



PMA UGANDA

Results from Phase 1 survey

September–October 2020

OVERALL KEY FINDINGS



One in 5 women reported that their household experienced greater food insecurity during COVID-19 restrictions than before the pandemic.



Over a quarter of the adolescents (15-19) were unable to access needed services during the COVID-19 restrictions.



Over a quarter of service delivery points reduced hours of operation during the COVID-19 restrictions, and 15% re-assigned personnel from FP services to COVID-19 services.

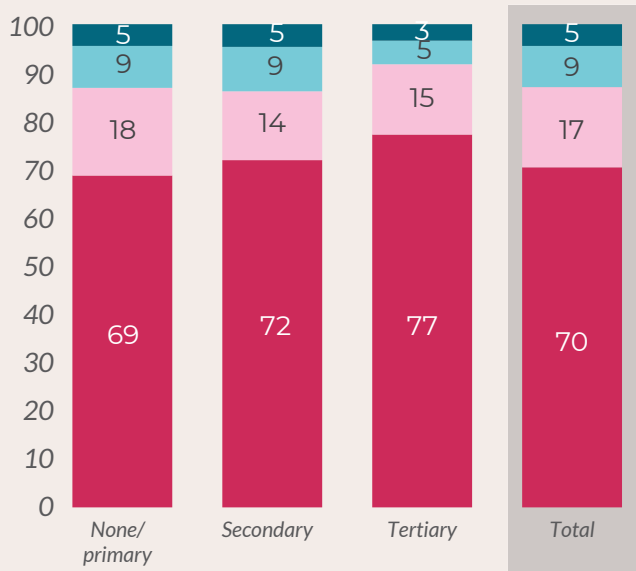
SECTION 1: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

CONCERN ABOUT COVID-19

Percentage of women who are concerned about getting COVID-19, by education (n=3,670)

94%

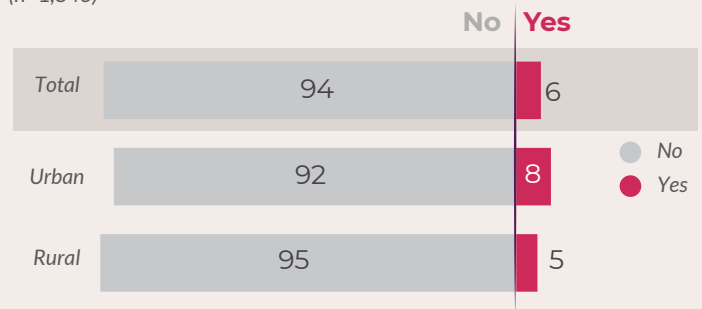
of women know about COVID-19 (n=3,935)



● Not concerned
● A little concerned
● Concerned
● Very concerned

LEFT CURRENT COMMUNITY TO AVOID COVID-19

Percentage of women that left current community to avoid COVID-19, among those that spent a night away from their community in the last 12 months, by residence (n=1,846)



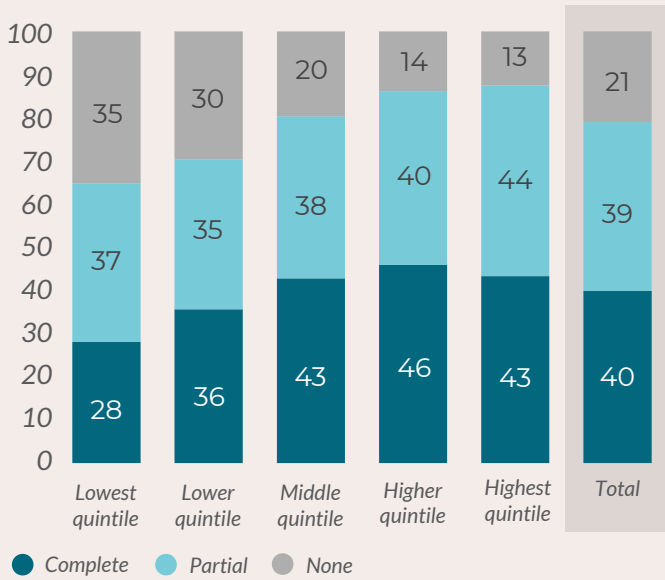
KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

- Ninety-four percent of women aged 15-49 were aware of COVID-19.
- Seven in 10 women were very concerned about getting infected.

