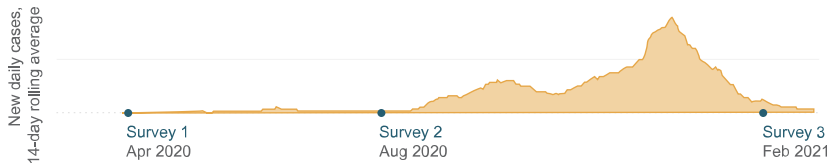# Finding the Balance: Public Health and Social Measures in Uganda

What is the purpose of this report?

This report describes findings from a telephone survey with 1,246 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 survey and analysis conducted since the pandemic began (see the first and second reports).

New daily cases, 14-day rolling average

Survey 1 — Apr 2020
Survey 2 — Aug 2020
Survey 3 — Feb 2021

National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	40,335
Cumulative incidence rate per 100,000 people	88
Test positivity rate Proportion of people who test postive for COVID-19 among all people who took a test, averaged over 7 days	1.2%
Total confirmed COVID-19 deaths	334
Case fatality ratio Proportion of total reported deaths among all people reported as testing positive for COVID-19	0.8%

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

Since reported new cases peaked in mid-December at about 700 per day, Uganda's COVID-19 caseload has declined steadily, and test positivity rates have remained low. While Uganda has been loosening PHSMs since June, with the lockdown being relaxed in September, restrictive measures were stringently enforced during the January 2021 elections—though concerns have been voiced that they served more to curtail political participation than to prevent COVID-19 transmission.

PHSM Support and Self-Reported Adherence

While support for and adherence to individual measures increased since the August 2020 survey, support for and adherence to all other measures dropped significantly. Satisfaction with the government's response to COVID-19 was the highest among all surveyed African Union (AU) Member States and the Ministry of Health was the most trusted institution—an indication of the longstanding trust communities have developed about the Ministry's ability to respond to various disease outbreaks.

Risk Perceptions and Information

Almost three-quarters of respondents believed that COVID-19 would affect many people in Uganda, in line with other Member States surveyed in the Eastern Region. A little more than three out of 10 believed that their personal risk of being infected by COVID-19 was high, slightly above the regional average of 27%.

Secondary Burdens

Ugandans are experiencing severe secondary burdens in the context of the COVID-19 pandemic, despite a decline in barriers to accessing essential health services. More than nine in 10 survey respondents (93%) said that their household income had fallen during the pandemic—the highest percentage among all surveyed Member States. Cost and affordability were the primary barriers to accessing food and health services.

PERC

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

At the peak of its second COVID-19 wave in December 2020, Uganda reported an average of around 700 new cases per day—more than double the daily number of cases reported during its first wave in September. Kampala, the capital of Uganda, has been the epicenter of reported transmission, accounting for 60-80% of cases detected.

Stringent PHSMs put in place early in March and April were touted for their initial success in keeping reported cases down, and mobility has stayed below pre-COVID-19 levels throughout the pandemic. Though no additional PHSMs were announced during the December wave beyond a two-day lockdown on New Year's Eve, the subsequent drop in cases was potentially due to strong messaging from the Ministry of Health urging people to wear masks in public and to stay home. The extremely high levels of trust in the Ministry found in the survey and the wide amplification of its posts on social media suggest that the Ministry stands out as one of the most powerful voices in spreading COVID-19 information in Uganda.

Though testing capacity was strained at the height of the December wave, with test positivity around 15%, as of February 2021, rates have remained under the 5% test positivity limit recommended by the World Health Organization (WHO). Vaccine distribution began in mid-March, with health care workers, teachers and high-risk groups given priority.

In January 2021, elections were held in Uganda, concluding in the reelection of President Yoweri Museveni. Reports show that the violence surrounding the election was some of the worst since the president took office in 1986; the government shut the internet down for five days and social media for one month, impacting news circulation in Uganda and raising public frustration and mistrust. The UN human rights office voiced concerns that the movement and gathering restrictions implemented during the elections were more for curtailing political participation than preventing COVID-19 transmission. Social media reactions toward these measures during the election period were widely negative. Users cited fears of police violence, suppression of free speech, and the belief that PHSMs are being used as a political tool; all likely to impact support for and adherence to PHSMs.

