

## UNICEF Uganda Karamoja Response Report (July 2022)



*A medical staff being supported by a VHT to conduct screening at Nadunget HCIII in Moroto DLG*

### Situation Overview and Humanitarian Needs

- The prevalence of acute malnutrition among children in Karamoja is at a serious level (13.1 per cent) with Moroto (21.9 per cent) and Kaabong (19.6 per cent) being the most affected.
- A total of 22,740 children with severe wasting in the region require urgent treatment.
- Main drivers are food insecurity (over the last three years, food insecurity in the sub-region has increased from 29 per cent in 2020 to 55 per cent in 2022); diarrhea and fever/malaria associated with rainy season which compounds the situation of already malnourished children.
- As part of the initial response to the worsening malnutrition situation, UNICEF aims at increasing coverage for outpatient and in-patient therapeutic care through mass community-level screening for acute wasting and integrated community out-reaches especially for the hard-to-reach communities in the region.
- To improve access to safe drinking water, UNICEF will rehabilitate 40 boreholes from 4 districts of Moroto, Karenga, Nabilatuk and Kabong alongside sanitation improvement intervention.

### Coordination

At national level, a light Humanitarian Coordination Team (HCT-L) & Humanitarian Inter Agency Coordination Group (HICG) with active participation from UNICEF is ongoing. These platforms bring together heads of UN agencies and technical focal persons supporting the Karamoja Response from different Organisations including NGOs to ensure common strategies and targets.

At field level, UNICEF is the secretariat and chair of the weekly Nutrition and Health Partners Coordination meeting in Karamoja. This forum brings together relevant UN agencies, implementing partners as well as the district local governments and Moroto Regional Referral Hospital (RRH) to deliberate on the response.

UNICEF has internally established a special Emergency Management Team (EMT) meeting on Karamoja response to ensure smooth coordination and alignment of interventions and address any emerging issues as they arise.

## UNICEF Response Health & Nutrition

UNICEF initiated its emergency response in all nine districts by addressing lifesaving needs for about 23,000 children with severe acute malnutrition through timely therapeutic care. To increase coverage, UNICEF is supporting Kaabong and Moroto to carry out mass community screening for acute wasting among children 6-59 month and integrated community outreaches to hard-to-reach communities.

By July 26<sup>th</sup>, a total **61,786** children aged 6-59 months in the two districts have been reached, and out of this, 12,971 (57% per cent) of the projected cases of SAM have been treated or undergoing treatment in the region with 140 health facilities providing OTC services.

UNICEF has delivered 11,946 cartons of RUTF, 91 cartons of F75, 15 cartons of F100 and two cartons of ReSoMal to all the nine districts of Karamoja to support the treatment of malnutrition and to ease the last mile delivery of nutrition supplies, UNICEF deployed two standby vehicle trucks in the region.

The findings from the mass screening revealed the acute malnutrition levels in the two districts remains critical (25 per cent in Kaabong and 14 per cent in Moroto), with a high percentage of the eligible children not being enrolled into therapeutic care. The initiation of the mass screening has improved the enrolment of malnourished children into therapeutic care; a scale up of the mass screening and referral is much need to the rest of the districts. UNICEF is also supporting the rehabilitation of Inpatient Treatment sites (ITC) centers in Moroto, Amudat and Nakapiripirit to manage the increasing complicated acute malnutrition cases.

## Water, sanitation, and hygiene (WASH)

With support from UNICEF, 5 boreholes rehabilitation in Moroto DLG is complete and in use, and training of 28 water user committees at the 4 water points is ongoing alongside community sensitization on sanitation and hygiene in the districts. of Moroto. Fund request for the additional 35 boreholes is being processed to support the 4 districts of Moroto, Kaabong, Nabilatuk and Karenga

## Child Protection

To ensure safety of the children, UNICEF has Integrated key nutrition messages in Child Protection regular programme across the districts. During the week, 120 para social workers were reached/ provided with key nutrition messages in Karenga district in Kawalakol, Sangar and Kapedo sub counties, these Para Social workers are expected to reach 1,200 Households with integrated nutrition messages.

Under case management, there has been provision of child victims of VAC with case management services. A total of 114 children (38 boys & 76 girls) provided with basic Mental health and Psychosocial therapy in Moroto, Kotido and Kaabong districts. 47 malnourished and hunger-stricken children (15 boys & 32 girls) provided with basic food items) in Kotido and Moroto. The provision of the items was an interim measure due to shortage of supplies in the facilities however, this has since then been addressed with the arrival of the supplies provide by UNICEF

## Social Behaviour Change (SBC)

A total 1,410 Village Health Team members (906 in Kaabong and 504 in Moroto) and 705 LCI Chairpersons from 252 villages in Moroto and 453 villages in Kaabong were trained to use Middle Upper Arm Circumference (MUAC) tapes during house-to-house nutrition screening besides, 700 MIYCAN job aid counselling cards were printed and disseminated to each VHT in an effort to scale up the

identification of households with children 6 to 59 years who need nutrition services and refer them and reaching caregivers with key nutrition messages on the management and prevention of wasting among children 6 to 59 years, This has led to increase in the number of children being referred from the community for appropriate nutrition care and management.

A total of 71 Manyatta Wagons and community baraza has been conducted through which **132,523** people were reached with integrated social behaviour change messages on nutrition and the mass screening exercise. Key emerging issues from community engagement platforms include the need to address the sale of RUTF by caregivers, delayed improvement of children enrolled on program thus the children take long to recover. Moreover, there is an apparent misuse of RUTF fuelled by hunger, alcoholism, and limited awareness of its treatment benefit to the child. These issues are being presented to the district leadership and partners for regular redress.