SECTION 2: ECONOMIC IMPACT OF COVID-19

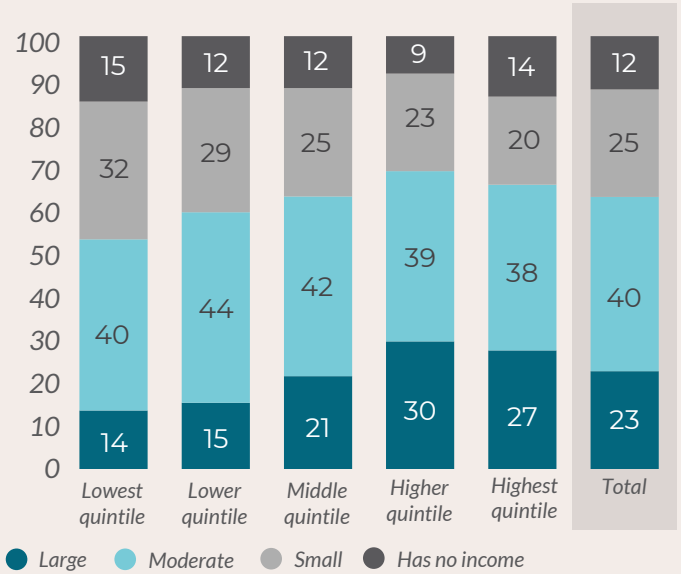
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income during COVID-19 restrictions, by wealth (n=3,661)



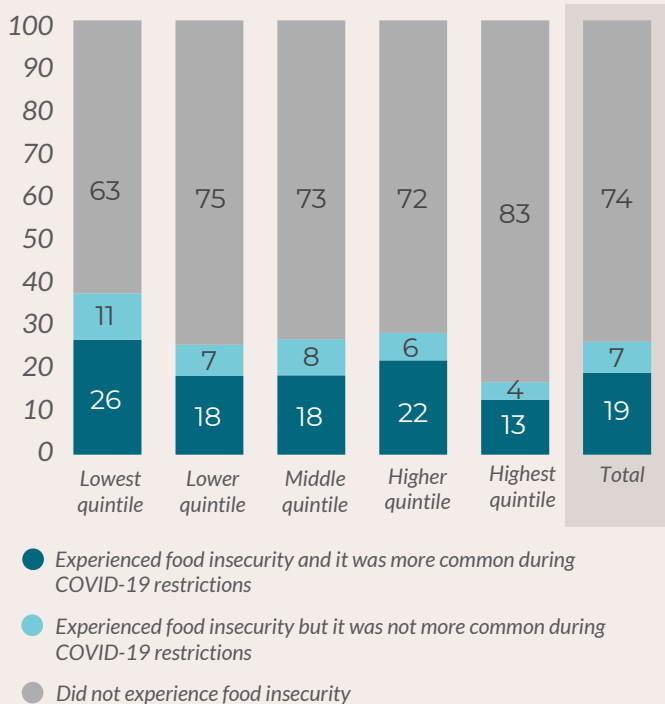
PERSONAL INCOME LOSS

Among women living in a household that lost partial income, the percent distribution of personal income loss magnitude, by wealth (n=1,437)