Reported new cases in Uganda peaked in December 2020 and have since fallen.
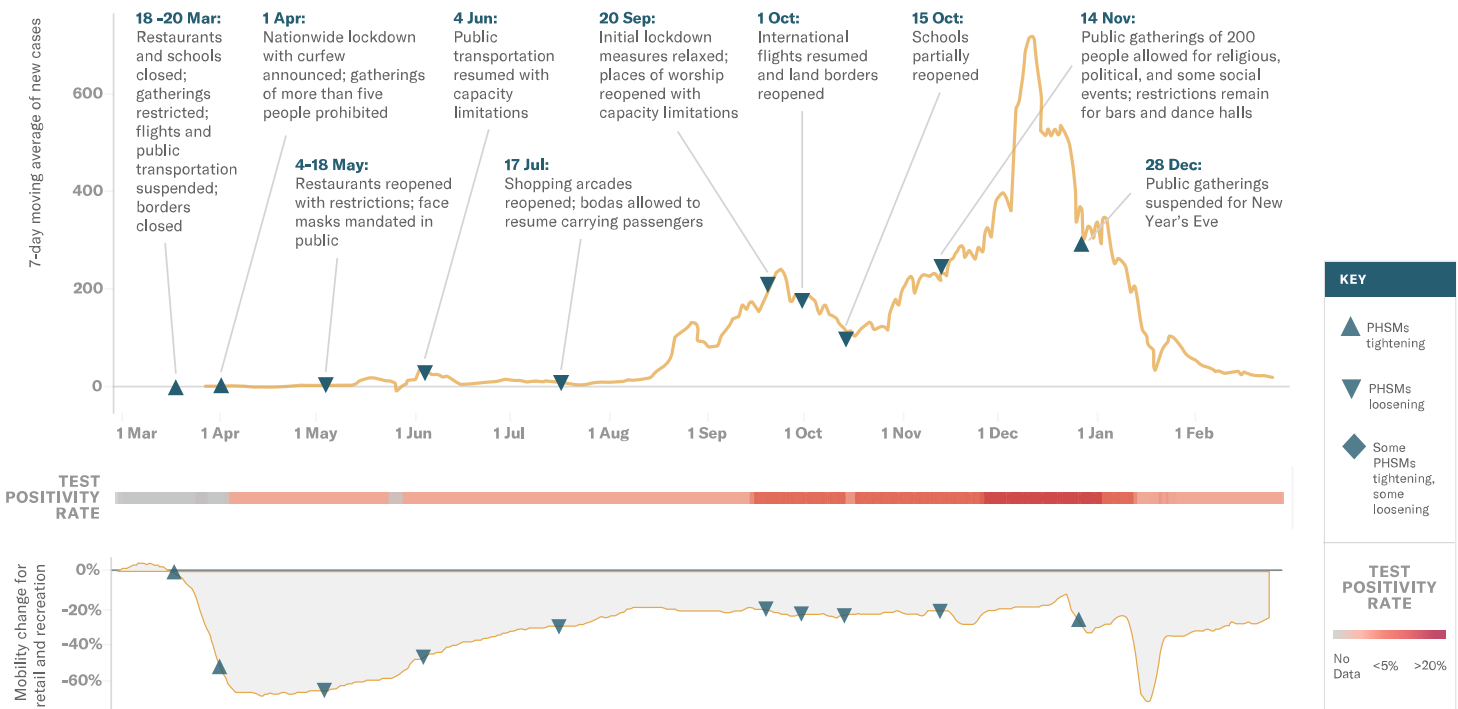
PHSM Support and Self-Reported Adherence

Do people support and follow measures?
PHSM effectiveness relies on widespread acceptance and behavior change.

What the data say

Support for and self-reported adherence to individual preventive measures in Uganda increased slightly from August 2020. However, both fell steeply for measures restricting social gatherings and movement, most likely due to the loosening of PHSMs, as well as the politicization and strict enforcement of measures during the January 2021 elections.

- Younger respondents were less likely to report adherence to individual PHSMs (66% in those aged 18-35 compared to 79% over 36). Trends of non-adherence among youth were also evident on social media, driven by large gatherings in public spaces without masks either protesting or celebrating President Museveni's victory.

