

# PMA UGANDA

COVID-19 results from recent surveys

September-November 2021

## OVERALL KEY FINDINGS



Nearly all health facilities (97%) remained open during the recent COVID-19 restrictions period.



88% of the women reported that their household experienced income loss due to the COVID-19 pandemic in the last 12 months. However, only 6 out of 10 of these women reported that their households, in the last 4 weeks, had wholly or partially recovered from the income loss they suffered due to the pandemic.

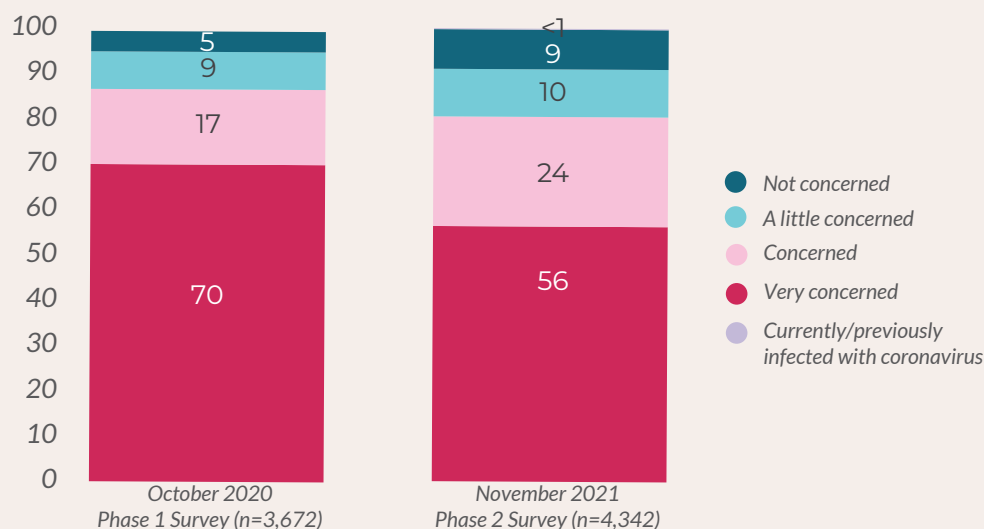


Women who wanted to access a health facility reported more success in accessing health facilities in 2021 compared to 2020.

## SECTION 1: CONCERN ABOUT COVID-19

### CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19 (n=4,342)



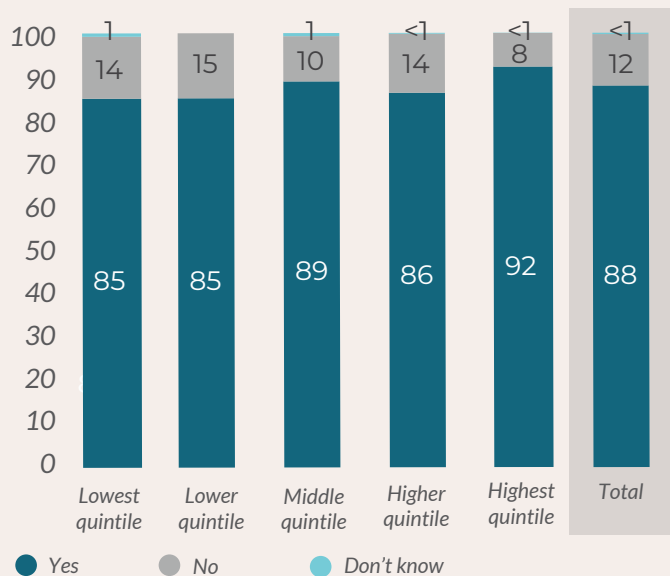
### KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

- Between the 2020 and 2021 surveys, there was a 7 percentage point decrease in reporting concern about getting COVID-19 by women.

