Finding the Balance: Public health and social measures in Uganda

This report describes findings from a telephone survey with 1,338 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by Makerere University School of Public Health Higher Degrees, Research and Ethics Committee to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the first, second and third reports).

What are the highlights from this report?

Situational Awareness

Uganda experienced its second and largest wave of COVID-19 in June 2021, which peaked at approximately 1,700 new cases per day; the second wave resulted in a strictly-enforced lockdown through September, during which mobility decreased significantly.

PHSM Support and Self-Reported Adherence

Self-reported adherence to measures restricting social gatherings and movement increased with the tightening of restrictions across the country. Support for all measures was on par with findings from February 2021, and higher than the average of all surveyed Member States.

Information and Risk Perception

Risk perception in Uganda declined since the February 2021 survey, while remaining on par with the average of surveyed Member States in the Eastern region. Satisfaction with the government's response to COVID-19 also declined substantially. Similar to earlier findings, the Ministry of Health remains one of the most trusted institutions in the country for managing the COVID-19 pandemic.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate Percentage of population with at least one dose of a COVID-19 vaccine	5%
Number of doses in country	5,593,140
Cumulative incidence per 100,000 people	271
Total reported cases	123,976
Total confirmed COVID-19 deaths	3,160

Data source: Africa Centres for Disease Control and Prevention

Vaccine Beliefs and Uptake

Almost eight in 10 respondents reported being vaccinated or likely to receive a COVID-19 vaccine. Among those who identified as not likely to receive a COVID-19 vaccine, low personal risk perception was the most-cited reason.

Secondary Burdens

Severe income loss and difficulty accessing food have continued to impact Uganda. About nine in 10 respondents have lost income since the beginning of the pandemic and/or experienced at least one barrier to accessing food in the past week. Mobility restrictions have reduced access to both health care and food.

What are the key trends from this survey?

The Ugandan government effectively employed restrictive measures to control COVID-19 transmission over the course of the pandemic, with high adherence; however, this has resulted in substantial income loss and food insecurity as well as declining satisfaction with the government.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	82%	↓ 64%	↑ 69%
Personal risk perception	26%	↑ 31%	↓ 24%
Satisfaction with government reponse	82%	→ 82%	↓ 72%
Vaccinated/likely to get vaccinated	*	85%	↓ 79%
Income loss since pandemic start	92%	→ 93%	↓ 88%

* Vaccines were unavailable at the time of the survey
Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow

Situational Awareness

What is the situational context influencing COVID-19 response?