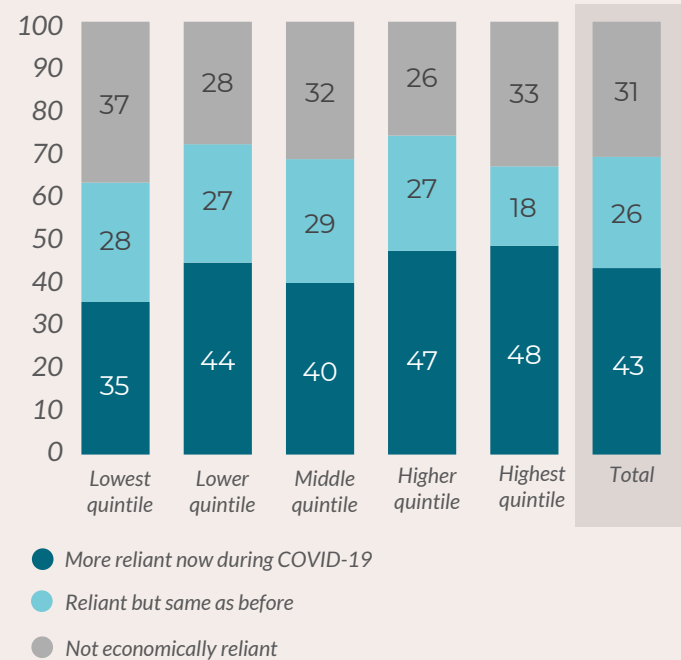
FOOD INSECURITY

Percentage of women who reported that at least one member of their household went without food during the COVID-19 restrictions, by wealth (n=3,665)



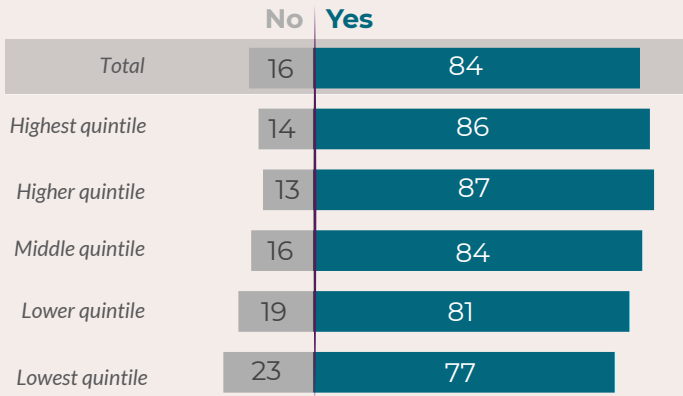
CHANGE IN ECONOMIC RELIANCE ON PARTNER

Among currently married women, the percentage who say they are more economically reliant on their husband now compared to before the COVID-19 restrictions, by wealth (n=2,288)



FINANCIAL WORRY

Percentage of women who are worried about the impact of COVID-19 on their household's future finances, by wealth (n=3,625)



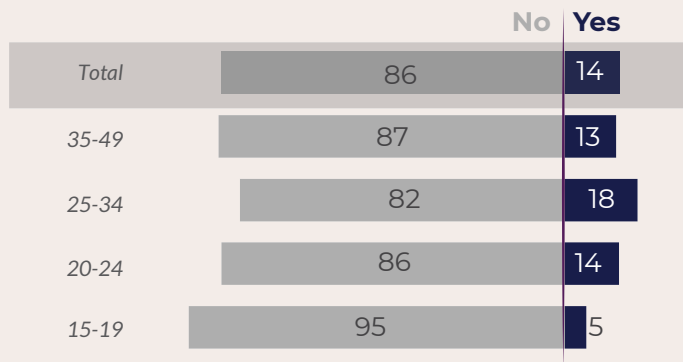
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- Eight in 10 women report that their household completely or partially lost income during COVID-19 restrictions.
- Income loss was most common in wealthier households.
- Two in 5 married women became more economically reliant on their husbands during COVID-19.

SECTION 3: HEALTH SERVICE ACCESS BARRIERS

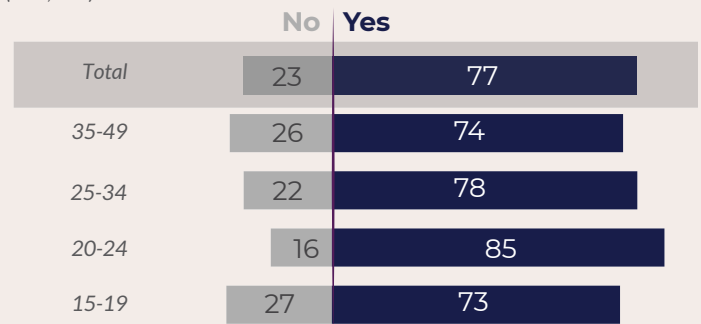
NEED TO VISIT HEALTH FACILITY FOR FP

Among women who needed to visit a health facility during the COVID-19 restrictions, the percentage of women who needed to visit a health facility for FP services, by age (n=2,425)