## SECTION 2: ECONOMIC IMPACT OF COVID-19

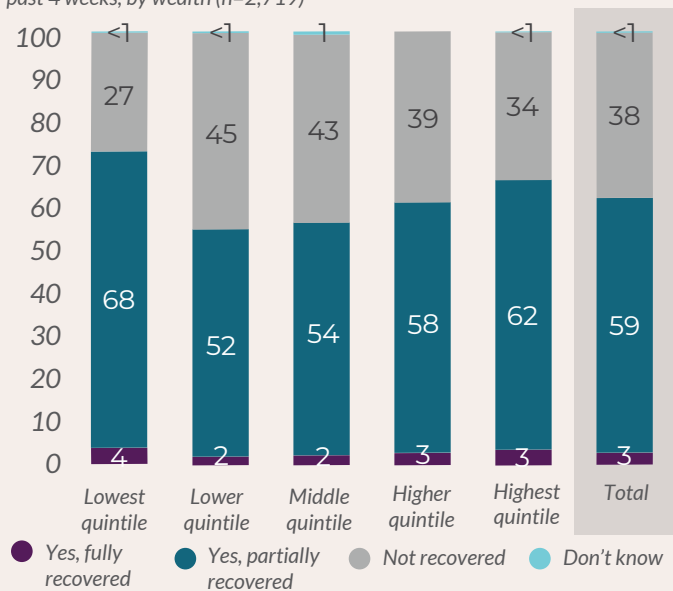
### HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n=3,053)



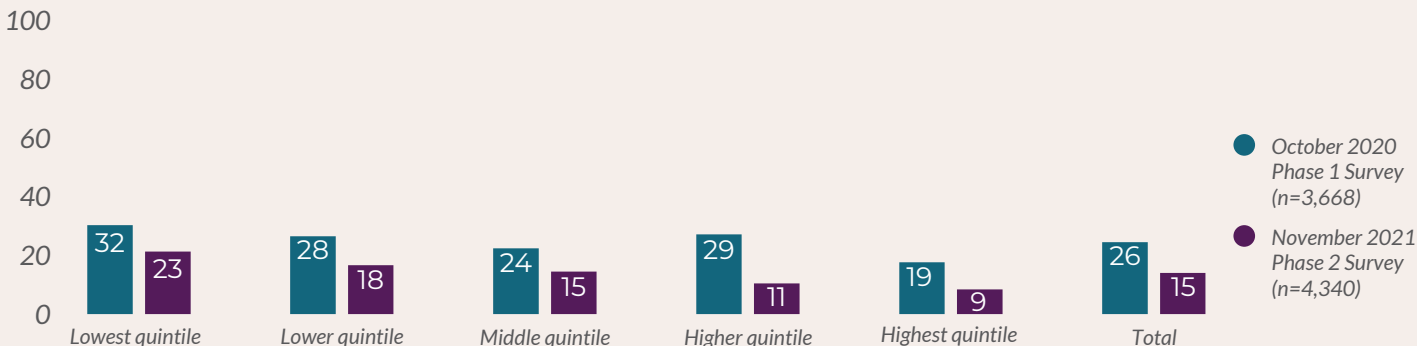
### HOUSEHOLD INCOME RECOVERY

Among women living in households that reported complete or partial income loss in the past 12 months, the percent distribution of recovery status within the past 4 weeks, by wealth (n=2,719)