- There is no apparent relationship between support for or adherence to PHSMs and perceptions of risk or severity of the impact of COVID-19 infection—potentially indicating that adherence to PHSMs may be more attributable to government enforcement than personal interest.
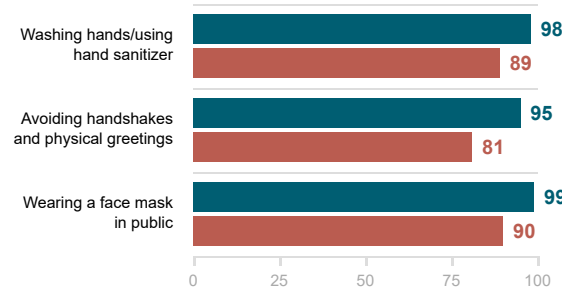
In the media

"Downtown Kampala life goes on normally, in those shops people don't wear masks, no social distance and looks like they are already in the post Covid era"

—Twitter user, 14 November 2020

Individual measures

The increased adherence to individual measures was primarily driven by a six percentage point increase in wearing a face mask in public. Nominal growth in support for this measure, coupled with the significant uptick in adherence, points to government enforcement of mask-wearing in public.

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

Washing hands/using hand sanitizer: 98, 89
Avoiding handshakes and physical greetings: 95, 81
Wearing a face mask in public: 99, 90

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


Aug 2020: 91, 67
Feb 2021: 93, 72*
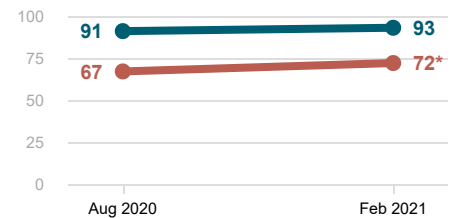
Measures restricting social gatherings

Self-reported adherence to measures restricting access to places of worship and public gatherings decreased substantially between August 2020 and February 2021, potentially due to the loosening of restrictive measures.

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

Avoiding places of worship: 68, 43
Avoiding public gatherings and entertainment: 89, 69
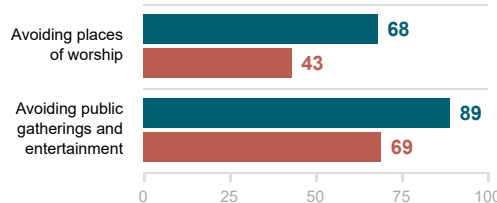
Trend in percent that support and adhere to all social measures (composite score)

Aug 2020: 83*, 81*
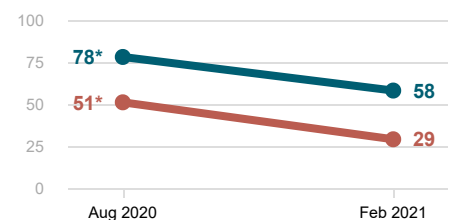Feb 2021: 64, 36
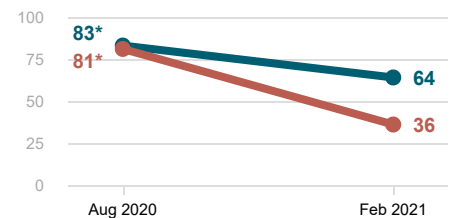
Measures restricting movement

Both support and adherence fell by about 20 points between August 2020 and February 2021, potentially due to the overall loosening of measures as well as the government crackdowns during the January elections.

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

Staying home: 64, 39
Reducing trips to the market or store: 81, 53
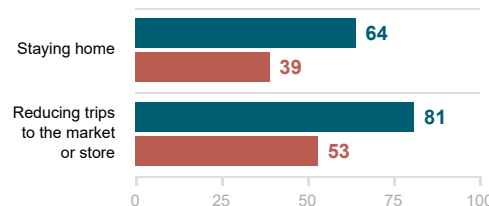
Trend in percent that support and adhere to all movement measures (composite score)

Aug 2020: 78*, 51*
Feb 2021: 58, 29

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 the conflict around the January elections, satisfaction with the government's COVID-19 response was high in Uganda—the highest among all surveyed Member States, and in line with results from the August survey.

- Respondents in Uganda reported the highest level of trust in their Ministry of Health of any Member State surveyed. Uganda's Ministry of Health is credited with successfully responding to many outbreaks—including Ebola outbreaks in neighboring Democratic Republic of the Congo—which has bolstered its preparedness and response system for COVID-19 and garnered trust and support from communities.