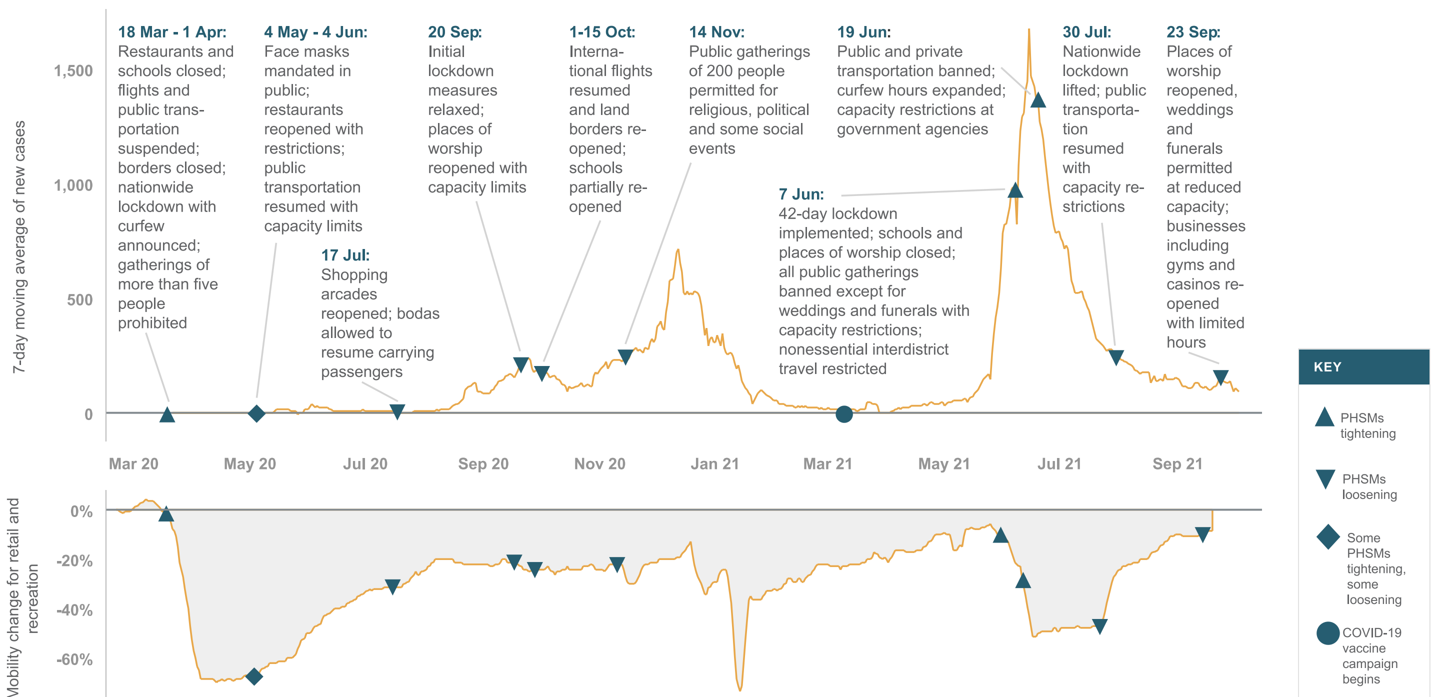
Uganda's second and largest wave of new COVID-19 infections began in May 2021 and peaked in mid-June at approximately 1,700 cases per day (almost 2.5 times the reported incidence during the first peak in December 2020). Further, test positivity rates reached as high as 18%, suggesting that many cases went undetected. The Delta variant was first detected on 26 Apr 2021 and was likely a driver in the most recent wave of infections. At the height of the June outbreak, reports showed that isolation centers and intensive care units were overwhelmed, health care workers were drastically overstretched and the country's supply of oxygen was running low. More than 200 Ugandan legislators and staff tested positive for COVID-19 within a three-week span, forcing the closure of parliament.

In response to rapidly escalating case counts, the Ugandan government implemented a 42-day lockdown on 7 Jun, which included the closure of schools and places of worship, a ban on public gatherings and restrictions on all non-essential interdistrict travel. These measures were partially loosened at the end of July with the reopening of public transportation, but it was not until 23 Sep (the end of the fielding of the survey) that measures were fully lifted. During lockdown, mobility significantly decreased, indicating high adherence to measures; this is likely due to harsh enforcement by the Ugandan police.

While such restrictive measures are likely slowing the spread of COVID-19 transmission in Uganda, they have imposed substantial secondary burdens on communities. Schools have been at least partially closed for 18 months of the pandemic, leaving millions of children — particularly in rural areas — out of the classroom. These prolonged school closures have exacerbated inequality (as increased school fees bar lower-income households from accessing education) and contributed to a rise in forced marriages and teen pregnancies (the latter of which has risen from one-quarter to one-third of girls in most villages). Uganda's GDP declined by 0.5% in 2020, after growing 7.5% in 2019; the World Bank reports widespread business closures, a rapid slowdown of activity — particularly in the urban informal sector — and a fall in household income.

Uganda began its COVID-19 vaccination campaign on 9 Mar 2021; as of 3 Oct 2021, approximately 5% of the population has been vaccinated with at least one dose. Uganda aims to vaccinate at least 4.9 million people (10% of the population) by the end of the year. Currently, health workers, teachers, security personnel and students over the age of 18 are considered high priority for vaccination.

The tightening of restrictive measures in June 2021 played a key role in the decline of Uganda's second wave of COVID-19 cases; these measures were only loosened once cases significantly declined.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

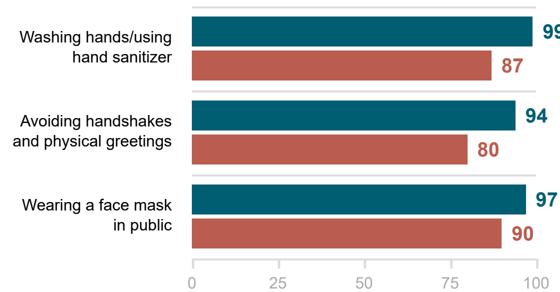
Self-reported adherence to measures restricting social gatherings and movement increased dramatically since the previous survey (by 26 and 13 percentage points, respectively), in contrast to the steep decline seen between August 2020 and February 2021. Uganda was the only surveyed Member State other than Kenya to see an increase in self-reported PHSM adherence. Support for all PHSMs was on par with February findings.