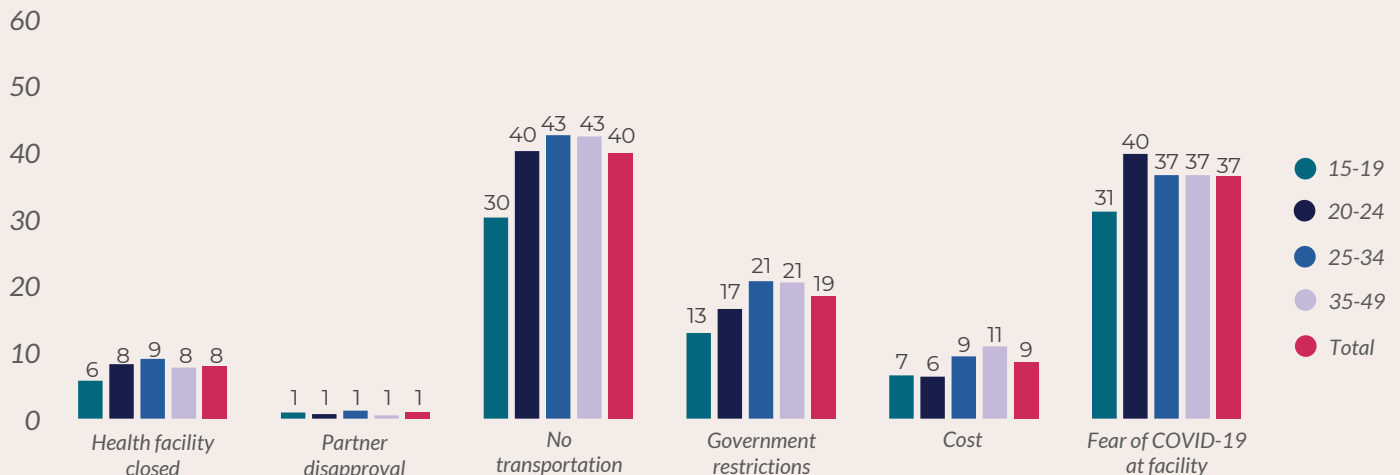
SUCCESS IN ACCESSING HEALTH SERVICES

Among women who needed to visit a health facility during COVID-19 restrictions, the percentage who were able to access those services, by age (n=2,406)



DIFFICULTY ACCESSING HEALTH FACILITY

Among women who needed to visit a health facility during COVID-19 restrictions, the percentage who reported the following difficulties in access (multiple responses allowed), by age (n=2,425)



NOT USING FP FOR COVID-RELATED REASONS

Among women not using an FP method, the percentage who reported the following COVID-19 related reasons (n=1,495)



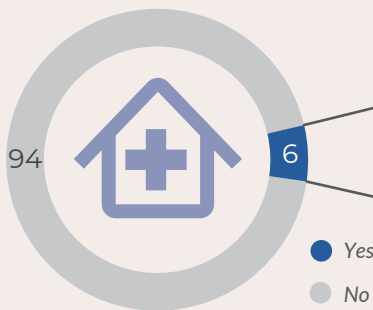
KEY FINDINGS FOR SECTION 3: HEALTH SERVICE ACCESS BARRIERS

- Over one-quarter (27%) of the adolescents (15-19) were unable to access services that they needed during COVID-19 restrictions.
- Lack of transport and fear of COVID-19 at facilities were key difficulties in accessing health services.

