



BACKGROUND

Although the first case of COVID-19 in Uganda was confirmed on the 22nd of March, Government of Uganda had undertaken several actions starting on the 18th of March, including travel restrictions, a 14-day quarantine for all international arrivals, and cancellation of all international conferences and public gatherings, including, but not limited to, religious services, weddings and concerts. On the 30th of March, the President declared a nationwide curfew from 7 pm to 6:30 am; banned public transportation; and instituted strict regulations for the movement of government and private vehicles. Containment measures, regional instability and broader trade uncertainty are expected to negatively affect economic activities, growth and incomes. Poverty is expected to increase as a result of the impact of COVID-19 on trade and services, while lower internal and external demand for agricultural products will deteriorate rural incomes.

In June 2020, the Uganda Bureau of Statistics (UBOS), with the support from the World Bank, has officially launched the High-Frequency Phone Survey on COVID-19 to track the impacts of the pandemic on a monthly basis for a period of 12 months. The survey aimed to recontact the entire sample of households that had been interviewed during the Uganda National Panel Survey (UNPS) 2019/20 round and that had phone numbers for at least one household member or a reference individual. Of 2,421 households that were attempted to be interviewed, 2,259 were successfully interviewed, representing 93 percent of the initial target sample. Gender distribution of the respondents was close to parity. This brief presents findings from the first round of the survey that was conducted during the period of June 3-20, 2020.

KNOWLEDGE, BEHAVIOR AND CONCERNS RELATED TO COVID-19 TRANSMISSION

Knowledge of COVID-19 symptoms is still far from universal. The most frequent COVID-19 symptoms such as dry cough, fever and shortness of breath were in fact not mentioned by all respondents. Eighty three percent of respondents reported dry cough to be a COVID-19 symptom, and there were no significant differences in reporting by the level of respondent's education. On the other hand, while fever was mentioned by 67% of respondents, the awareness of this symptom was significantly lower among those that never attended school (48%). Only 36% of respondents named shortness of breath as a COVID-19 symptom and almost nobody mentioned loss of smell or taste (4%).

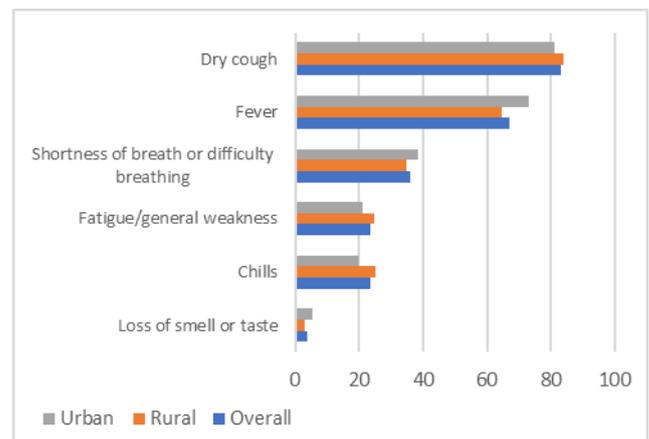
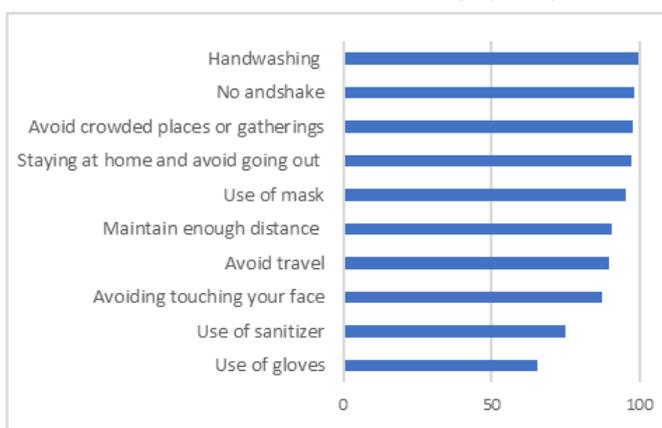


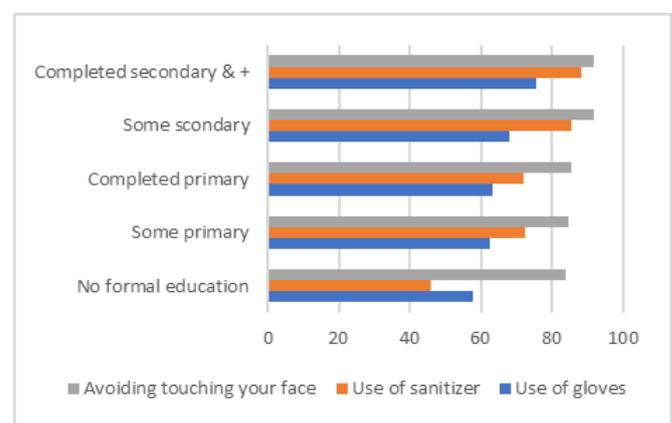
Figure 1. Knowledge of selected COVID-19 symptoms

Awareness of preventive measures is quite high, but with some variation across rurallurban areas and pre-COVID-19 consumption quintiles based on UNPS 2019/20. The respondents were well-informed about the important preventive measures such as handwashing (100%), avoiding

gatherings (98%), wearing a mask (95%), social distancing (91%) and avoiding touching the face (87%). Key preventive measures such as handwashing and social distancing were universally known.



a) at the national level



b) by the level of respondent's education

Figure 2. Knowledge of selected measures to reduce the risk of contracting coronavirus (% of respondents)



However, the poorest 20% of the respondents as well respondents that are living in rural areas and those that are less

educated are less aware of some preventive measures such as using sanitizers and gloves and avoiding touching the face.

False beliefs regarding COVID-19 coexist with accurate knowledge about symptoms and preventive measures and are correlated with the level of respondent's education. Large groups of respondents reported false beliefs regarding COVID-19 which may discourage hygiene and social distancing. 44% of the respondents believe that coronavirus will not survive in warm weather; 38% believe that local herbs can help treating COVID-19 patients; 26% think that

consumption of alcohol provides immunity to the disease; 22% are of the opinion that Africans are immune to COVID-19; and 16% do not think that children can be affected by COVID-19. Almost all false beliefs are strongly correlated with lower levels of education. False beliefs may contribute to lower adoption of preventive measures despite very high shares of respondents (more than 95%) who claimed to have altered their behavior in favor of safe practices.

