In June 2020, the Uganda Bureau of Statistics (UBOS), with the support from the World Bank, officially launched the Uganda High Frequency Phone Survey (UHFPS) to track the impacts of the COVID-19 pandemic monthly for a period of 12 months. In June 2022, the scope of the survey was expanded to monitor economic sentiments and the socioeconomic impact of other shocks such as the Russia-Ukraine war and extreme weather events. 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. The first round (baseline) of the survey was conducted in June 2020 and interviewed 2,227 households. Subsequent eight rounds attempted to reach the same households. Table 1 contains the number of households interviewed and the time of each round. This brief presents findings from the ninth round of the UHFPS conducted in August 2022.

The timeline of the COVID-19 pandemic in Uganda includes the following key dates. All mass gatherings were suspended in Uganda and schools were closed on March 18-20, 2020. A nationwide curfew was announced on March 30, 2020. Restrictions were eased on May 26th allowing private cars with only three people and general merchandise shops with strict social distancing. Vaccination campaigns began in March 2021. Uganda re-entered a partial lockdown starting on June 7th, 2021. The second lockdown was slightly longer than the first one, but less strict. A presidential directive banned travel between districts, restricted gatherings, and suspended schools. Many restrictions were eased early 2022 with all schools reopened. Figure 1 shows COVID-19 government response stringency index and the cumulative number of COVID-19 cases in the country since the beginning of 2020. The first and seventh rounds of the UHFPS were conducted after the first and second lockdowns, while the eighth and ninth rounds covered the period of least stringent restrictions since the start of pandemic. However, on top of regular weather shocks, population in Uganda started to feel inflationary impact from the war in Ukraine during this period.

**KEY FINDINGS**

- Employment rate among respondents did not change in August 2022 and remained at about 80 percent - similar to the level observed in June/July 2020
- There was an increase in the share of open family businesses and improvement in business revenues compared to the previous round.
- Access to essential goods and ability to buy desired amount remained limited especially for gasoline, cooking oil, beef, bread, sugar and rice. Inability to access essential good was the highest among the poorest respondents based on pre-COVID-19 consumption quintiles. Lack of income and high prices were mentioned as the key barriers.
- Prices of essential products continued to grow, but with a slowing pace.
COVID-19 IMPACT MONITORING

EMPLOYMENT AND FAMILY BUSINESS

There were not significant changes in working status of respondents across two last rounds of the phone survey.

- Prices of essential products continued to grow, but with a slowing pace.
- Food insecurity was very high in August 2022 with every second person being moderately food insecure and every tenth severely food insecure. There was a slight improvement in food insecurity indexes compared to June/July 2022 among the rural and poorest households probably related to ongoing harvesting.
- The vaccination rates against COVID-19 among respondents reached very high levels (86 percent of respondents got at least one shot), but with some groups (residents of Central region, aged 15-24 and those above 64) still having significant shares of respondents unvaccinated. The poorest and the youngest respondents (aged 15-24) were also more likely to have only one shot.
- Self-reported vaccination rates among respondents are not necessarily representative of all adult population and may have an upward bias. Thus, for example, about 86 percent of respondents self-reported getting at least one shot. At the same time when asked about 10 people in their community, respondents indicate that only seven out of ten were vaccinated.
- More than half of respondents think that COVID-19 vaccines should be mandatory if available to everyone with support being the highest among rural residents, respondents with no education, those living in the Northern and Western regions and among respondents from the poorest pre-COVID-19 quintile.
- Most trusted sources of information about COVID-19 vaccines for respondents include health workers, government authorities and media channeled mainly via radio and in-person communication.

The latest significant drop in employment was recorded in October/November 2021 after the second national lockdown. There were not significant changes since then and the share of working respondents remained at around 80 percent and did not reach the pre-second lockdown level of 92 percent (Figure 2). Work related turnarounds in August 2022 were mostly happening in the agricultural sector. The agricultural sector has also remained the main employment sector accounting for 53 percent of working respondents in August compared to 50 percent in June/July 2022.

Some improvements were reported in operating status of nonfarm family businesses and business revenues. More family businesses were open in August 2022 compared to June/July 2022 with the share increasing to 39 percent compared to 34 percent respectively (Figure 3). The positive tendency was observed with regards to revenues from family business as well.

Source: UHFPS.
Note: The same households and respondents across rounds are used for the analysis.
Even though not strictly comparable due to the differences in recall periods, there was a decline in the share of family businesses reporting less revenues compared to the previous round (Figure 4). Thus, about 48 percent of family businesses reported less revenues compared to previous round in August 2022. This share was lower than the share of family businesses reporting less revenues in June/July 2022 – 63 percent.

ACCESS TO GOODS AND FOOD SECURITY

Access to essential products and prices

Respondents continued to report significant difficulties in accessing such essential goods as cooking oil, fuel, beef, bread, and rice. Respondents were asked if they or any other household member(s) managed to access essential goods when needed during last seven days. Those who had access were also asked if they managed to access the desired amounts. Figure 5 reports the shares of households who needed but were not able to access essential goods or were not able to buy the desired amounts. Overall access and ability to buy desired amounts remained very low for such products as cooking oil, fuel/gasoline, soap, beef, sugar, rice. Lack of money and increased prices were the key reasons behind low access. Worsening access was reported for fresh, dry beans and cassava. Being out of stock was the main reason for inability to access fresh beans, while lack of money and increased prices were the most important reasons for inability to access dry beans and cassava.

