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 on a regular basis. 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, Ebola outbreak and extreme weather events. In addition, the survey is being used to collect perceptions on different development policies and programs. 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. Ten subsequent 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 eleventh round of the UHFPS conducted in December 2022 and January 2023.

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. It also plots some important events affecting Ugandans during this period. Thus, a nationwide curfew was announced in March 2020 with restrictions eased in May 2020. Uganda re-entered a second partial lockdown in June 2021. Most restrictions were eased in early 2022 with all schools reopened. The Russian invasion of Ukraine occurred in February 2022 and population in Uganda started to feel inflationary impact after that. In September 2022, the health authorities in Uganda declared an outbreak of Ebola Virus Disease (EVD). Residents of two districts (Mubende and Kassandra) were put on a 63-day lockdown which was lifted in December 2022. On top of these shocks, population in Uganda continued to experience extreme weather effects such as droughts, irregular rains, and floods.

Figure 1. Stringency index and cumulative number of COVID-19 cases in Uganda from January 2020 to February 2023


Note: Stringency index varies from zero to 100 with higher values meaning more stringent government policies.
KEY FINDINGS

• Non-farm family businesses and household incomes improved in December 2022-January 2023, while employment decline was related to a large extent to seasonal stoppages and people being on vacation.
• There was a substantial improvement in food security and access to basic goods potentially related to better economic conditions, prices decline, and a holiday season.
• Almost one third of households who grew crops in the second agricultural season of 2022 expected less than normal or bad agricultural output. This share was higher in the Central and Eastern regions and among households from the bottom poorest quintile based on pre-COVID-19 consumption.
• Only ten percent of farmers used fertilizers with affordability remaining one of the main reasons for not using them especially among the poorest and those without formal education. A substantial share of farmers who did not use fertilizers indicated that they did not need them.
• The spread of misinformation and false beliefs about Ebola Virus Disease (EVD) was low. Media and doctors were named the two most reliable sources of information about EVD, but those without any education trusted also the state and local government. The most frequently used channels for obtaining information were radio and personal communication.
• If approved vaccine against EVD was ready at no costs, about 60 percent of respondents would be willing to get vaccinated.
• Many respondents, especially those without education, remained skeptical that the nearest health facilities would accept people sick with EVD and would be able to cure them.

ECONOMIC INDICATORS

Labor market and income

There was a five percentage points decline in employment in December 2022-January 2023 compared to October-November 2022 with many people being on vacation and a significant share of others not working due to seasonal stoppages or being ill. About 75 percent of respondents worked in December 2022-January 2023 compared to 80 percent working in October/November 2022 (Figure 2). The main reason for not working was vacation, accounting for 26 percent of all cases (Figure 3). Seasonal stoppage was the second most important reason accounting for 25 percent followed by being ill or taking care of ill household members which accounted for 22 percent of those who did not work. About 14 percent of those who did not work were laid off, or their place of work was closed.

Gradual increase in the share of households with open businesses and improving household income has continued in round eleventh. The share of households with open family business continued to increase and reached out all time highest of 46 percent in December 2022-January 2023 (Figure 4). Improvement was also observed regarding income. Thus, about 60 percent of households reported either higher or the same level of total income in December 2022-January 2023 compared to 43 percent reported in October-November 2022. Positive changes were also observed for agricultural income and income from family businesses (Figure 5).
**Prices, access to essential products and food security**

**Prices on most products either stopped growing or slightly declined.** Figure 6 shows changes in price indexes for the key products using May/June 2022 prices as a base. For most products, the peak of prices was observed in October/November 2022 and then prices fell or did not grow further. For example, the price index for beans fell from 1.44 in October/November 2022 to 1.23 in December 2022-January 2023. The price index for maize flour fell from 1.45 to 1.35 accordingly.

**There was a significant improvement in access to many essential products, such as bread, beef, rice, maize flour, cooking oil, and sugar.** In December 2022 – January 2023, access to almost all products improved for the first time (Figure 7). For example, in October/November 2022, about 51 percent of respondents were not able to access rice, cooking oil or to buy desired amounts when needed. Whereas, in December 2022-January 2023 this share declined to 32 percent for both products. About 50 percent of respondents were not able to access sugar or to buy the desired amounts when needed in October/November 2022 (for absolute majority this was driven by increased prices or lack of money). In December 2022-January 2023 this share declined to 34 percent. These positive changes can be related to improved social economic well-being, stabilized prices, and the festivity season.
Food insecurity indicators improved dramatically in the last round. The share of moderate food insecurity fell from 56 percent in October-November 2022 to 38 percent in December 2022-January 2023, while the share of severe food insecurity fell from 15 to 9 percent during the same period (Figure 9). Improvement was observed across the rural and urban residents and among the poor and the rich based on pre-COVID-19 consumption quintiles, but with a faster pace of reduction among wealthier quintiles (Figure 8). It is hard to say though to which extent this improvement comes from slowing inflation and better economic conditions rather than increased consumption due to festivity season.