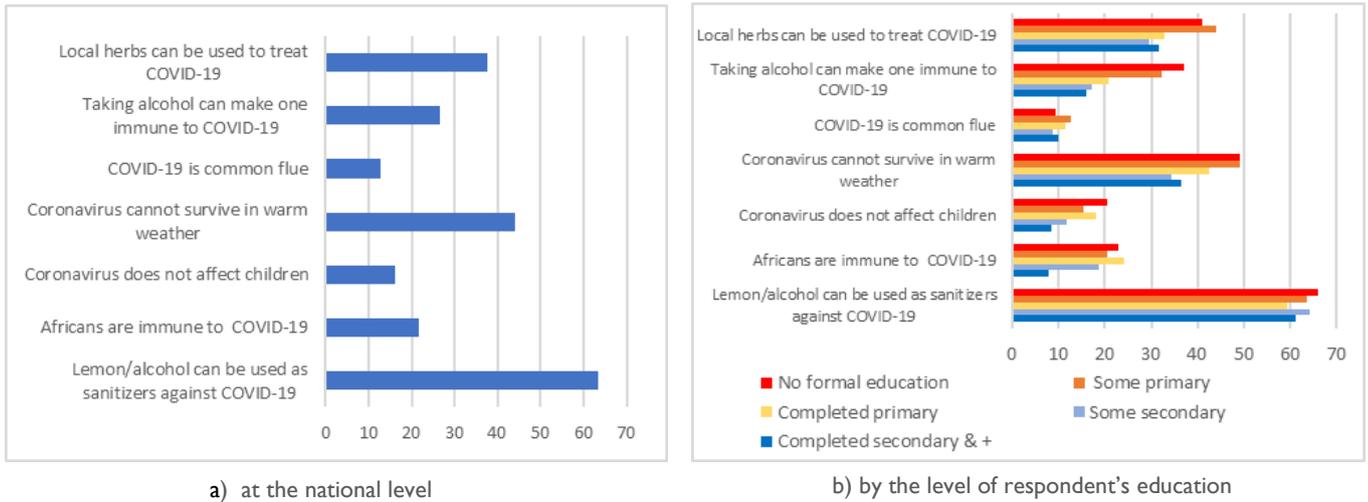


Figure 3. Share of respondents who either believe in false statements regarding COVID-19

Absolute majority of respondents consider coronavirus as a threat both to health and financial status of their households. 76% of respondents worry about themselves or their immediate family members becoming seriously ill due to the coronavirus. Even more respondents (86%) perceive a threat to their household's finances from the coronavirus. While urban respondents (90%) are more likely to feel a

threat to their household's finances compared to rural respondents (84%), the level of concern in fact does not vary by pre-COVID-19 household per capita consumption quintile. 89% of respondents living in the poorest 20% of households perceive a threat to their household's finances due to the coronavirus, while the comparable estimate is 88% among those living in the richest 20% of households.

ACCESS TO BASIC NEEDS

Soap and water

Access to water is not an issue but having enough soap is a problem among the poorest households, mainly due to economic reasons. Hand hygiene remains one of the most effective actions to reduce the spread of COVID-19. Each respondent was asked whether his/her household had enough soap to wash hands and whether the household had access to water during last 7 days. Less than 1% of households had issues accessing water, while almost 18% of households struggled having enough soap to wash hands. This share is largest in rural areas (20%) and among the poorest households (30%). Absolute majority of those who did not have enough soap point to economic reasons: could not afford it (67%), no cash to buy (13%) and high prices (8%).

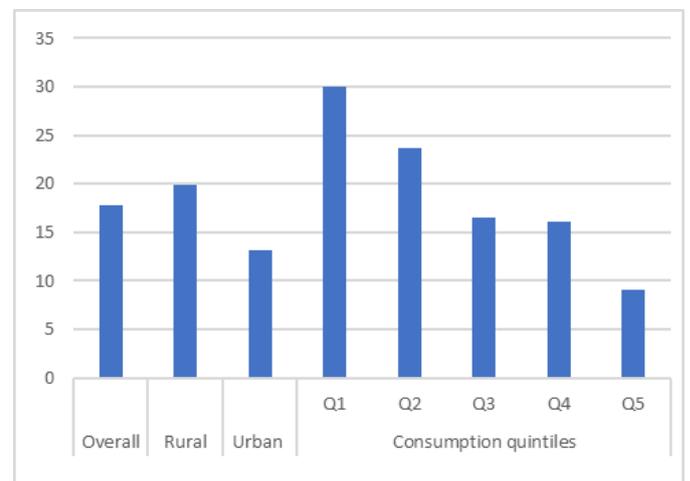


Figure 4. Share of households without enough soap to wash hands



Main staple and non-staple food items

Access to main staple and non-staple food items consumed with staples remains relatively high. Each respondent was asked to (i) specify the main staple food item, and separately, the main non-staple food item consumed with the staple item (referred to as “sauce” in the interview) for his/her household, and (ii) report on the household’s need and ability to buy these items during the week preceding the survey. Most households needed to buy the main staple, but the ratio is lower in rural (72%) than urban areas (85%). Among those that reported the need to buy their main staple food item, 16% could not do so. Similarly, of those that needed to buy their main non-staple food item, 19% could not do so. Otherwise, there are no clear differences in access to main staple and non-staple food items across the pre-COVID-19 household per capita consumption quintiles.

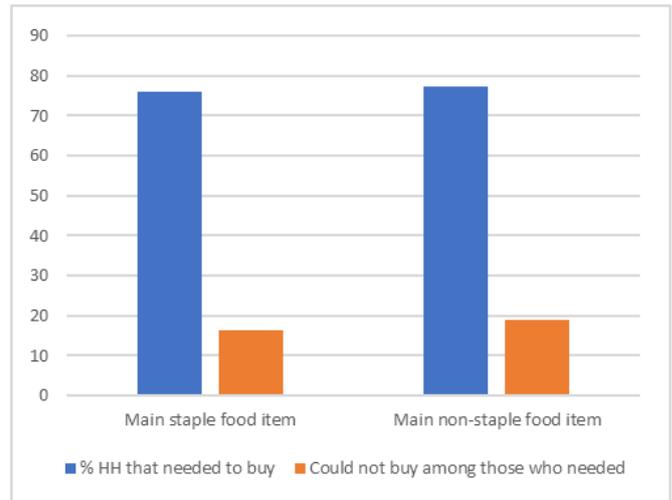


Figure 5. Share of households who needed to buy food items, and share of households who were not able to do so, conditional on need

Economic reasons restrict access to main staple and non-staple food items. The main reasons for not being able to buy these items were (i) increase in price and (ii) lack of cash (and inability to use a credit card). The respondents living in

poorest 20 percent of households and in rural areas are more likely to report lack of cash as the main reason, while those living in wealthier households and in urban areas are more likely to be affected by increase in prices.