- Self-reported adherence has fluctuated in accordance with changes in government-mandated PHSMs: the decline in adherence between August 2020 and February 2021 coincided with the loosening of restrictive measures, whereas the sharp increase in adherence since February was likely the result of new measures introduced in June 2021 and their harsh enforcement by police. Satisfaction with the government's response to COVID-19 was also associated with self-reported adherence to all types of measures.
- While adherence to PHSMs was the same across income groups for individual measures and those restricting social gatherings, fewer lower-income respondents reported adherence to measures restricting movement than did higher-income respondents (27% vs. 45%), likely due to the economic burden these measures place on individuals and communities.

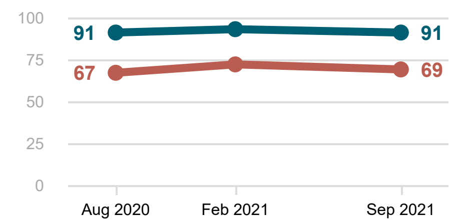
Individual measures

Support for and self-reported adherence to individual measures did not change from the February 2021 survey.

Support for and adherence to each individual measure in Sep 2021



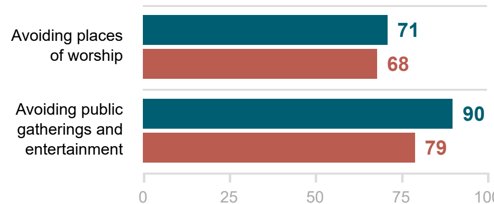
Trend in support for and adherence to all individual measures (composite score)



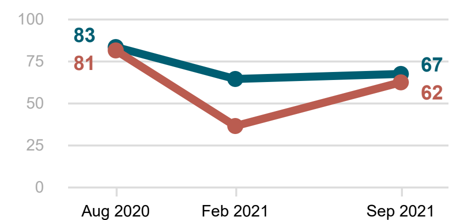
Measures restricting social gatherings

Support for and self-reported adherence to avoiding places of worship and avoiding public gatherings were above the average of all surveyed Member States.

Support for and adherence to each social measure in Sep 2021



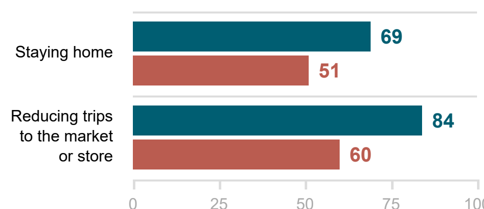
Trend in support for and adherence to all social measures (composite score)



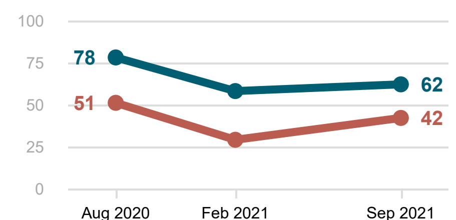
Measures restricting movement

Self-reported adherence to measures restricting movement increased since February 2021, likely due to the stricter measures in place at the time of the survey.

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



Information and Risk Perception

How do people understand risk?

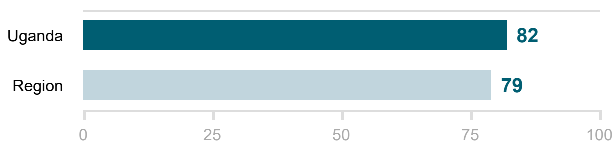
What the data say

Perceptions of risk of COVID-19 in Uganda were on par with the Eastern regional averages, as was the share of those who felt COVID-19 was a top concern. Perceived personal risk of infection (24%) and severe health outcomes if infected (48%) both decreased since the February 2021 survey (to 31% and 58%, respectively).