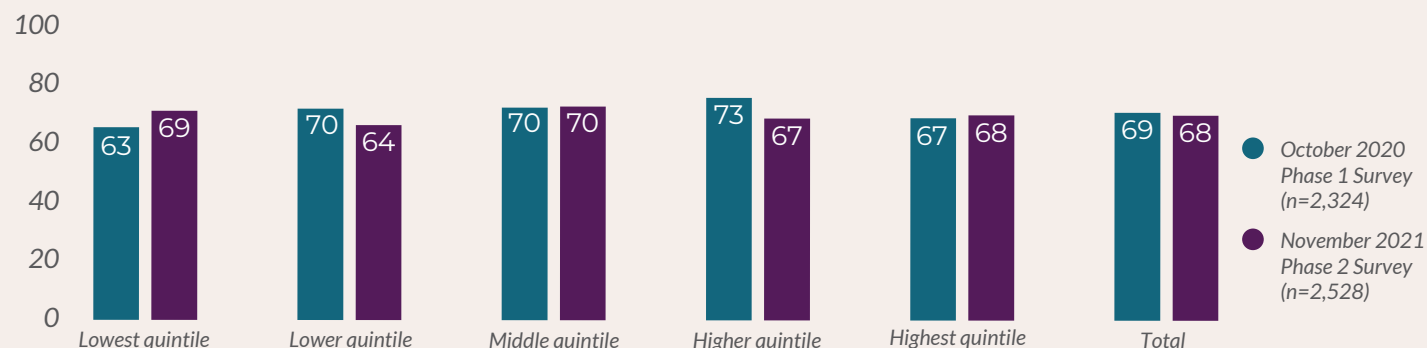
### FOOD INSECURITY

Percentage of women who reported that at least one member of their household went without food recently, by wealth



### ECONOMIC RELIANCE

Percentage of currently married women who are economically reliant on their husband, by wealth



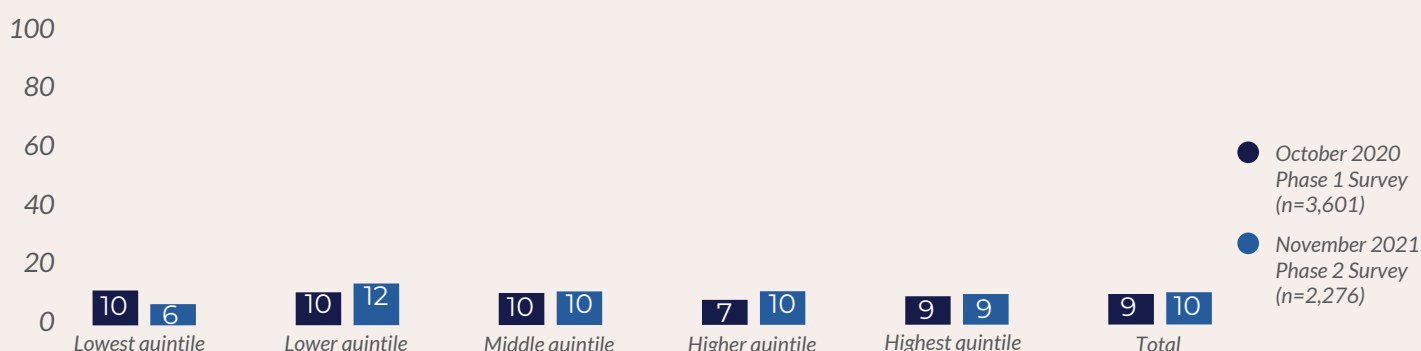
## KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- 88% of the women reported that their household experienced income loss due to the COVID-19 pandemic in the last 12 months. However, only 6 out of 10 of these women reported that their households had, in the last 4 weeks, wholly or partially recovered from the income loss they suffered due to the pandemic.
- The wealthiest households reported the highest income loss in the last 12 months.
- Overall, fewer women reported that their households experienced food insecurity in 2021 compared to 2020.

## SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

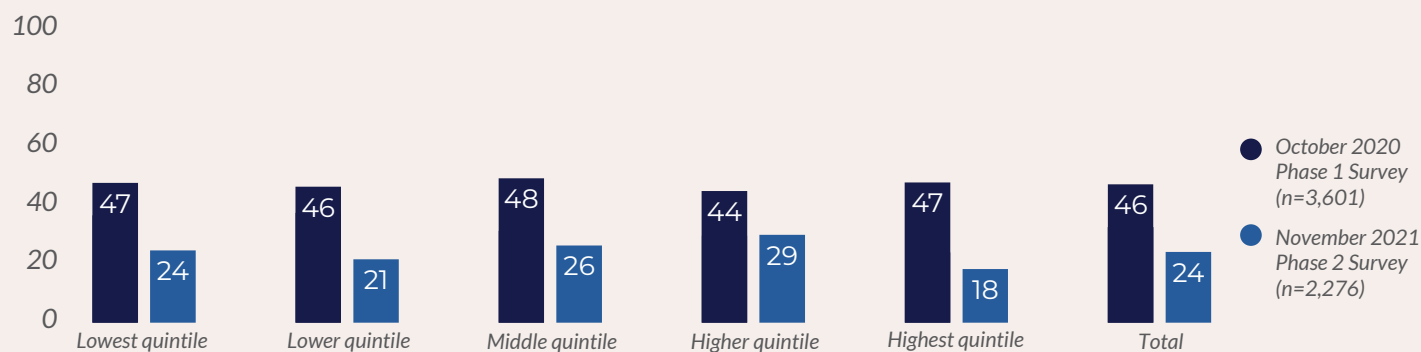
### WANT TO VISIT HEALTH FACILITY

Among women who wanted to visit a health facility, the percentage that went for FP, by wealth



### DIFFICULTY ACCESSING HEALTH FACILITY

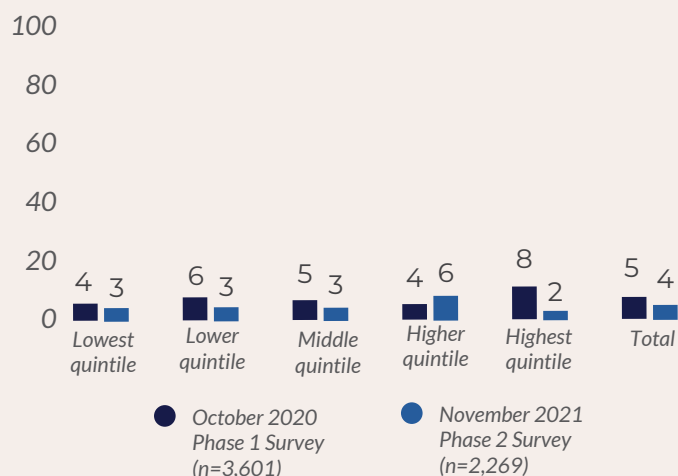
Among women who wanted to visit a health facility recently, the percentage who reported any difficulties in access, by wealth



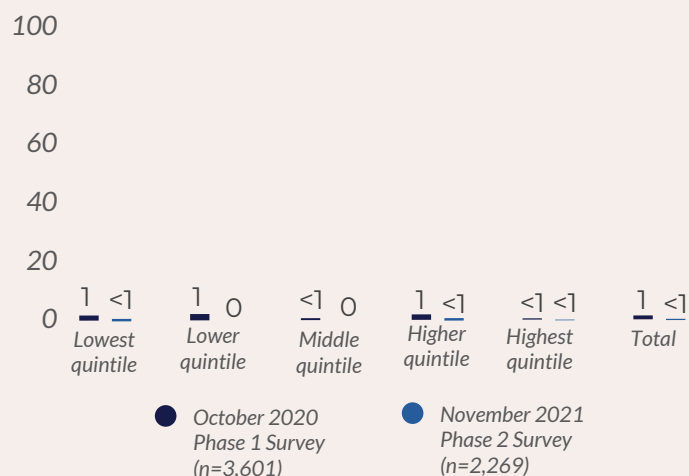
# REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

Among women who wanted to visit a health facility recently and reported any difficulty in access, the percent who reported the following difficulties (multiple responses allowed), by wealth