Second agricultural season of 2022

About 72 percent of all households grew crops in the second agricultural season of 2022, mostly growing maize, and beans. About 20 percent of households did not have farms to grow crops and eight percent had farms but did not grow anything. When asked about reasons for not working on the existing farm, almost 40 percent either delayed planting or indicated that the season had not started yet. About 16 percent were ill or took care of ill household member(s).
About 14 percent mentioned inability to get seeds, 10 percent mentioned inability to hire labor. Among those who grew crops, about 67 percent grew maize, about 36 percent grew beans, 16 percent grew sweet potatoes, about 10 percent grew cassava, sorghum, millet. Growing some crops was very unequal across the distribution. Thus, almost nobody among the poorest quintile grew bananas compared to 13 percent among the richest top quintile based on pre-COVID-19 consumption. In contrast, growing sorghum was more prevalent among the poorest quintile (21 percent) compared to the richest fifth quintile (six percent).

Expectations for agricultural output were in general positive with more than two thirds of farmers expecting good or normal output. Nevertheless, about 27 percent of households who grew crops in the second agricultural season of 2022 expect the output to be not good or bad. Bad expectations were particularly pronounced among residents of the Central and Eastern regions and among the farmers from the poorest pre-COVID-19 consumption quintile (Figure 10).

Only ten percent of farmers used fertilizers with affordability being the main constraint especially among the poorest. Usage of fertilizers was slightly higher in the Western region (15 percent) compared to other regions: Central (8 percent), Eastern (7 percent), Northern (10 percent). When asked about the reasons for not using fertilizers, most farmers either did not need it (45 percent) or were unable to afford it (43 percent). The answers were different across respondents (Figure 11). Thus, farmers from the poorest pre-COVID-19 consumption quintile were more likely not to use fertilizers because they were not able to afford it or because fertilizers were not available in the market, while the richest farmers were more likely not to use fertilizers because they did not need it or because they were not effective.

Views on Ebola virus disease (EVD)

Media and doctors are two of the most reliable sources of information about EVD. All respondents were aware about Ebola outbreak happening in Uganda - 99 percent. A slightly lower share of respondents (95 percent) received information on how to protect themselves from EVD (mostly driven by Northern region where only 86 percent received this information). When asked about the most reliable source of information about EVD, 39 percent of respondents viewed media as the most trustful source followed by doctors/scientists (31 percent), authorities (23 percent) and other sources such as family, friends, neighbors (seven percent). Importantly that among those without any education, state and local government authorities were more trustful than such sources as media or doctors (Figure 12). In terms of the channels for the most trustful sources of information, radio was the leader mentioned by almost 80 percent of respondents. In-person communication was the second most important channel of information from the most reliable source – reported by 40 percent of respondents. Better educated individuals were more likely to rely on in-person communication, TV, radio, posters, and
There was a fast decline in worries about getting EVD once lockdown was lifted, and pandemic was over. The most recent EVD outbreak lasted from September to December 2022 coinciding with the two latest rounds of the phone survey. Slightly more than half of respondents were worried about getting EVD in October-November 2022 with higher concentration of worried respondents in districts under Ebola lockdown. However, these shares declined significantly to 31 percent in December 2022-January 2023 after all lockdown measures were lifted (Figure 14).

There was a relatively high willingness to get vaccinated from EVD with some regional differences. If an approved vaccine against EVD was ready at no costs, 63 percent of respondents would agree to be vaccinated. The highest shares of respondents not ready to be vaccinated were observed in the Central region and to a certain surprise in the districts which were under Ebola lockdown (Figure 15).