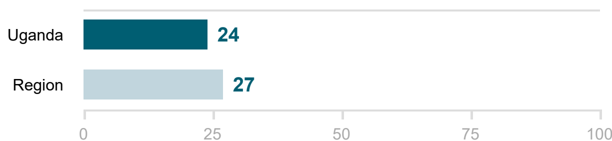
- There were no major sociodemographic differences between those with high and low perceived personal risk of infection. However, high risk perception was more common among respondents who reported that they were not likely to receive the COVID-19 vaccine than among those who had received or were likely to receive the vaccine (34% vs. 22%), potentially aligning with reports of a decline in vaccine intent and lack of trust in the vaccine.
- Belief that one's health would be seriously affected if infected with the virus was more common among lower-income respondents than higher-income households (57% vs. 41%), and among those with long-standing illness than among those without (57% vs. 45%), potentially related to financial barriers to accessing quality treatment and fear of co-morbidity.
- At 71%, access to income and employment was by far the most commonly-reported concern among respondents in Uganda, aligning with reports of increased unemployment and income loss since the pandemic began, particularly in the informal sector. More lower-income respondents reported concern about access to income than higher-income respondents (82% vs. 67%). Access to food was also reported as a top concern by one-third of respondents.

How do people understand the risk of COVID-19?

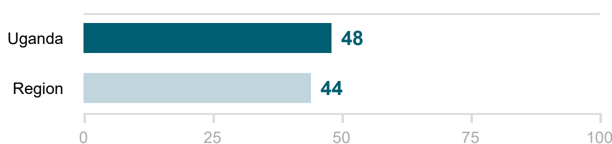
82% believe that COVID-19 will affect many people in their country



24% believe that their personal risk of being infected with COVID-19 is high

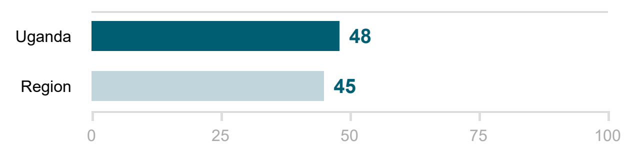


48% believe that their health would be seriously affected by COVID-19

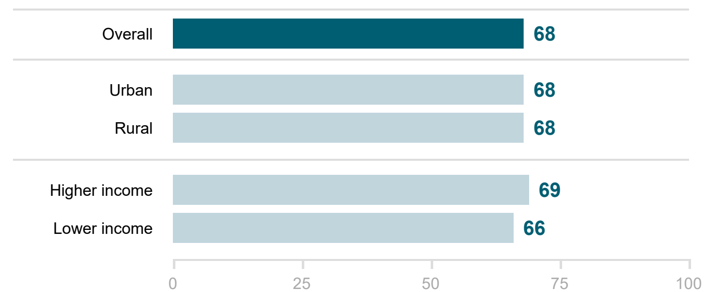


How concerned are people about COVID-19?

48% report COVID-19 as being a top concern



68% are anxious about resuming normal activities



The issues most concerning to people

Percentage of people reporting concern about a particular issue

Issue	%
Access to income/work/unemployment	71%
COVID-19 pandemic	48%
Access to food	34%

Information and Risk Perception

Whom do people trust?

What the data say

Fewer than three-quarters of respondents in Uganda were satisfied with the government's pandemic response, a decline of 10 percentage points since the February 2021 survey (82%).

- The Ministry of Health remains one of the most trusted institutions in Uganda with regard to its approach to the pandemic, on par with February findings (92%), reflecting its generally effective control of the COVID-19 outbreak and the trust it has cultivated over time.
- By contrast, trust in the president's handling of the pandemic declined by 11 percentage points since February 2021 (from 89% to 78%). These data are consistent with the tumultuous re-election of President Museveni in January 2021 and continued unrest around his reported politicization and enforcement of restrictive measures.

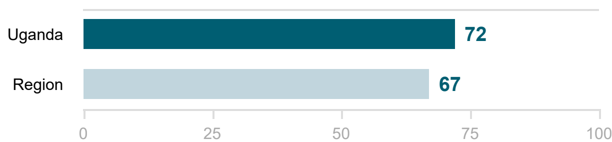
Local information sources — including television and radio — were the most trusted among respondents, and were also the most consulted for information regarding COVID-19 (74% and 78%, respectively). Local religious and community leaders were also highly trusted in Uganda (72% and 70%) but were less commonly consulted for information about the COVID-19 pandemic (16% and 22%). Partnering with these leaders may be an effective strategy for dispensing accurate information about the pandemic and COVID-19 vaccination.

- Facebook and Whatsapp were trusted and used for information by one-third of respondents, on par with the average of all other surveyed Member States. Such findings are concerning given the prevalence of misinformation circulating on social media; however, they also represent an opportunity for the government to continue to use these platforms to disseminate accurate health information.

What do people think about their country's institutions?