Health services

Rural households experienced more issues accessing medicine compared to their urban counterparts. Respondents were asked about their households’ need for medicine during the week preceding the survey. About 80%

of households needed medicine during this reference period. Among those that needed medicine, 33% could not access it. The comparable estimate was 36% among rural households versus 26% among urban households.

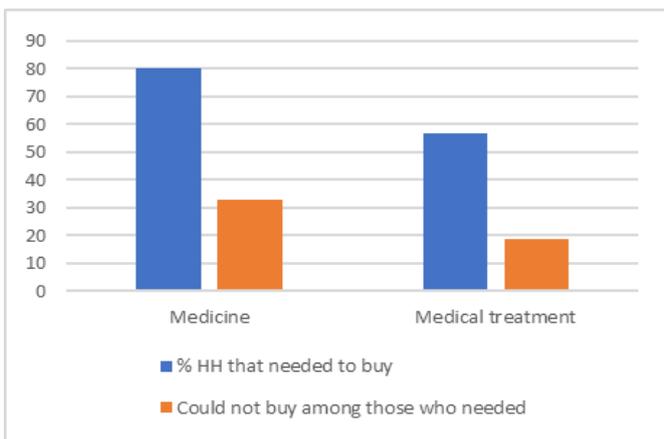


Figure 6. Share of households who needed medicine and medical treatment, and share of those who were not able to do so, conditional on need

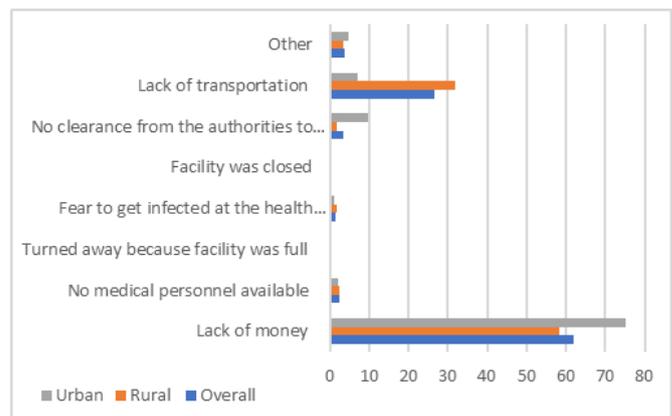


Figure 7. Reasons of not being able to access medical treatment when needed, by urban/rural

Rural residents experienced more issues accessing medical treatment - mainly due to lack of money and lack of transportation. Respondents were asked about their households’ need for medical treatment since March 20. About 57 percent of households needed medical treatment

during this reference period. Rural households reported higher need for medical treatment than urban ones. Among those who needed medical treatment, 19% could not access it. The comparable estimate was 21% among rural households versus 15% among urban households.



For both rural and urban residents, lack of money was the key reason for the unmet need. Lack of transportation was also very important for rural households, while almost 10

percent of urban households could not access medical treatment due to the travel restrictions imposed by the authorities.

Education

School closures widen pre-existing inequalities in access to schooling. All schools were closed in Uganda on the 20th of March. Before the pandemic, distribution of households with any child age 3-18 enrolled in educational institutions were relatively equal across residence and pre-COVID-19 consumption quintiles. Overall, 92% of households with at least one child in the age group of 3-18 had at least one child enrolled in school prior to the closure of schools. After the closures, the share of households with any child attending any remote learning activity stands at 59% and is distributed very unequally. For example, it ranges from 44% among the poorest quintile to 74% among the richest quintile. There is also a statistically significant gap between rural and urban areas.

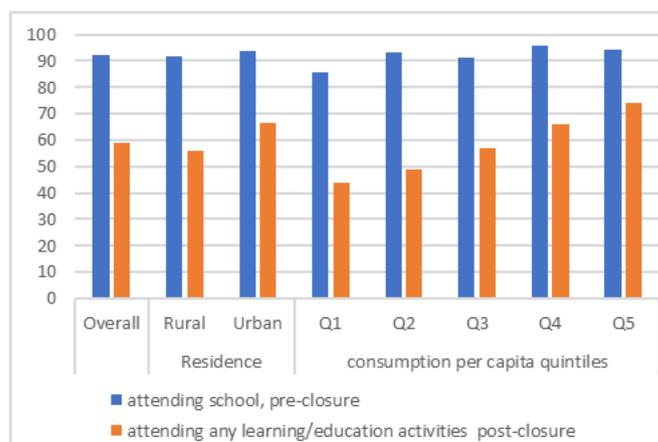


Figure 8. Share of households with a child (3-18) in school prior to closures vs. share of households with any child participating in remote learning activities after closures

Learning activities for children following the school closures exhibit differences across rural and urban areas and across the pre-COVID-19 household per capita consumption distribution. Children engage in numerous different learning activities, but far the most wide-reaching activities include using reading materials provided by the government, listening to radio, watching educational programs on TV and completing assignment provided by teacher. The types of distance learning activities differ across urban and rural areas and across consumption per capita probably due

to differences in electricity access and ownership of TVs, radios, and phones. Children from rural households and households from first and second poorest consumption per capita quintiles are more likely to listen to education programs on radio and use reading materials provided by government. Children from urban areas and wealthiest fourth and fifth consumption per capita quintiles are more likely to watch education TV programs and use mobile learning applications.