- Respondents with lower educated households (average of 82% of all heads of households without a university degree versus 68% with a degree), lower-income respondents (91% versus 72% higher-income) and women (85% versus 79% of men) reported more satisfaction with the government's COVID-19 response.

- The media is a highly trusted institution (87%), while traditional healers (17%), the military (55%) and police (58%) remain the least trusted.

What do people think about their country's institutions?

More than eight in 10 respondents were satisfied with the government's response to COVID-19 in Uganda, above the regional average and in line with August 2020 survey results.

82% are satisfied with the government's pandemic response

Uganda	82*
Region	70

(scale: 0, 25, 50, 75, 100)
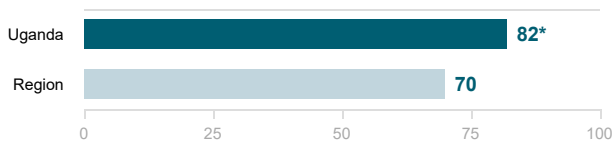
Top five most trusted institutions and individuals
Percent of people reporting trust in each source

Ministry of Health	92%
Hospitals/health centers	92%
The President	89%
Media	87%
World Health Organization (WHO)	84%

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

Traditional and social media coverage of COVID-19 was predominantly negative toward the national government. Narratives included concerns over health care infrastructure, accusations of police violence while enforcing PHSMs and frustration toward restrictions on civil and political liberty.

The internet shutdown in the lead up to the January election was widely criticized. The Uganda Medical Association argued that the shutdown limited access to patient medical records, putting lives in jeopardy. The widespread amplification of messages reflecting low trust in government may result in declining COVID-19 risk perception and support for PHSMs.

In the media

"Other countries are discussing the COVID vaccine, mass testing and new job creation. In Uganda, we wake up every day to discuss how to end security brutality, kidnappings and many other state-inspired crimes."

—Investigative journalist from NBS TV, Twitter, 19 February 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

Almost three-quarters of respondents believed that COVID-19 would affect many people in Uganda, in line with the regional average. Only three out of 10 believed that their personal risk of being infected with COVID-19 was high, slightly more than the regional average. Both personal risk perception as well as perception of severity increased since August 2020.

- Those who reported higher perception of severity if infected with COVID-19 were more likely to be younger (46% under the age of 35 versus 33% over the age of 36), more educated (40% without any university schooling versus 50% with a degree) and higher-income (46% versus 36% lower-income).
- There were no clear sociodemographic differences in respondents who believed that COVID-19 would affect their country, or in those with high personal risk perception.
- Stigmatization rates were high in Uganda, but still below the regional average. Almost half of respondents believed that health care workers and those who have had COVID-19 in the past should be avoided (regional average of 53% and 48%, respectively). Respondents with lower education levels and lower-income were more likely to hold these beliefs.

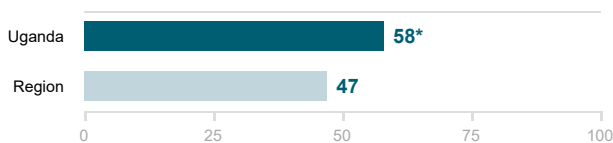### How do people understand the risk of COVID-19?

72% believe that COVID-19 will affect many people in their country

Uganda	72
Region	75

0   25   50   75   100
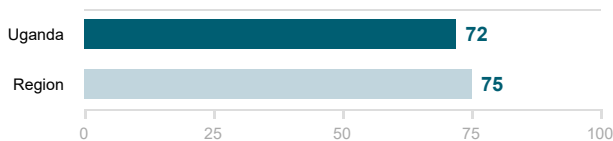
31% believe that their personal risk of being infected with COVID-19 is high

Uganda	31*
Region	27

0   25   50   75   100
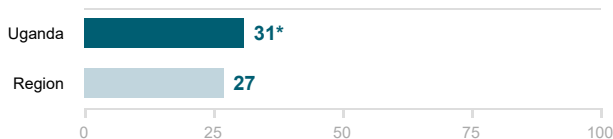
58% believe that their health would be seriously affected by COVID-19

Uganda	58*
Region	47

0   25   50   75   100

Do people stigmatize others?