Lower-income respondents reported satisfaction with the government's response to the pandemic at a substantially higher rate than higher-income respondents (81% vs. 61%), as did those with lower education levels (77% of respondents with completed secondary degrees or lower, compared to 61% of those with some university degree or higher).

72% are satisfied with the government's pandemic response



Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

Hospitals/health centers	90%
Ministry of Health	88%
World Health Organization (WHO)	82%

Do people believe accurate information?

Respondents in Uganda reported widespread understanding of the importance of preventive measures necessary for COVID-19 mitigation (i.e., hand-washing and mask-wearing, both with averages of 95%) and of asymptomatic disease transmission (88%), on par with other surveyed Member States in the Eastern region. However, belief that both health care workers and those who have previously been infected with COVID-19 should be avoided was also widespread. As local television and radio, as well as health care workers/centers, were highly trusted for COVID-19 information, policymakers should continue efforts to leverage these platforms to share accurate information about COVID-19 preventative measures. However, belief in herbal cures for COVID-19 was also prevalent, and above the Eastern regional average (46%), in line with official approval of some herbal remedies to treat COVID-19 in Uganda.

Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Health center/health workers	83%
Local radio	80%
Local television	79%

88% understand that infected people may never show symptoms but could still infect others.

82% understand that infected people may not show symptoms for five to 14 days.

62% believe that COVID-19 can be cured with herbal remedies.

54% think they should avoid health care workers because they could get COVID-19 from them.

Vaccine Beliefs and Uptake

Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

What the data say

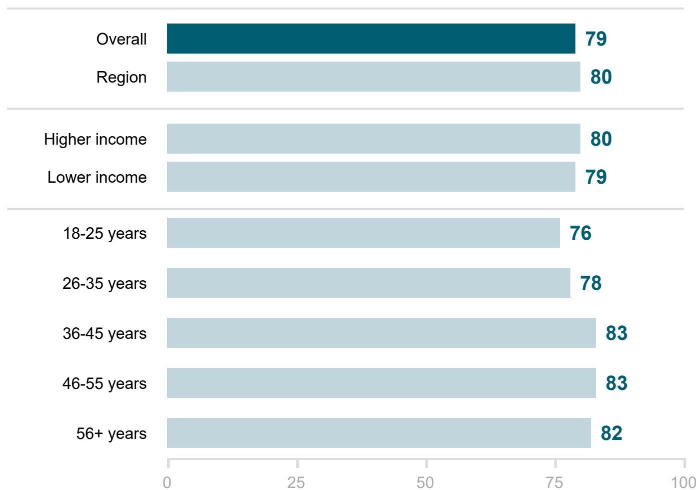
Almost eight in 10 respondents reported being vaccinated or likely to get the COVID-19 vaccine, on par with the Eastern regional average (80%). Uganda is one of the only surveyed Member States (in addition to Nigeria) where the share of respondents reporting they were likely to be vaccinated decreased since February 2021 (from 85% to 79%).

- Misinformation appeared to be an important factor influencing vaccine hesitancy: of respondents who were unlikely to be vaccinated, four in five cited some belief in misinformation narratives, including that the vaccine is deadly (37%), it gives the recipient COVID-19 (21%), that COVID-19 is not real (14%), and/or other varied negative rumors (8%). This is consistent with media reports indicating rampant circulation of misinformation on social media.
- Almost six in 10 respondents requested more information on vaccine types. In addition, one-quarter of respondents expressing hesitancy cited information gaps as a top reason for being unlikely to get vaccinated. Given high levels of trust in locally-sourced information, as well as community and religious leaders, policymakers may wish to engage these leaders directly to support vaccine campaigns.

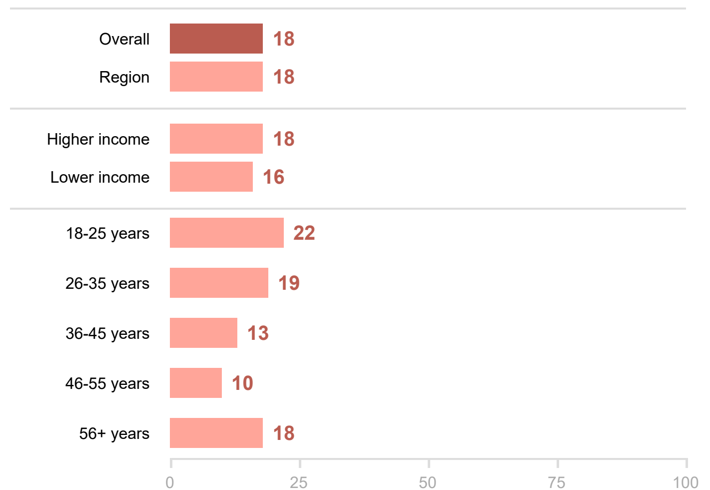
How many people reported getting or planning to get the COVID-19 vaccine?