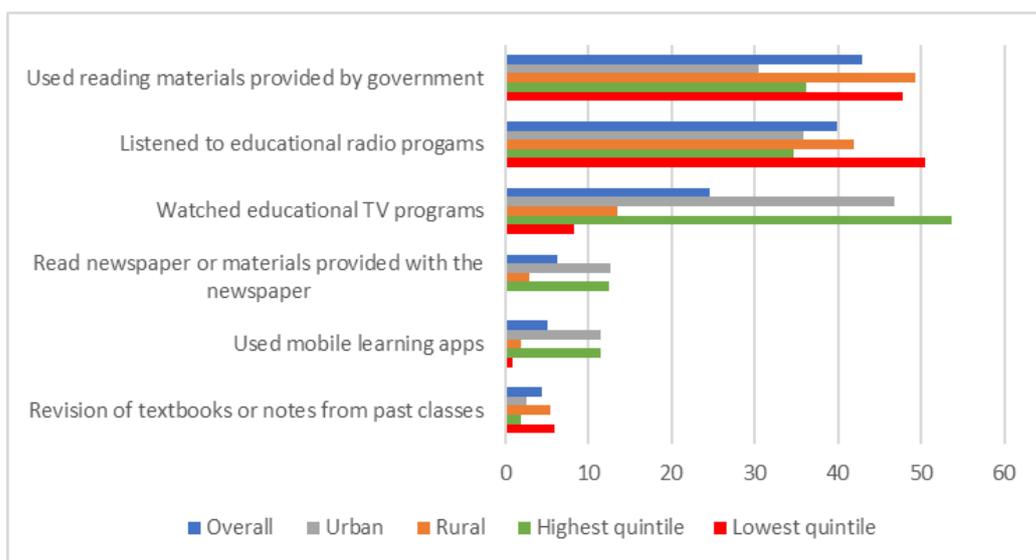
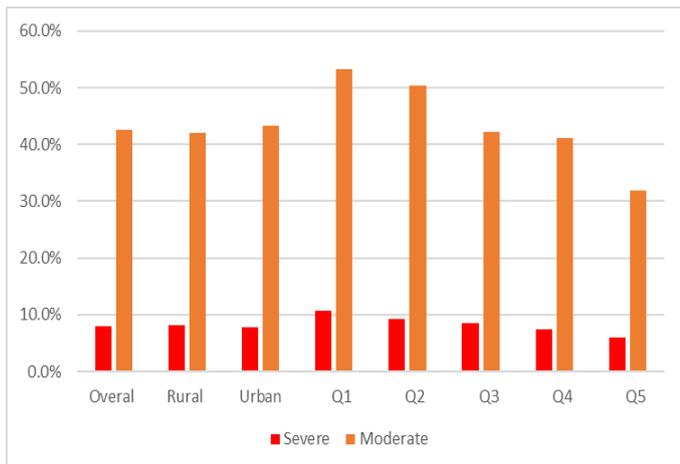


Figure 9. Share of households with students participating in specific educational activities during the school closures, by rural/urban (conditional on having at least one school-age child attending learning activities).

Food security

The survey asked eight food security questions which allow the construction of the Food Insecurity Experience Scale. We break down the selected food security indicators across

rural and urban areas and by pre-COVID-19 household per capita consumption quintiles.



Overall, in the last 30 days preceding the interview, 8% households experienced severe food insecurity while 42% experienced moderate or severe food insecurity. There were no statistically significant differences across urban and rural areas. However, households from the poorest consumption quintiles, in particular, the bottom 40 percent, are more likely to experience moderate or severe food insecurity.

Figure 10. Share of households with severe versus moderate or severe food insecurity, by rural/urban and pre-COVID-19 household per capita consumption quintile.

EMPLOYMENT AND LIVELIHOODS

Job losses, and changes in working conditions among wage employees

COVID-19 had a considerable impact on the working status of the respondents to the survey. The vast majority of the respondents were still working the week before the interview (70% on average), more than half of the non-working respondents stopped working after the restrictions put in place in response to the pandemic. Respondents in urban areas and those living in households in the top 40% of the pre-COVID-19 per capita consumption distribution suffered from job interruptions the most. More than 17 per cent of respondents in Central and Eastern Uganda stopped working after March 20, when the Government of Uganda closed schools and public offices. At the national-level, among 90 percent of respondents that stopped working cited COVID-19-related reasons for job interruptions.

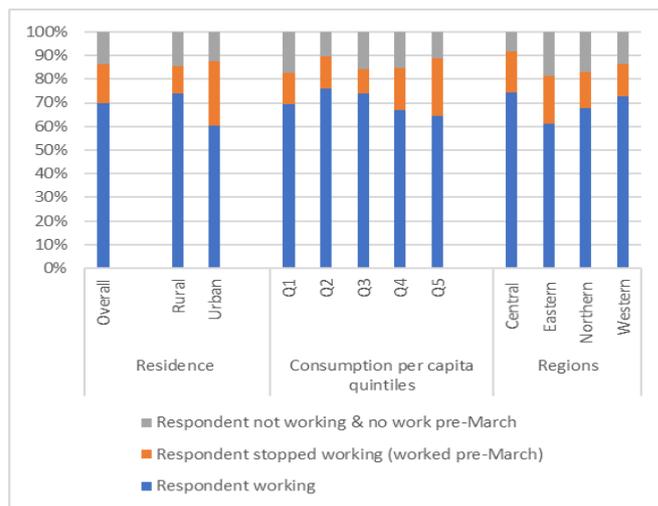


Figure 11. Status of employment last week, by rural/urban/regional residence and pre-COVID-19 household per capita consumption quintile.

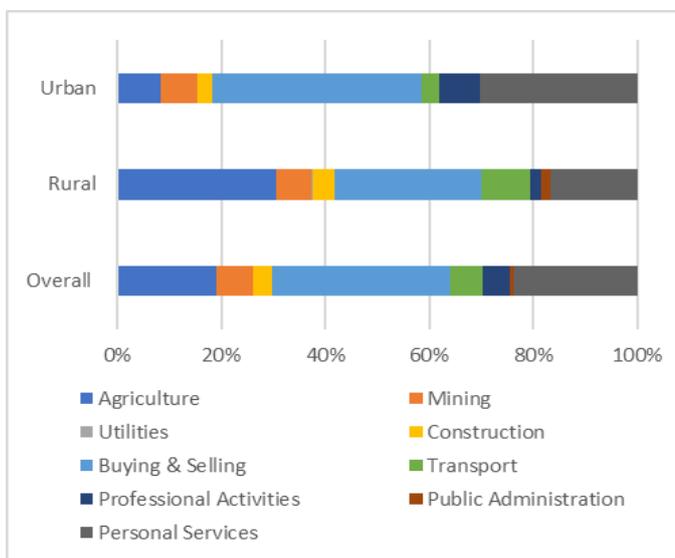


Figure 12. Work stoppages, by industry of main job.

