- Although still majority, fewer support closure of churches and mosques (66%).

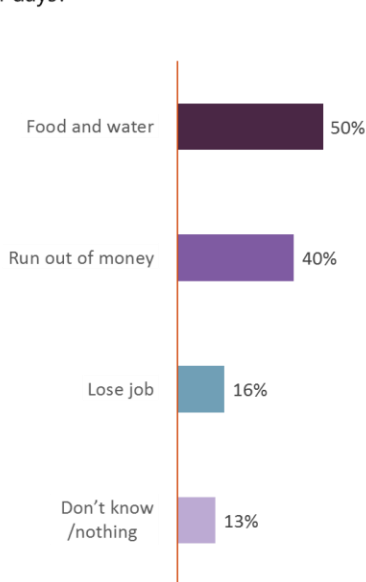
Level of support for Public health social measures (PHSMs) by type of intervention



Many Sudanese have some flexibility in managing PHSMs and quarantines

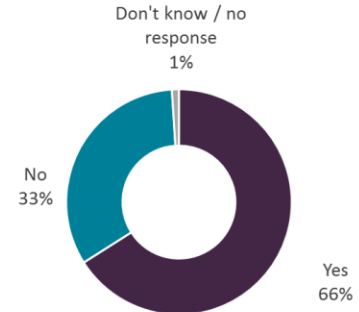
- Close to one in two (46%) work outside the home and 13 percent work within the home. Two in five (41%) indicate they are not working. Of those employed outside the home, three in five (62%) indicate that their workplace could accommodate staggered shifts.
- Two in three have a separate room to isolate someone who becomes sick (66%).
- Half (50%) anticipate that food and water would be a problem if they had to be at home for 14 days. Two in five (40%) indicate they would run out of money and 16 percent would believe they would lose their job.
- Three in five (62%) would have someone to take care of their children if schools were closed. Those with higher income are less likely to have someone to take care of their children.
- If asked to stay at home, on average, Sudanese would need to get food after 8.5 days and money after 15.7 days. While not filtered by those who take prescription medication, the average reported time before needing more is 9.8 days.

Q17: What would be the biggest problems for people like you to stay at home for 14 days?



Share who think the following would be the biggest problem... (%)	Food and water	Running out of money	Losing your job
Gender:			
Male	52	40	17
Female	48	41	15
Age:			
18-25 years	40	34	16
26-35 years	51	40	18
36-45 years	48	44	19
46-55 years	61	40	10
56 and older	61	48	13
Monthly Household Income:			
\$0-100	62	29	11
\$101-200	55	42	23
\$201-500	52	41	14
\$501+	46	45	19

Q38. Would you have a separate room in your home to keep someone isolated if they are sick?



Television receives the highest usage of any of the media tested, but those in Sudan are also relatively high users of online media.

- Two in five (38%) mention that they use television and three in ten (29%) use websites. Facebook is cited by one in five (19%). Radio is not a popular media source in Sudan, with very few indicating use (3%).
- Seven in ten say they have used of Facebook more than four times in the past week (71%); WhatsApp was also popular (71% using four times or more).

Technical Note

The fieldwork on this study was conducted by Ipsos with results based on 1,101 interviews with adults aged 18+ in Khartoum. Fieldwork was administered by Computer Assisted Telephone Interviewing (CATI) using a Random Digit Dial (RDD) approach incorporating both landline and mobile sample. Data are representative of the populations of the urban area (s) included and are unweighted. Fieldwork took place between March 30 and April 2, 2020.

This program of research is an outcome of a partnership between Resolve to Save Lives, an initiative of Vital Strategies, Africa CDC, the World Health Organization’s African Regional Office (AFRO) and Eastern Mediterranean Regional Office (EMRO), and the World Economic Forum to form a new public-private partnership to support evidence-based implementation of PHSMs to reduce COVID-19 transmission in African countries (“flattening the curve”) while working with governments to mitigate social and economic disruption and other unintended consequences.