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

79% are vaccinated or are likely to get vaccinated



18% are unlikely to get vaccinated



What do people think about COVID-19 vaccines?

Top information wanted about vaccines

Percentage of people reporting each type of information

What types of vaccines are there, what are they made of and how do they work?	58%
How safe is the vaccine?	40%
How effective is the vaccine?	39%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

I do not feel I am at risk of catching the virus	44%
The vaccine can kill people	37%
I do not yet know enough about the vaccine to make a decision	24%

Secondary Burdens

Are people skipping or delaying health care?

What the data say

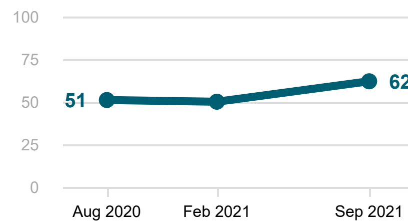
Among those who needed care, 43% of respondents in Uganda reported missing or delaying health visits in the past six months; 62% reported difficulty accessing medicine in the past three months. Shares of missed health services and difficulty accessing needed medication substantially increased since February 2021 (from 30% and 50%, respectively).

- The July 2021 wave and corresponding PHSMs had a severe impact on access to health services: one-fifth of respondents who missed health visits cited facility disruptions as a barrier; an additional 50% cited mobility restrictions put in place by the government.
- More than one-third of respondents reported skipping a needed health visit for a known communicable disease, and an additional one-third for symptoms that could be related to an infectious disease. In total, 35% of respondents missed a visit for malaria, with an additional 5% for tuberculosis and 4% for HIV. Malaria is the leading cause of death in Uganda; Uganda is also one of 30 WHO-designated countries with a high burden of HIV/TB.
- Reproductive, maternal, newborn and child health (RMNCH) visits were the most commonly skipped by respondents. An Amref Health Africa survey also found a drop in access for RMNCH, primarily due to fear of COVID-19 infection in health facilities.

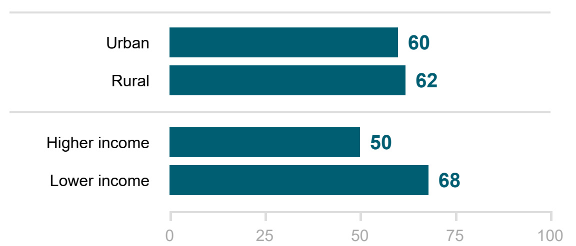
Difficulty getting medicines

Those with long-standing illnesses (70%) and high risk perception (69%) reported difficulty accessing medicines at higher rates than those without long-standing illnesses and those with low risk perception (59% and 58%, respectively).

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



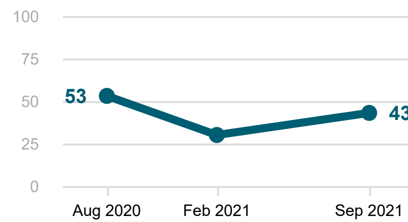
Percentage having difficulty getting medicines by category



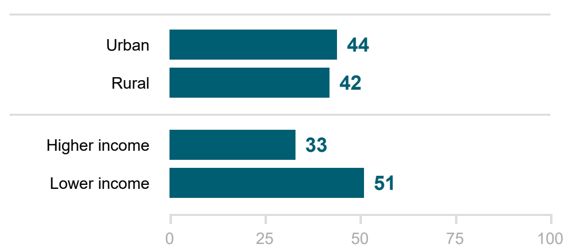
Skipping or delaying health visits

Those with long-standing illnesses (53%) and high perception of risk (49%) reported skipping or delaying health visits at higher rates than those without long-standing illnesses and those with low risk perception (40% for both).