Respondents who stopped working in the post-March 20 period were overwhelmingly employed in sectors that entail the most personal interactions. Overall, more than one third of these individuals were working in the commerce sector (i.e. buying and selling), while 24% were working in the service sector (i.e. personal services). There are notable differences in the sectoral composition of job interruptions across rural and urban areas. 40% of urban respondents who lost their jobs were working in the commerce sector, while 30% were working in the service sector. In rural areas, about one third of respondents who lost their jobs were working in agriculture, while 28% were working in the commerce sector and about 17% were employed in the service sector.



Service, transport and commerce are the sectors hit the most by the COVID-19 restrictions, having lost the highest share of workers. 43% of respondents in the service sector (i.e. personal services) were no longer working during the last week preceding the survey interview. The comparable estimates were for those in the transport and commerce (i.e. buying and selling) sectors were 39% and 34%, respectively. Agriculture was the least impacted sector. Indeed, 93% of respondents in this sector kept working despite the anti-COVID19 measures.

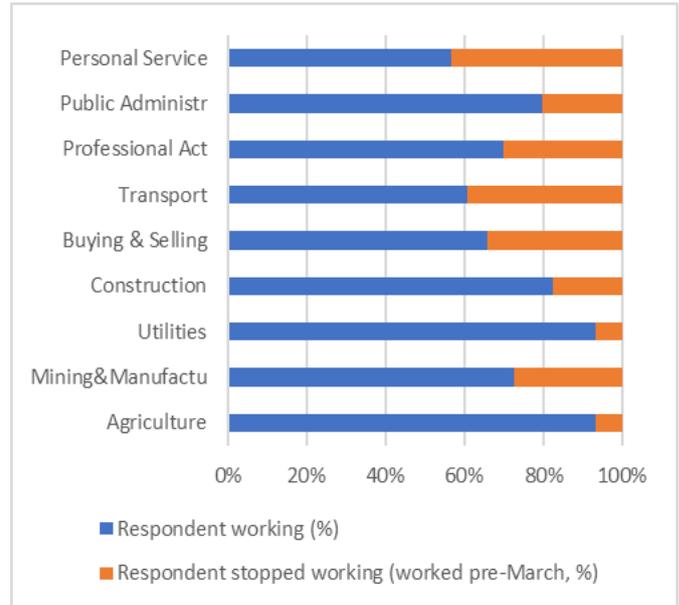


Figure 13. Status of employment last week, by industry of main job.

Income Changes

Since the COVID-19 outbreak, 87% of households have reported reduced income (or no earnings) from at least one of their sources of livelihood. Figure 14 provides the shares of households receiving income from specific sources over the last 12 months. Figure 15 shows the reported change in income since March 20 by income source, conditional on having received income from that source over the last 12 months. 90% of households involved in non-farm fam-

ily business suffered income losses (less or no earnings) subsequent to the COVID-19 outbreak. A contraction in transfers from-family within the country was observed among 83% of households that received this type of income in the last 12 months. The comparable incidence of income loss or no earnings was 65% among those that have received wage employment income in the last 12 months and 60% among households involved in farming.

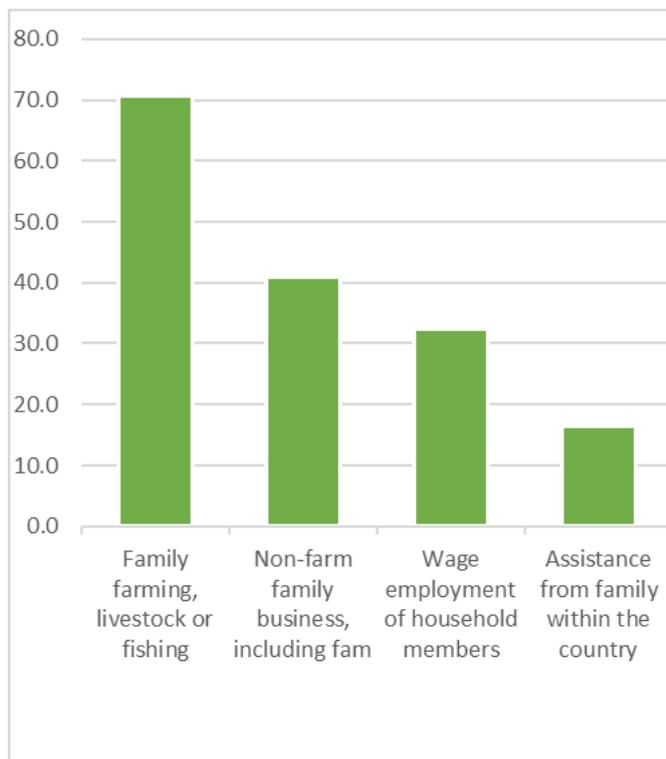


Figure 14. Household income sources in the last 12 months.

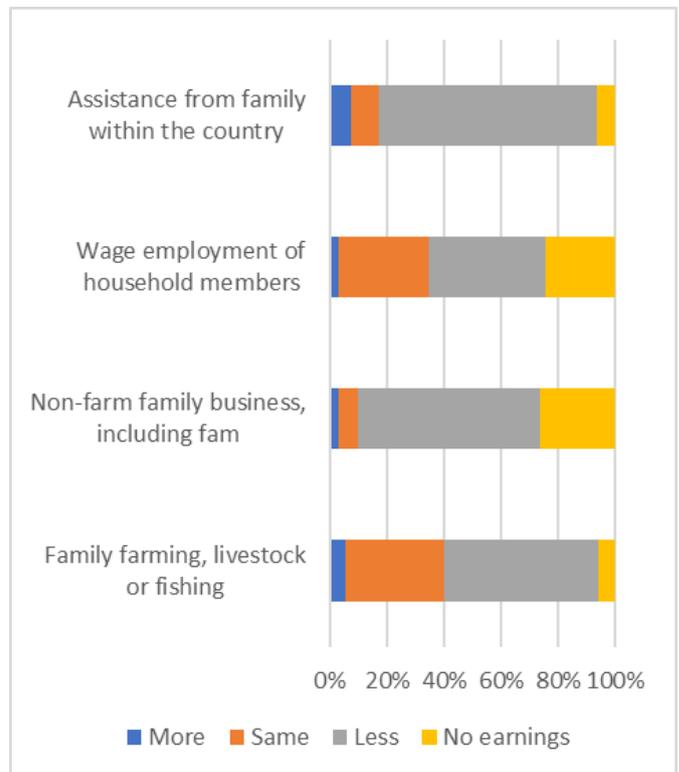


Figure 15. Changes in income since March 20, 2020.