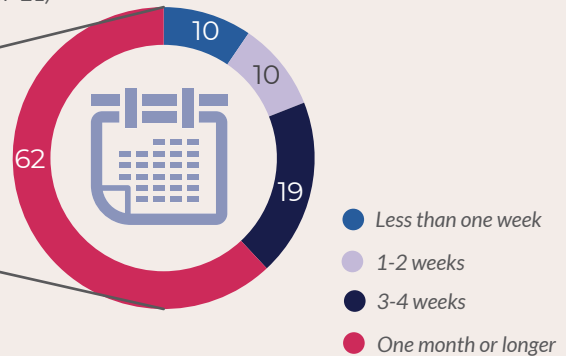
SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

HEALTH FACILITY CLOSURE DURING COVID-19 RESTRICTIONS

Percentage of public and private facilities that closed during COVID-19 restrictions when they would have otherwise been open (n=349)

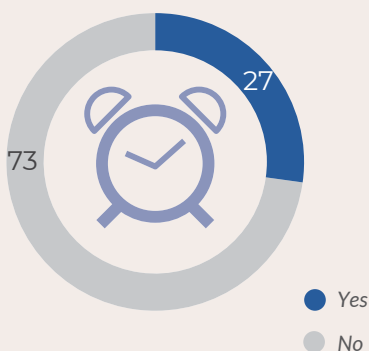


Among public and private facilities closed during the COVID-19 restrictions, the percentage distribution of the amount of time closed (n=21)

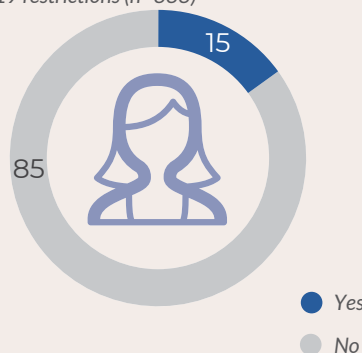


IMPACT ON FP SERVICES DURING COVID-19 RESTRICTIONS

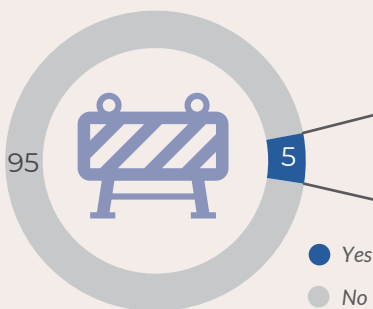
Percentage of all facilities reporting reduction in number of hours of operation during COVID-19 restrictions (n=349)



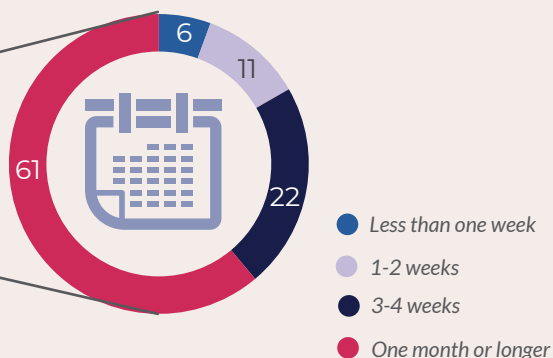
Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=333)



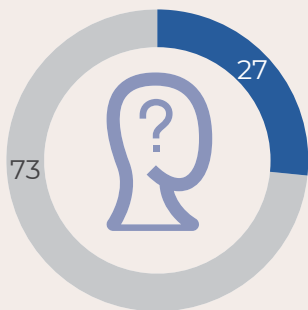
Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=333)



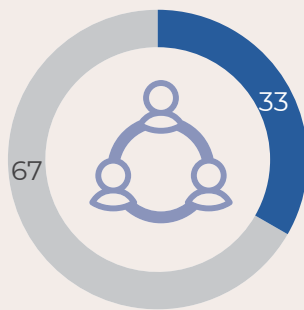
Among facilities reporting a suspension of FP services during the COVID-19 restrictions, the percentage distribution of the amount of time FP services were suspended (n=18)



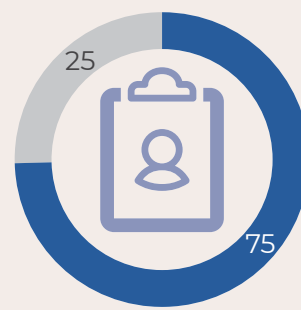
Percentage of all facilities reporting increased absenteeism of personnel during the COVID-19 restrictions (n=349)