46% think they should avoid health care workers because they could get COVID-19 from them

46% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

84% understand that infected people may never show symptoms but could still infect others

77% understand that infected people may not show symptoms for five to 14 days

40% believe that COVID-19 can be cured with herbal remedies

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.

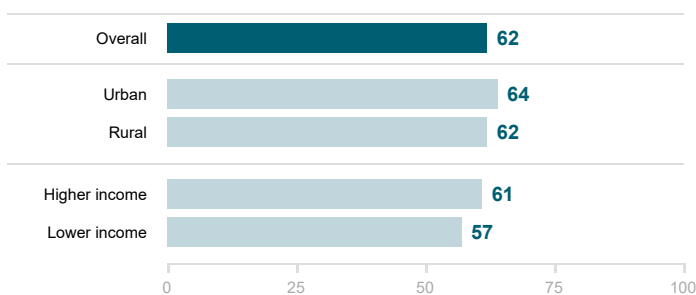## How do people feel about resuming day-to-day activities?

Two-thirds of respondents reported resuming normal activities; the same percentage reported feeling anxious about doing so—the highest in the Eastern Region. There was no difference in income or income loss, indicating that returning to normal activities is not primarily driven by economic burden.

- Those with low risk perception were more comfortable taking public transportation and resuming normal activities. On social media, reports of non-adherence to PHSMs on public transportation were common.
- Women were more likely to feel anxious resuming normal activities than men (68% versus 63%); women were also more likely to adhere to measures restricting gatherings (40% versus 32% of men) and movement (34% versus 23% of men). No other socio-demographic breakdowns were significant.
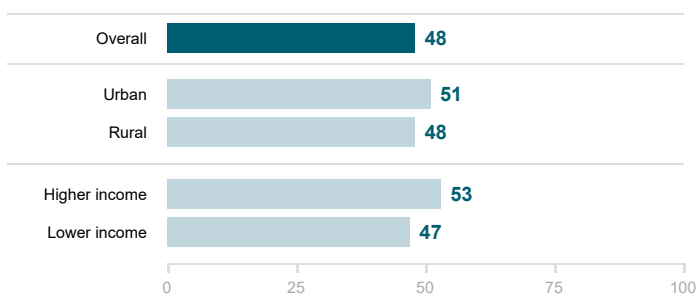
66% feel anxious about resuming normal activities

Overall	66
Urban	63
Rural	66
Higher income	68
Lower income	67
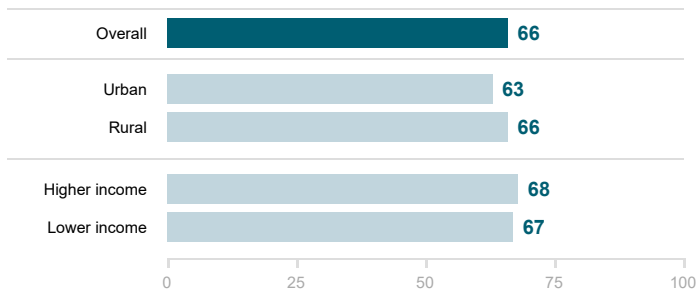
62% have already resumed normal activities because they believe COVID-19 risk is low

Overall	62
Urban	64
Rural	62
Higher income	61
Lower income	57

48% feel comfortable taking public transportation

Overall	48
Urban	51
Rural	48
Higher income	53
Lower income	47

What do people think about vaccines?

The survey in Uganda found the highest rates of acceptance toward the COVID-19 vaccine in the Eastern Region (85% versus 74% regionally), an encouraging sign for the ongoing vaccine distribution campaign. Still, some people reported that they did not plan to get vaccinated because they did not have enough information about the vaccine. Lower-educated (86% without a degree versus 72% of those with one) and lower-income respondents (90% versus 82% higher-income) were more likely to plan to be vaccinated.