The incidence of non-farm business ownership was highest among households in the top 40 percent of the pre-COVID-19 household per capita consumption distribution. Most of these businesses are in the commerce sector, which was the hardest hit by the pandemic. As shown in Table I below, 94% of households participating in the sector

have reported losses subsequent to the COVID-19 outbreak. 97% of these losses are due to a reason potentially related to the COVID-19. Although, only 6% of non-farm family businesses are in the transport industry, all have been reported to have experienced a contraction in revenue.

Table I. Family business - Revenues by enterprise

	% of HHs with family business	Current sales revenue (late March/ April), compared to February 2020*			Potentially related to COVID -19
		Less	Same	Higher	
Buying & Selling	68	94	5	2	97
Personal Services	10	91	8	1	97
Mining	9	10	90	0	100
Transport	6	100	0	0	98

AGRICULTURE

Crop farming

On the whole, the share of farming households increased from 72% in 2019 to 78% in 2020. The increase was 10 percentage points among those in Central Uganda, and 8 percentage points among households in Western Uganda as shown in Figure 16. The increase in the incidence of farming was most pronounced among those in the top 20% of the pre-COVID-19 household per capita consumption distribution.



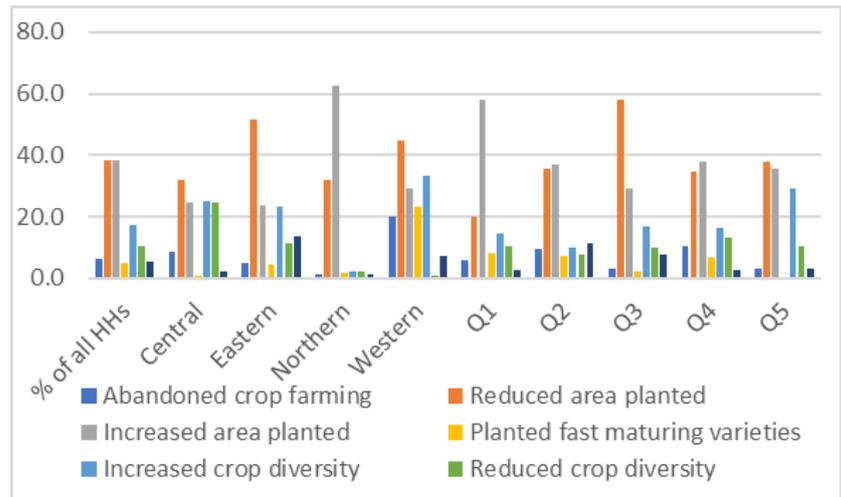
Figure 16: Share of households engaging in crop farming during the first seasons of 2019 versus 2020, by region and pre-COVID-19 household per capita consumption quintile.

23% of the households that were engaged in farming in 2020 reported that the COVID 19 pandemic had influenced their crop cultivation decisions. 38% of these households increased crop area under cultivation and 17% increased the diversity of crops cultivated on the farm. Increase in area planted was the most frequent change in planting activities in Northern Uganda and in the poorest consumption quintile. The surge in the diversity of crops cultivated on the farm is the preferred strategy for households in Western Uganda and for those that are in the top 40% of the pre-COVID-19 household per capita consumption distribution.

On the other hand, 38% of the households that have changed crop planting activities as a result of COVID-19 reduced crop area under cultivation, particularly in Eastern Uganda. While 11% reduced the diversity of crops cultivated on the farm, especially in Central Uganda. Further, 6% of households abandoned farming due to COVID 19 and this practice was most common in Western Uganda. Finally, the 5% of households delayed planting due to COVID-19 and particularly in Eastern Uganda. The main reported reasons for changing crop planting activities were being advised to stay home (51%), movement restrictions (42%), lack of availability of labor (17%) and lack of other input availability (6%).



Figure 17: Share of households undertaking specific changes to crop planting activities due to COVID-19, by region and pre-COVID-19 household per capita consumption quintile (Q1-Q5).

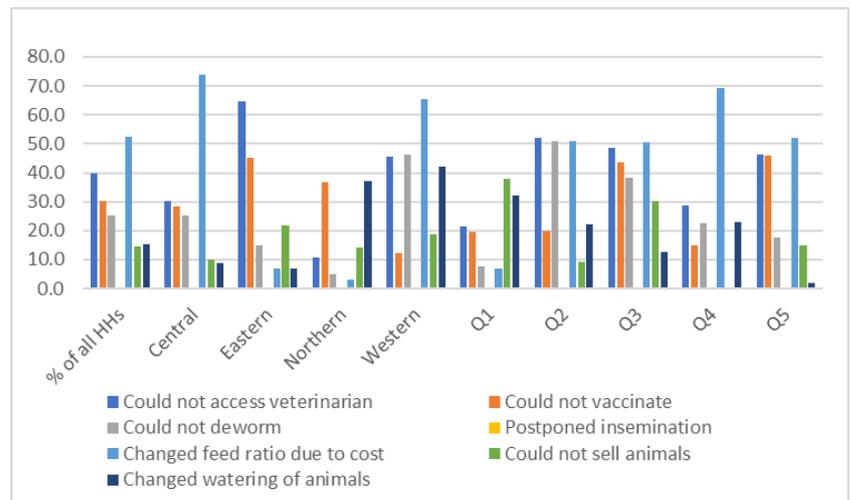


Livestock production

Only 8% of the livestock-keeping households reported that COVID-19 has affected their livestock production activities. Among the livestock keeping households that were affected by COVID-19, 52% changed feed ration due to costs, 40% could not access veterinary services, 30% could not vaccinate their animals, 25% could not deworm their animals, 15% had to change animal watering regime, and 15% could not sell their animals as shown in Figure 18. The postponement of Artificial insemination service (AIs) was not

reported probably because the use of Artificial Insemination (AI) is very rare in Uganda. Changing the feed ration was the most frequent effect of COVID-19 on livestock production in Central Uganda and Western Uganda while failure to access to veterinary services was the most reported effect as in Eastern Uganda. Inability to sell animals was most frequently reported among the household in the lowest consumption quintile (Q1), while changing feed ratio was associated with households in the higher consumption quintiles.