The poorest respondents reported much worse access to essential products. Expectedly, households from the poorest pre-COVID-19 consumption quintile had significantly lower access to essential goods compared to households from the top wealthiest quintile (Figure 6). For example, almost every second household from the poorest bottom quintile was not able to access eggs compared to every seventh household among the most affluent top quintile. Notably, the gap in access to fuel/gasoline between the poorest and the richest was much narrower.

Figure 5. No access and inability to buy desired amounts of key food products conditional on need in rounds 8 and 9, %

Figure 6. Inability to access key food products conditional on need among the poorest and the richest quintiles in round 9, %

Source: UHFPS.
Note: Quintiles are based on pre-COVID-19 consumption.

Most prices continued to grow in August 2022 but with a slower pace. Respondents were asked about average prices in their community or nearby during the time of the survey and one month before. This allows constructing average prices and compare them over time. Figure 7 shows price indexes for the key products with a base in May/June 2022. Prices of maize flour, cooking oil and rice increased by about 31, 22 and 20 percent between May/June and August 2022 with a higher pace before June/July. Prices of tea and salt reversed their trend. The price of tea even fell below the May/June 2022 level.
Food insecurity remains very high but with some slight positive changes among rural and the poorest residents. Food insecurity measured by moderate and severe food insecurity indexes remained stubbornly high at 48 and 11 percent in August – only slightly lower compared to June/July 2022 (Figure 8). As in previous rounds, the highest levels of food insecurity were observed in the poorest Eastern and Northers regions (Figure 9). On a positive note, a slight decline in food insecurity in the most recent round was more pronounced among the poorest population measured by pre-COVID-19 consumption quintiles and among the rural residents (Figure 10 and Figure 11). Indeed, the share of severe food insecure population declined from 20 to 15 percent among the poorest bottom quintile and remained unchanged among the top richest percent. The same positive tendency was observed with regards to moderate food insecurity most likely being related to harvesting happening in July/August.
Vaccination rates among respondents were high but with some significant differences across selected groups. An extensive module on vaccination from COVID-19 was introduced in round nine of the phone survey. At the national level, about eight percent of all respondents got more than two shots, 53 percent got two shots, 25 percent got only one shot (Figure 12). From about 14 remaining percent, seven do not plan to be vaccinated, five percent plan to be vaccinated and two percent are not sure. Some differences in the pace of vaccination and vaccination rates were observed across different groups. Youngest (15-24 age) and oldest (65+ age) cohorts of respondents have the largest shares of those who do not plan to be vaccinated. Youngest respondents, those living in the Eastern region and from the poorest pre-COVID-19 consumption quintile were also more likely to receive only one shot compared to other groups.

High level of vaccination rates is not necessarily representative of all adult population in the country and may also have an upward bias. Given that respondents are often household heads who are more educated and older than general population reported vaccination rates do not represent those of all adult population. There is also a possibility of upward bias in responses due to social desirability.
As an indirect measure of this, it is possible to compare self-reported vaccination rates of respondents and their answers to the question on how many people out of 10 have been already vaccinated in the community. Results are shown in Figure 13. All dots are placed on the left of the 45-degree line which indicates that self-reported vaccination rates are systematically higher than what respondents believe vaccination rates in the community are. For example, about 86 percent of respondents self-reported getting at least one shot. At the same time when asked about 10 people in their community, respondents indicate that only seven out of ten were vaccinated.

The pace of vaccination seems to be slightly correlated with the place where shots were administered. Figure 14 shows where vaccination took place, separating respondents who made one and more than one shot. Overall, respondents were most likely to get vaccinated in hospitals, health clinics and health centers, but with a slightly different outcome depending on the number of shots. Those respondents with more than one shot were more likely to get them at hospital, clinic or local health center compared to those with one shot only. Those with one shot only were more likely to get their single shot at mass vaccination sites compared to respondents with more than one shot (20 versus 13 percent respectively).

Most trusted source of information about COVID-19 vaccines include health workers, government authorities and media channeled mainly via radio and in-person communication. When asked about the most trusted sources of information on COVID-19, about 32 percent of respondents selected government authority, followed by health workers (30 percent) and media (28 percent). Media plays more important role for urban residents, while government authorities for rural residents (Figure 15). Respondents were also asked about the main channels for these sources (Figure 1). Radio was the most widely used channel to receive information for all groups of respondents, especially in the Western and Eastern regions. The second most popular source was in-person communication especially among the youngest cohort. Television was an important channel in the Western and Central regions and in urban areas.
More than half of all respondents think that COVID-19 vaccines should be mandatory if available to everyone. Support for mandatory vaccination was higher among rural residents, respondents with no education, those living in the Northern and Western regions and among respondents from the poorest pre-COVID-19 quintile (Figure 17). Those remaining respondents, who did not support mandatory vaccination, were also asked if children should be getting vaccines. About 40 percent of them agreed that children should be vaccinated.

Source: UHFPS.
Note: Quintiles are based on pre-COVID-19 consumption.