85% plan to get a vaccine when available

Overall	85*
Region	74
Urban	84
Rural	85
Higher income	82
Lower income	90*
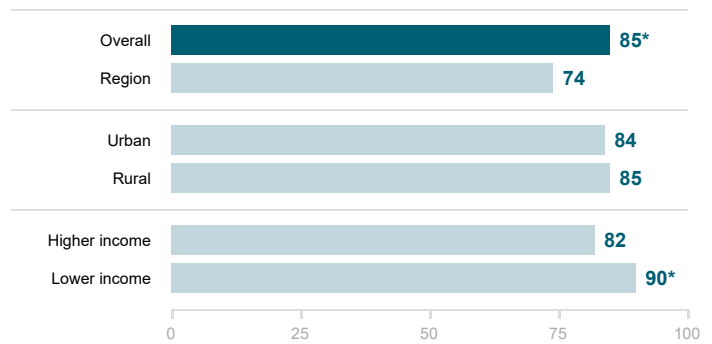
Top reasons people would not get the vaccine

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	31%
I believe vaccines can give you the disease they are designed to protect you against	22%
Approval/development for the vaccine may be rushed and not thoroughly tested	20%

Only 14% of survey respondents reported that they would probably or definitely not get vaccinated, so reasons for low uptake should be interpreted with caution.

In the media

"For those deliberately trying to convince the public that I was not vaccinated against COVID-19 yesterday, take a look at the video below. I was vaccinated using the AstraZeneca COVID-19 vaccine during the #COVIDVaccinationUG launch. Please stop spreading fake news!"

—Minister of Health Dr. Jane Aceng, Twitter, 11 March 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

While disruptions to medication have remained largely unchanged in Uganda since August, skipped or delayed health services in the past six months decreased by 23 percentage points, according to survey reports.

- Health visits for malaria were the most common type of visit skipped (36%), a concerning figure as malaria is the leading cause of death in Uganda. An additional 21% skipped visits for symptoms which may overlap with COVID-19, including fever/chills and fatigue/body pain. 5% of respondents missed visits for HIV.
- Mobility restrictions and transportation issues remained the most commonly reported barriers to accessing health facilities, though affordability of care increased by five points since August.

Difficulty getting medicines

Of those who needed medication, households that have had difficulty in access have not changed since August 2020. Lower-income respondents reported more difficulty getting medicine.

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

	Aug 2020	Feb 2021
	51	50
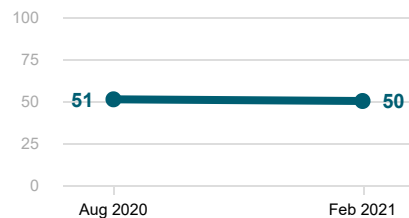
Percent having difficulty getting medicines by category

| Category	Value
Urban	52
Rural	49
Higher income	45
Lower income	55*
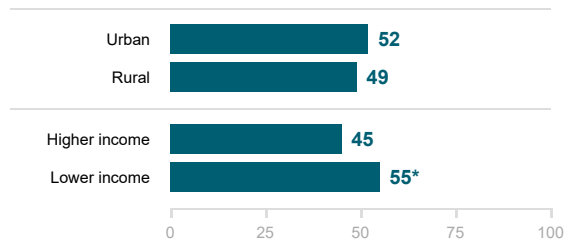
Skipping or delaying health visits

Since August 2020, respondents have reported fewer skipped health visits; urban dwellers were more likely to skip or delay their care.

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

	Aug 2020	Feb 2021
	53*	30
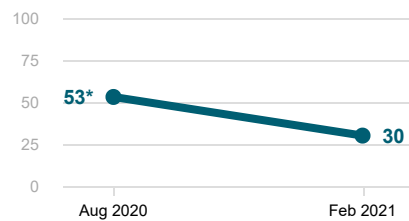
Percent skipping or delaying health care visits by category

Category	Value
Urban	38*
Rural	28
Higher income	29
Lower income	34
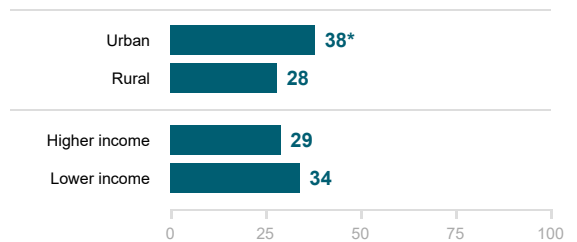
The reasons why visits were skipped or delayed
People could choose multiple responses

Mobility restrictions/transport challenges	48%
Cost/affordability	31%
Health facility disruption	15%
Worried about catching COVID-19	12%
Caretaker responsibilities	5%

The types of visits which were skipped or delayed
People could choose multiple responses

Communicable diseases	43%
Diagnostic services/symptoms	24%
General/routine check-up	24%
Reproductive, maternal and child health	22%
Non-communicable diseases	14%

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
Respondents in Uganda are experiencing severe economic burdens in the context of the COVID-19 pandemic. More than nine in 10 survey respondents (93%) said that their household income had fallen during the pandemic; rates were similar across all socio-demographic groups and the highest of all surveyed Member States. In addition, more than half (52%) reported that their household had been forced to restrict meals or portions in the previous week.