Figure 18. Effects of COVID-19 on livestock production activities, by region and pre-COVID-19 household per capita consumption quintile (Q1-Q5).



Sale of the Agricultural Outputs

COVID-19 has affected agricultural households' ability to sell their outputs due to closure of weekly and monthly markets as well as travel restrictions. Overall, 44% of households needed to sell farm produce. Among these households, 41% could not see their produce - corresponding to 18% of all farming households, irrespective of their need to sell agricultural outputs. Western Uganda had highest percentage of farmers that needed to sell the agricultural produce (57%) followed by Central Uganda (55%), East-

ern Uganda (31%) and Northern Uganda (30%). The regions with the higher share of households that needed to and were able to sell their products (namely Central and Western Uganda) were also the ones with the higher share of households that needed to but were unable to sell their products. Also, the need to sell and being able to sell was reported most by households in higher consumption quintile as shown in Figure 19.

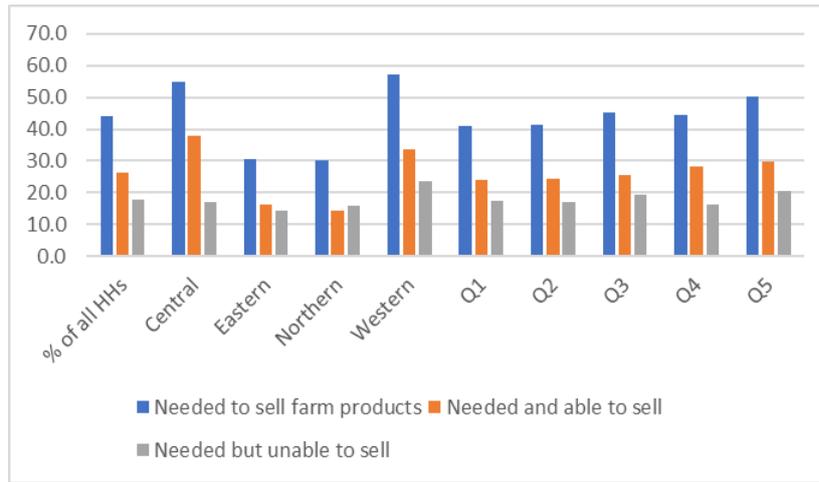


Figure 19: Effects of COVID 19 on sale agricultural produce by region and pre-COVID-19 household per capita consumption quintile (Q1-Q5).

SAFETY NET

Though not shown, the incidence of household cash transfer receipts from social assistance programs is less than 1%. At the national-level, 9% of households have received food aid since March 20. In urban areas, the incidence of food aid receipt is 17%, while the comparable statistic is 6% among rural households. Breaking down the incidence of food aid receipt by pre-COVID-19 household per capita consumption quintiles reveals that food transfers are not reaching the poorest and are in fact disproportionately targeted towards the richest. The incidence of food aid receipt is 5% in the poorest quintile, while the comparable statistic is 16% in the richest quintile. Though not reported, the national-level differences across consumption quintiles are driven specifically by what is happening in urban areas. These findings call for further research into and discussion regarding the process of targeting food transfers, particularly in urban areas and as a function of employment status and exposure to shocks, among other factors.

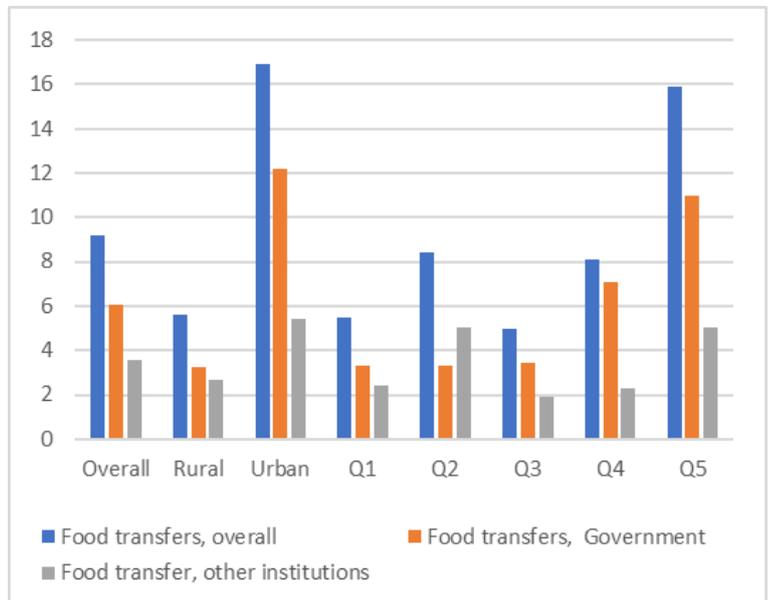


Figure 20. Incidence of Food Aid Receipt, by Rural/Urban and pre-COVID-19 household per capita consumption quintile (Q1-Q5).

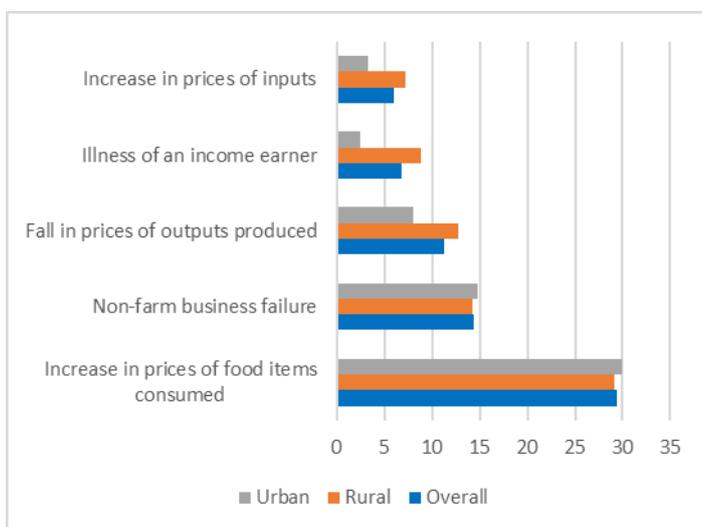


Figure 21. Incidence of selected shocks, by rural/urban.