Note: The whole sample was split into four groups depending on reported Ebola cases and lockdown measures. Ebola lockdown districts covered respondents living in Kassandra and Mubende districts (N=26). Due to very small sample size results for this group should be treated with caution.
Many respondents remained skeptical about the possibility of people sick with EVD being accepted to the nearest health facilities and being cured. Less than half of respondents believed that people sick with EVD would be accepted by nearest health facility and would be cured (Figure 16). This ratio was higher in urban areas, Central and Northern regions. Interestingly, this share was the highest in districts which were under lockdown during Ebola outbreak. A strikingly high share of respondents without formal education (34 percent) and those who lived in the Western region (40 percent) believed that health facilities would have not been able to cure people with Ebola or would have made people feel worse.

Most respondents would go to the nearest health facilities once they have sudden fever outbreak. Males were slightly more likely than females to go to health facilities after a sudden fever outbreak (83 versus 76 percent). The Northern region had the highest share of respondents who would go to doctors if they had sudden fever outbreak. Respondents without formal education were least likely to go to health facilities in case of sudden fever.

About 14 percent of respondents were not able to name even one correct transmission channel of EVD. As shown in Figure 18, this share was the highest in the Eastern region (25 percent), among respondents without formal education (17 percent) and the lowest in the Western region (4 percent) and among respondents with complete secondary education and above (seven percent). The most known ways of EVD transmission included body fluids/sweat (66 percent of respondents), followed by transmission through blood/vomit/diarrhea (almost half of respondents), and through objects contaminated with body fluids (36 percent). Only 13 percent of respondents reported bush meat as a potential risk factor for spreading Ebola, but 28 percent mentioned bats/monkeys and other wild animals as a potential source of EVD as well. About 15 percent of respondents mistakenly considered that EVD can spread by air and four percent by water.

Most respondents know at least some symptoms of EVD. The most well-known symptoms included bleeding (56 percent), diarrhea with blood (54 percent), sudden onset of fever (49 percent), and severe headache (39 percent). Knowledge of EVD symptoms was highly correlated with the level of education and area of residence with urban residents being more informed than rural ones (Figure 19).
Overall, respondents in Uganda do not have widespread false beliefs about Ebola with one exception - a belief that EVD can be transmitted through the air. Figure 20 shows the percentage of respondents who believe in nine different statements about EVD. The first six statements in blue are false and the remaining three statements in green are true. More people believe in true than false statements about EVD. Thus, more than 80 percent believe that immediate treatment in health facility increases survival. More than 60 percent of respondents believe that traditional burial for Ebola deceased people favor the spread of EVD. Fewer respondents believe in such a fact that the virus can remain in body fluids for some time even after full recovery—43 percent. Despite low spread of false beliefs, only 11 percent of respondents managed to identify all false and true statements (Figure 21). This share was higher in the Western and Northern regions (20 and 13 percent) and lower in the Eastern and Central regions (four and seven percent accordingly).

The Ebola outbreak affected consumption of wild animal products, with most people who consumed them either avoiding or consuming them after thorough cooking. As shown in Figure 22, about 24 percent of respondents wanted to consume wild animal products during the seven days before the interview. The share was much higher among individuals without education compared to individuals with secondary education and above: 44 versus 14 percent accordingly.
Among those who wanted to consume wild animal products about half stopped consuming them during the week before the interview. About 26 percent of respondents consumed wild animal products after thorough cooking and about 21 percent of respondents did not change the consumption patterns. Respondents without formal education and those from the Western region were least likely to avoid consumption completely and instead they were more likely to consume wild animal products after thorough cooking.

**Figure 22. Changes in consumption of wild animal products during last 7 days conditional on a need, %**

Data Notes: the UGANDA High Frequency Phone Survey Tenth Round were implemented by the Uganda Bureau of Statistics (UBOS) in December 2022 and January 2023. This survey is part of a World Bank global effort to support countries in their data collection efforts to monitor the impact of COVID-19 and other shocks. A World Bank team from the Development Data Group and the Poverty and Equity Global Practice provided technical support. This survey is the eleventh of a planned 12 waves of the High Frequency Phone Survey of households in Uganda. 2,421 successfully interview households from the 2019/20 Uganda National Panel Survey were contacted and 1,950 households in the Seventh Round were fully interviewed. In the Eighth Round, 1,881 households were successfully interviewed. In the Ninth Round, 1,738 households were successfully interviewed. In the Tenth Round, 1,668 households were successfully interviewed. In the Eleventh Round, 1,666 households were successfully interviewed. These same households were and will be contacted in all subsequent waves of the High Frequency Phone Survey. The data are representative at the regional and national level and survey weights were calculated to adjust for non-response and undercoverage.