- 27% of respondents stated that they had received government support—the vast majority of which came in the form of personal protective equipment, e.g., face masks.
- Reports of missed meals were most common among the following groups: those under 35 years old, with incomplete secondary or less education, lower-income, and those who lost all of their income.
- While survey results did not show any significant difference in income loss or food access between men and women, Ugandan media have reported on a number of conditions that may widen gender equity gaps: higher rates of pregnancy, sexual violence and economic burdens due to school closures and other restrictive measures.
- In the coming months, households in flood-affected areas in Kasese, Bundibugyo, and Ntoroko districts and some urban areas will likely be more severely affected by food insecurity; crop losses and the slow recovery of economic activity continue to constrain food and income sources. According to FEWS NET, household access to food and income could also continue to be impacted by the security incidents and unrest following the January 2021 elections.
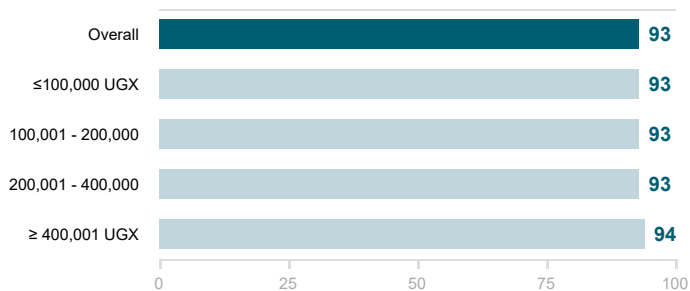
Reported barriers to food access
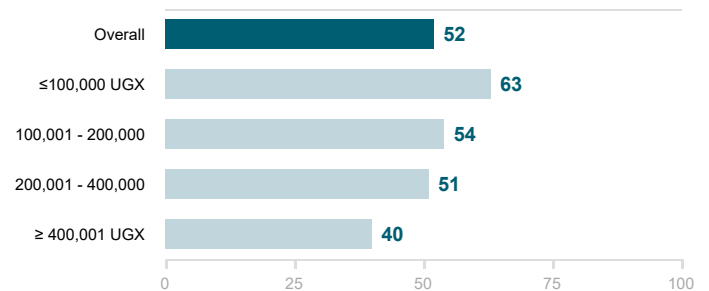Percent of people reporting each barrier

Less income	65%
Higher food prices	64%
Food markets closed	28%
Mobility restrictions	30%
Food market supply shortages	37%

Household income

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

Overall	93
≤100,000 UGX	93
100,001 - 200,000	93
200,001 - 400,000	93
≥ 400,001 UGX	94

*Percent of households **missing meals** by category*

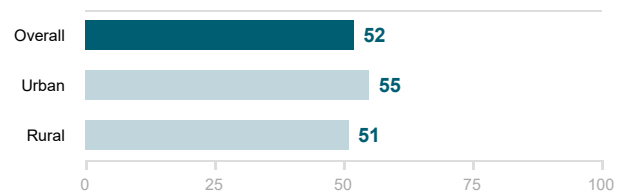|	
Overall	52
≤100,000 UGX	63
100,001 - 200,000	54
200,001 - 400,000	51
≥ 400,001 UGX	40

*Household income is significantly associated with missing meals.

Location

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

Overall	93
Urban	95
Rural	92

*Percent of households **missing meals** by category*

Overall	52
Urban	55
Rural	51
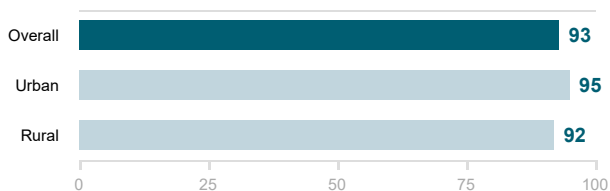
Appendix
Endnotes

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 Uganda consisted of 1,246 adults (257 urban, 989 rural), collected between 13 to 19 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 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