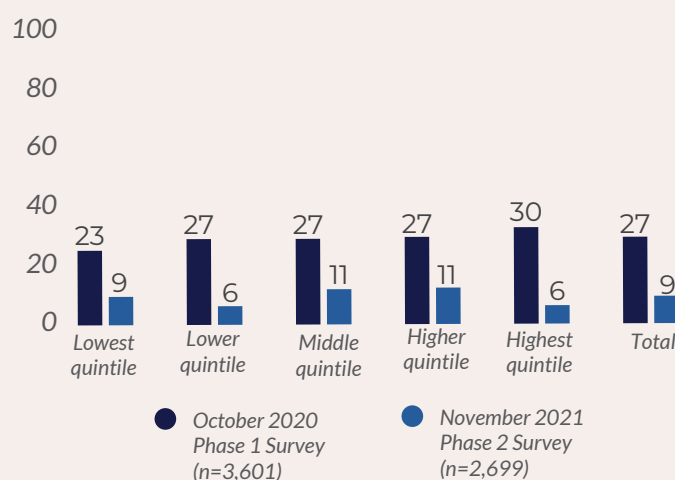
## Facility closed



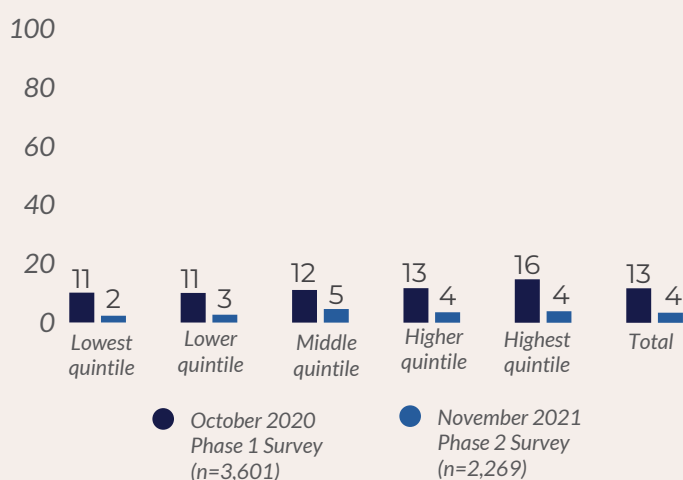
## Partner does not approve



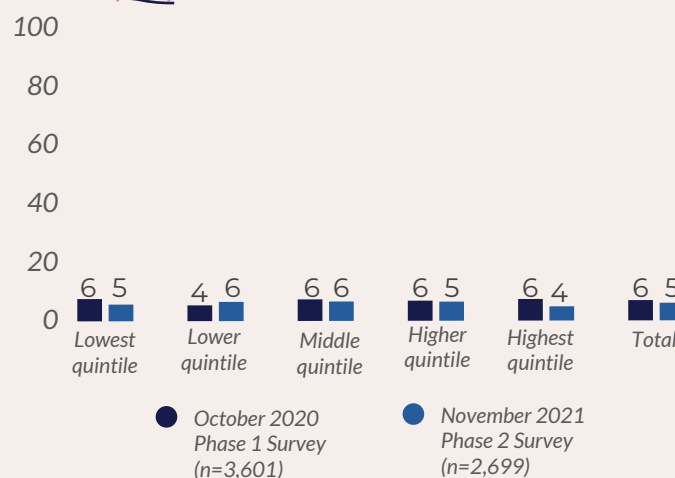
## Lack of transportation



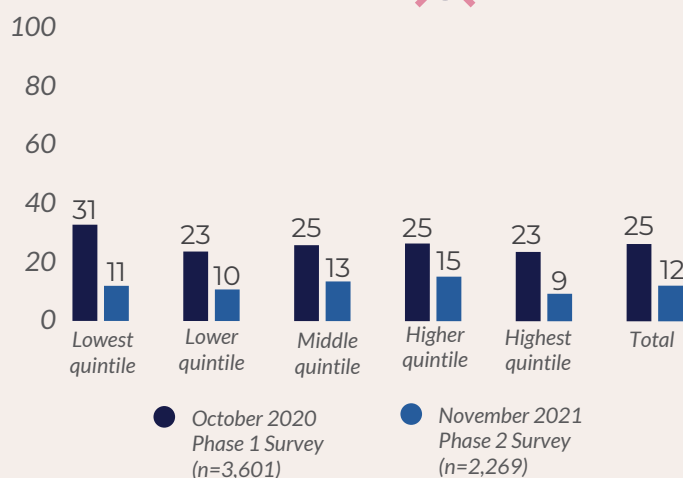
## Government restrictions on movement



## Cost

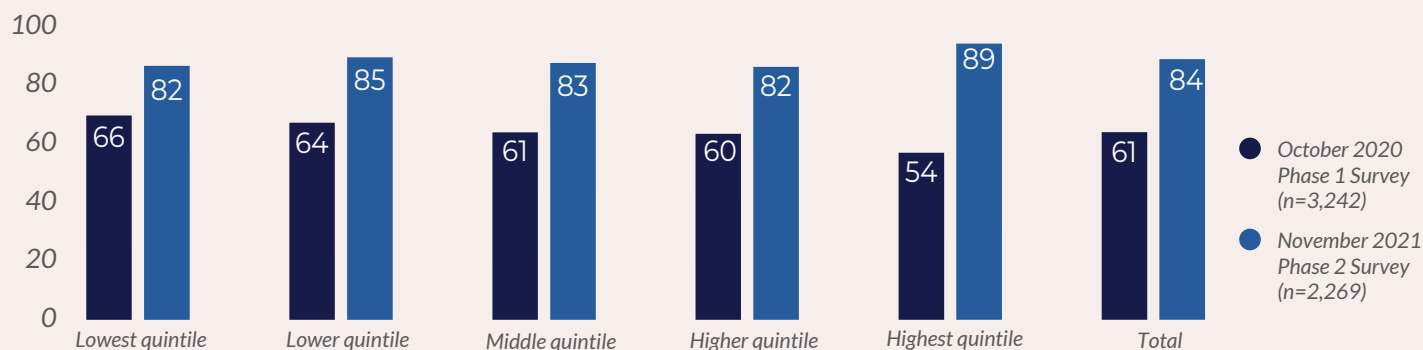


## Fear of COVID-19 at facility



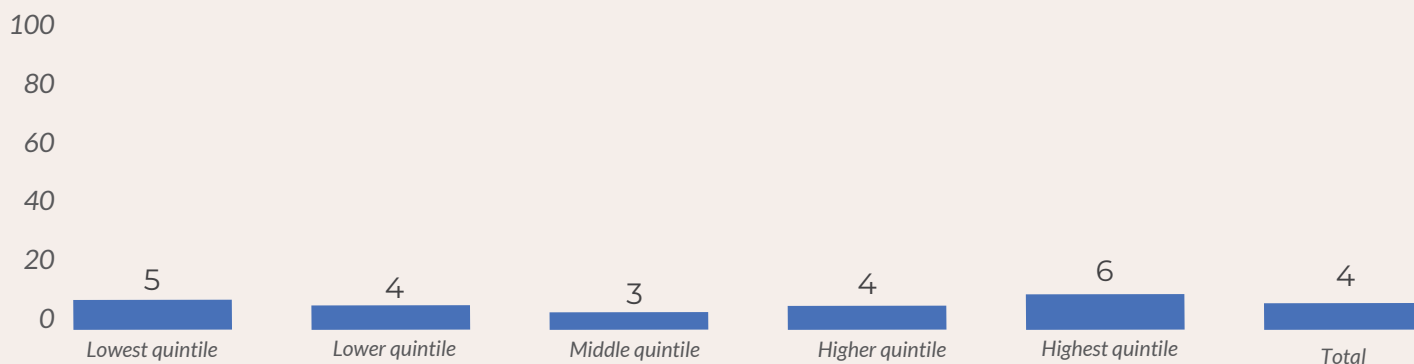
## SUCCESS IN ACCESSING HEALTH SERVICES

Among women who wanted to visit a health facility recently, the percentage who were able to access those services, by wealth



## FP INTERRUPTION DUE TO COVID-19

The percentage of women who stopped or interrupted their contraceptive method use due to the COVID-19 restrictions, by wealth (n=1,728)



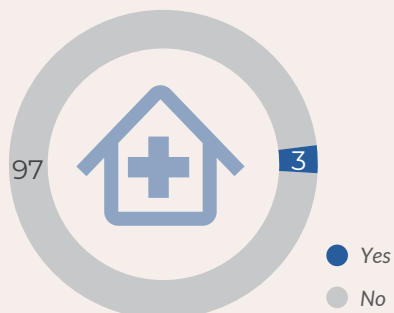
### KEY FINDINGS FOR SECTION 3: FAMILY PLANNING AND HEALTH SERVICE ACCESS BARRIERS

- Women who wanted to access a health facility reported more success in accessing health facilities in 2021 compared to 2020.
- Reports of women experiencing difficulty in accessing health services for family planning declined from 46% (2020) to 24% (2021).
- Among women who reported difficulties in accessing health facilities, an improved access to transport and reduced fear of getting infected to COVID-19 at health facilities was found in 2021, compared to 2020.