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



Percentage skipping or delaying health care visits by category



Reasons for skipping or delaying visits

People could choose multiple responses

Reason	%
Mobility restrictions/transport challenges	54%
Cost/affordability	35%
Health facility disruption	21%
Worried about catching COVID-19	16%
Self-isolating with suspected COVID-19	11%

Types of health visits that were skipped or delayed

People could choose multiple responses

Type	%
Communicable diseases	37%
Reproductive, maternal, newborn, child health	34%
Diagnostic services/symptoms	28%
General/routine check-up	25%
Noncommunicable diseases	23%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

Almost nine out of 10 respondents in Uganda reported income loss since the beginning of the pandemic, on par with February 2021; this is well above the average for all surveyed Member States (76%). In addition, respondents reported a substantial uptick in missing or reducing meals in the last week — increasing from half to three-quarters of respondents since February.

- Reports show that the negative effects of the pandemic have been far-reaching, particularly on employment, inflation and poverty. Survey results showed that income loss was high across all demographics.
- More than nine in 10 respondents have reported at least one barrier to food access in the past seven days (94%). The two most often-cited barriers to food access were income loss (81%) and higher food prices (80%).
- PHSMs in place have also severely impacted access to food; mobility restrictions and closures of food markets affected more than half of respondents (increases from 30% and 28% in February).
- More respondents in Uganda reported receiving government assistance for COVID-19 than in other surveyed Member States; approximately two out of 10 respondents, on par with results from February 2021. The Ugandan government has begun distributing cash assistance for COVID-19 relief to people most affected by the June lockdown. However, more survey respondents reported receiving food (13%) and personal protective equipment (9%), than cash assistance (4%). Due to the substantial impact of COVID-19 restrictions on the economy and communities' well-being, many are still in need.

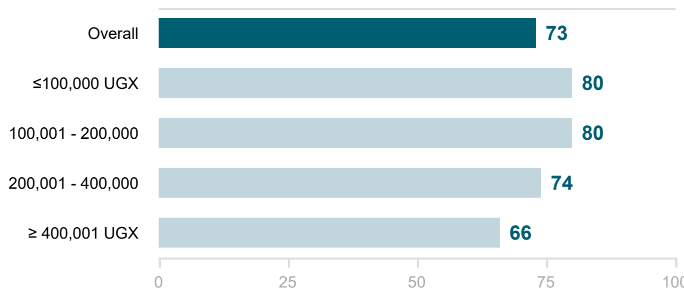
Reported barriers to food access

Percentage of people reporting each barrier

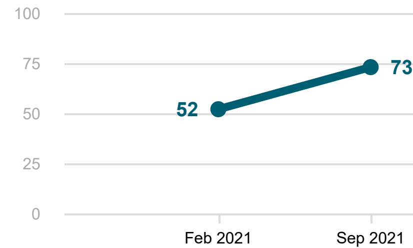
Barrier	Percentage
Less income	81%
Higher food prices	80%
Food markets closed	56%
Mobility restrictions	63%
Food market supply shortages	60%

Missing meals

*Percentage of households **missing meals** by category*



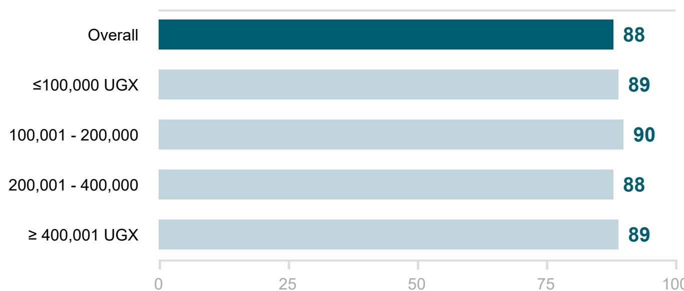
*Percentage of households **missing meals** over time*



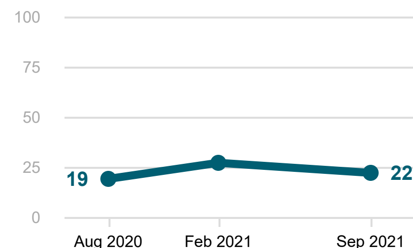
Note: Data on missing meals were not collected in Aug 2020.

Income loss and receiving government assistance

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



*Percentage of households receiving **government assistance** over time*



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).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology 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.
- 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 are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are 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 Uganda consisted of 1,338 adults (301 urban, 1037 rural), collected between 20 and 30 Sep 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 100,000 UGX and below
- Low middle income: Monthly household income 100,001 UGX - 200,000 UGX
- High middle income: Monthly household income 200,001 UGX - 400,000 UGX
- High income: Monthly household income 400,001 UGX and above