UNICEF has scheduled Coordination meetings with key SBC partners within the region such as USAID-Social Behaviour Change Activity, Save The Children to harmonize SBC messages and utilize existing partner platforms such as the WFP Blanket Supplementary Feeding Programme to integrate key nutrition messages and approaches. Developing Integrated Nutrition and Child Protection messages for dissemination during routine child protection activities.

### Funding Overview

UNICEF Uganda is appealing for an US\$12 million for the Karamoja response. UNICEF has so far received US\$2.8 million, a generous contribution from UNOCHA and Swedish International Development Cooperation Agency (SIDA), leaving a funding gap of US\$9.2 million or 77 per cent. If these funds are availed, they will enable UNICEF and partners to ensure coordination and leadership, risk communication and social mobilization (RCSM), case management, infection prevention and control, WASH, and treatment including nutrition and mental health and psychological support. To meet immediate response needs, UNICEF Uganda reallocated funds from regular resources totalling US\$400,000 to procure urgent emergency supplies and support national and district coordination.

### Overall HAC funding

Funding requirements 2022					
Sector	HAC Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2021 (carry-over)	US\$	%
Nutrition	4,884,958	2,302,938	70,272	2,511,748	51
Health and HIV and AIDS	6,981,458	1,336,081	316,010	5,329,367	76
Water, sanitation & hygiene	4,949,473	1,213,810	44,308	3,691,355	75
Child protection, GBViE and PSEA	4,491,123	404,311	428,460	3,658,352	81
Education	3,692,988	221,097	0	3,471,892	94
<b>Total</b>	<b>25,000,000</b>	<b>5,478,237</b>	<b>859,050</b>	<b>18,662,713</b>	<b>75</b>

## Karamoja Response Funding table

Funding requirements 2022/2023				
Sector	Karamoja Requirements	Funds available	Funding gap	
		Humanitarian resources received in 2022	US\$	%
Nutrition	7,298,400	2,302,938	4,995,462	68
Health and HIV and AIDS	649,200	89,836	559,364	86
Water, sanitation & hygiene	2,754,000	138,472	2,615,528	95
Child protection, GBViE and PSEA	1,298,400	273,009	1,025,391	79
<b>Total</b>	<b>12,000,000</b>	<b>2,804,255</b>	<b>9,195,745</b>	<b>77</b>

\* UNICEF Uganda reallocated funds from regular resources totalling US\$ 400,000 to procure urgent emergency nutrition supplies

For further information, please contact:

Dr. M. Munir A. Safieldin  
Representative  
UNICEF Uganda  
Tel: +256 417 171 001  
Email: msafieldin@unicef.org

Ms. Alessia Turco  
Chief, Field Ops & Emergency  
UNICEF Uganda  
Tel: +256 770 933 772  
Email: aturco@unicef.org

## <sup>1</sup>Karamoja Response: Summary of programme results

	Total In need	UNICEF Target	Achieved Result against Targets
<b>Health</b>			
Number of people vaccinated (Boys and girls vaccinated against measles)	53,561 (4.3% of total population)	56,709	8,433
Proportion of targeted people vaccinated (Boys and girls vaccinated against measles) [total targeted people = 63,009]	53,561 (100%)	90	13.4%
Number of people receiving vitamins and/or micronutrient supplement-	198,050	50,408	85,899 (Vit. A)
Proportion of targeted people receiving vitamins and/or micronutrient supplement [total targeted people = 63,009]	100%	80	136%
Number of primary healthcare consultations provided (Children and women accessing primary health care in UNICEF-supported facilities)	N/A	44,940	N/A
<b>Nutrition</b>			
Number of people screened for acute malnutrition (Children < 5)	191,707	22,740	2 DLGs: 61,786 (Kja:146,920)
Number of people admitted in SAM treatment programme (Children aged 6-59 months)	91,600	15,918	5,946
Percentage of people (Children aged 6-59 months) who were admitted for SAM treatment who recovered (SAM recovery rate) [>75%]	75%	75%	74%
Number of people receiving vitamins and/or micronutrient supplements (children 6-59 months)	198,050	150,000	85,899 (Vit. A)
Number of children 12-59 months who received deworming medicine in a) first semester, and b) in the second semester	580,450	139,990	167,364
% of HFs reporting no stock out of SAM supplies	140	80	74%
Number of people in community awareness sessions on maternal, infant and young child feeding in emergencies	9,500 PLWs	139'715	21,654
<b>Child Protection:</b>			
Number of children receiving protection support (e.g., family tracing, reunification, reintegration, case management services, etc)		1,200	47
Number of children and parents/caregivers accessing mental health and psychosocial support		6,420	141
Number of people who participate in social and behaviour change communication interventions promoting elimination of violence against children		10,300	120
<b>WASH:</b>			
Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard (standard indicator from HAC)	<sup>2</sup> 186,000	12,000	1,500
Conduct hygiene promotion through Community-Led Total Sanitation (CLTS) in 40 villages	20,000	20,000	4,324
<b>Cross -sectoral (Risk Communication and Community engagement)</b>			
People engaged in risk communication and community engagement actions	1,245,600	1,245,600	132,523

<sup>1</sup> Period= May and June 2022 (since the response started)

Coverage= Whole region, but more numbers contributed by Moroto & Kaabong where UNICEF had intensified support

Source documents= 2022 IPC analysis targets, DHSI-2 and activity reports

<sup>2</sup> Water access based on 30 % of unserved pop of Kaabong, Karenga, Moroto and Nabilatuk