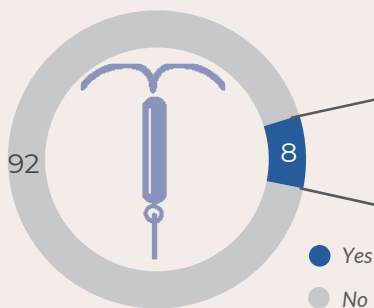
Percentage of all facilities reporting disruption of support services to community health workers during the COVID-19 restrictions (n=195)



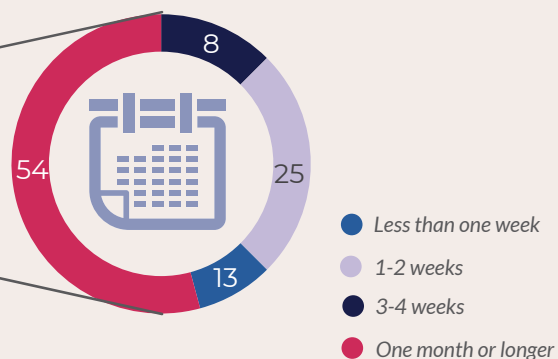
Among facilities offering FP, percentage reporting that they kept records of FP clients up-to-date during COVID-19 restrictions (n=331)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=304)

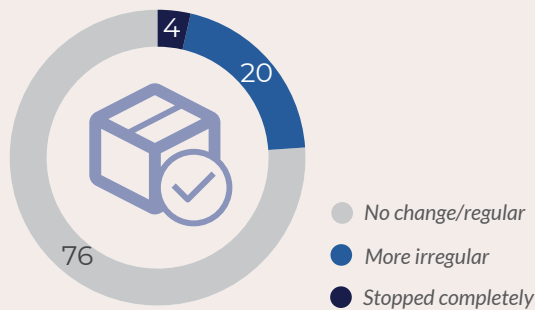


Among facilities reporting a COVID-19 related disruption in the ability to offer provider-administered FP methods during the COVID-19 restrictions, the percentage distribution of the amount of time these methods were not offered (n=24)



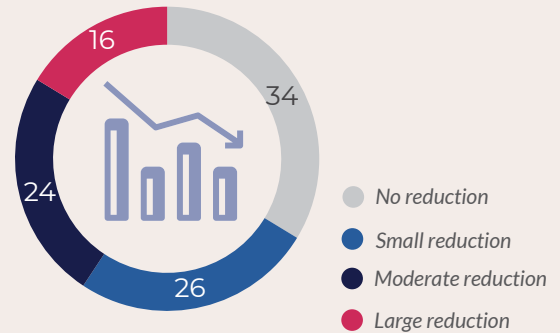
SUPPLY OF FP METHODS

Among facilities offering FP, percentage reporting an irregular or stopped supply of FP methods during the COVID-19 restrictions (n=330)



REDUCTION IN FP CLIENTS

Among facilities offering FP, percentage that reported a reduction in FP clients during the COVID-19 restrictions (n=332)



KEY FINDINGS FOR SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

- About one quarter of SDPs reported more irregular supply of FP services during the COVID-19 restrictions; 4% stopped receiving FP supplies completely.
- Over a quarter of SDPs reduced hours of operation during the COVID-19 restrictions; 15% re-assigned personnel from FP services to COVID-19 services.

PMA Uganda collects information on knowledge, practice, and coverage of family planning services in 122 enumeration areas selected using a multi-stage stratified cluster design with urban-rural and region strata. The results are representative at the national level and within urban/rural strata. Data were collected between September and October 2020 from 4,023 households (97% response rate), 3,939 females age 15-49 (96.8% response rate), 349 facilities (97.8% completion rate), and 2,397 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/uganda.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Uganda is led by the Makerere University School of Public Health at the College of Health Sciences (Mak/CHS/MakSPH), in collaboration with the Uganda Bureau of Statistics (UBOS) and the Ministry of Health. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.

Link to questionnaire and PMA COVID-19 website: <https://www.pmadata.org/technical-areas/covid-19>