Figure 21 reports incidence of household exposure to selected shocks since March 20. The most common shock is by far the increase in the prices of food items consumed. At the national-level, 29% of households are reported to have been exposed to increases in food prices. The second-most common shock is non-farm business failure, underlining again the adverse effects of COVID-19 on the informal economy and livelihoods. At the national-level, 14% of households reported to have been exposed to non-farm business failure, with no differences across rural and urban areas. Finally, the third-most common shock is the fall in prices of outputs produced by households. In this case, the incidence of household exposure is 11 percent at the national-level, 13% among rural households and 8% among urban households.



Figure 22 reports incidence of selected coping strategies among the sub-sample of households that were exposed to at least one shock since March 20. At the national-level, 23 percent of households did nothing in response to the shock – an estimate that was the highest for the poorest first pre-COVID-19 household per capita consumption quintile. The most common coping strategy was reliance on savings, with the national-level incidence of 43% disguising important differences by pre-COVID-19 household per capita consumption quintiles. The extent of reliance on savings is 51 percent among households in the richest quintile versus 37% among those in the poorest quintile. The second-most common coping strategy is reduction in food consumption. At the national-level, the incidence of reduction in food consumption among households exposed to shocks is 28 percent, with the comparable estimates in the top and bottom 20 percent of the pre-COVID-19 consumption distribution being 19 percent and 26 percent, respectively.

tion quintiles. The extent of reliance on savings is 51 percent among households in the richest quintile versus 37% among those in the poorest quintile. The second-most common coping strategy is reduction in food consumption. At the national-level, the incidence of reduction in food consumption among households exposed to shocks is 28 percent, with the comparable estimates in the top and bottom 20 percent of the pre-COVID-19 consumption distribution being 19 percent and 26 percent, respectively.

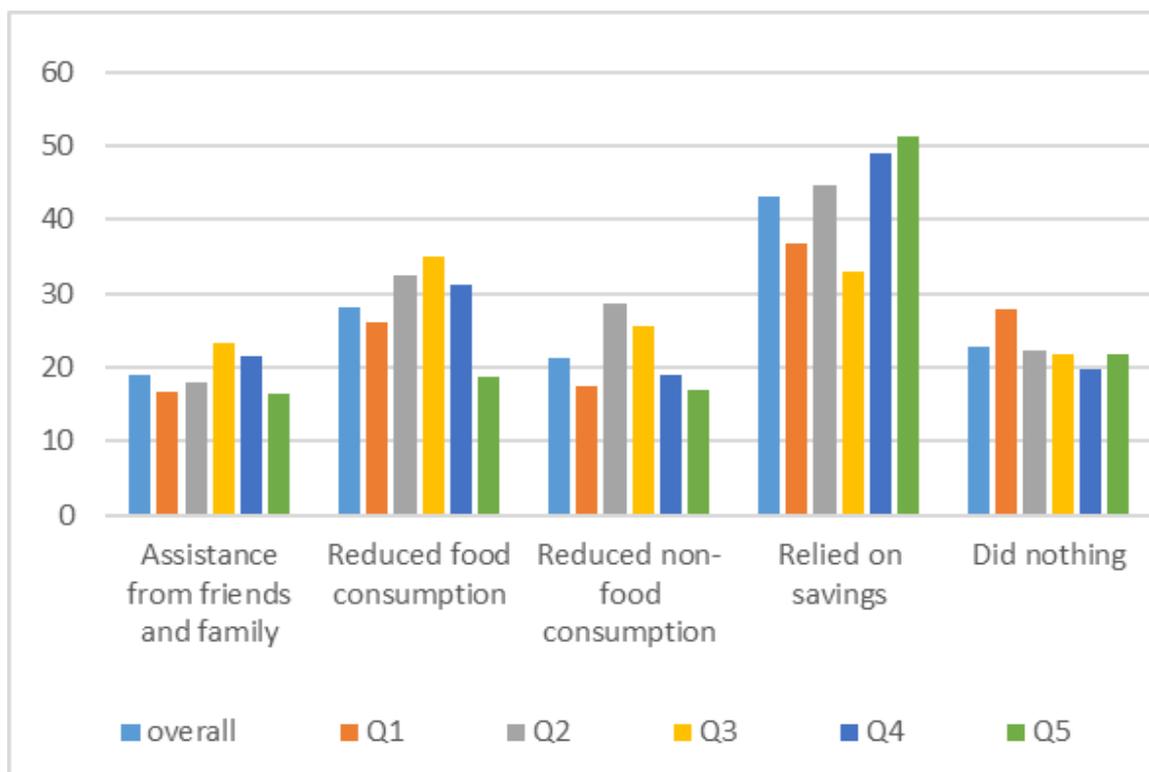


Figure 22. Distribution of Coping Strategies Among Households Exposed to Shocks, by pre-COVID-19 household consumption quintile.

Data Notes: Uganda High-Frequency Phone Survey (HFPS) on COVID-19 is implemented by the Uganda Bureau of Statistics (UBOS) during the period of June 2020-May 2021. The survey is part of a World Bank-supported global effort to support countries in their data collection efforts to monitor the impacts of COVID-19. The financing for data collection and technical assistance in support of the Uganda HFPS COVID-19 is provided by the United States Agency for International Development (USAID) and the World Bank. The technical assistance to the survey is provided by a World Bank team composed of staff from the Development Data Group - Living Standards Measurement Study (LSMS) program and the Poverty and Equity Global Practice. In Round 1, 2,421 households that had been previously interviewed during the 2019/20 round of the Uganda National Panel Survey (UNPS) were contacted, and 2,257 households were successfully interviewed, with the goal of re-interviewing them in the subsequent monthly HFPS COVID-19 rounds. The pre-COVID-19 UNPS data are nationally-representative and the survey weights were calculated for the HFPS sample (i) to counteract selection bias associated with not being able to call UNPS households without phone numbers, and (ii) to mitigate against non-response bias associated with not being able to interview all target UNPS households with phone numbers. For further details on the data, visit <http://www.worldbank.org/lms-covid19>.