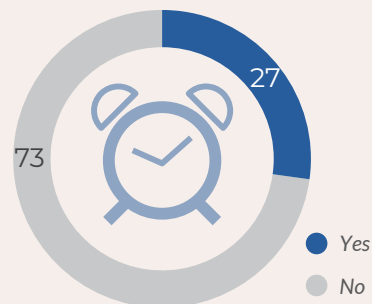
## SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

### IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

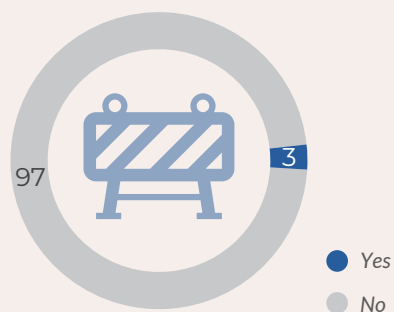
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=382)



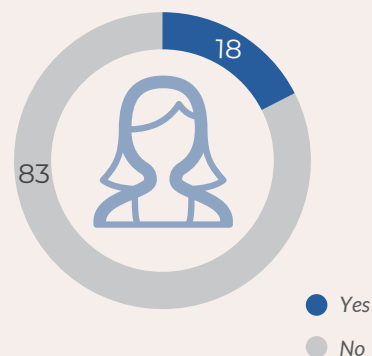
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=383)



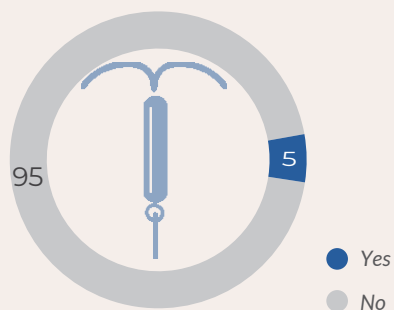
Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=371)



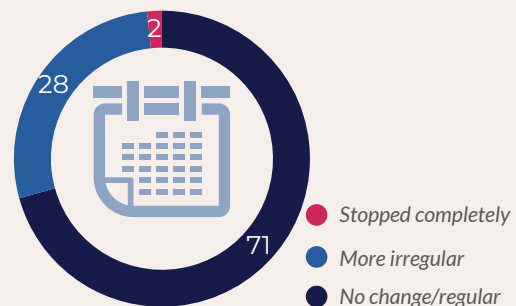
Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=372)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=330)



Among facilities offering FP services, the percentage with regular or irregular method supply during COVID-19 restrictions (n=368)



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

- Nearly all health facilities (97%) remained open during the recent COVID-19 restrictions period.
- A quarter of health facilities reported a reduction in hours of operation during the COVID-19 restrictions.
- 28% of health facilities reported irregular supply of contraceptives during the COVID-19 restrictions.

Women were asked about events since the COVID-19 restrictions were implemented during the Phase 1 survey. For the Phase 2 survey, women were asked about events in the past 4 weeks.

PMA Uganda collects information on knowledge, practice, and coverage of family planning services in 141 enumeration areas selected using a multi-stage stratified cluster design with urban-rural and region strata. Of the 141 enumeration areas, 19 new enumeration areas were added for a CIFF (Children's Investment Fund Foundation) sponsored study that are now part of the PMA Uganda cross-sectional sample. The results are representative at the national level and within an urban/rural strata. Data were collected between September and November 2021 from 4,399 households (96% response rate), 4,346 females age 15-49 (96% response rate), 384 facilities (93% completion rate), and 2,370 client exit interviews. For sampling information and full data sets, visit [www.pmadata.org/countries/uganda](http://www.pmadata.org/countries/uganda).

Phase 1 data were collected between September and October 2020 from 4,023 households (97% response rate) and 3,939 females age 15-49 (96.8% response rate).

Percentages presented in this brief have been rounded and may not add up to 100%.

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>.