Situation Overview

- Following the IPC acute malnutrition analysis report, UNICEF, WFP and District Local Governments (DLGs) embarked on a door-to-door mass screening exercise to identify affected households with a specific focus on vulnerable children. A total of 143,378 (75 per cent) children have been screened for malnutrition in the community from six out of the nine Karamoja districts. This is an improvement from 29.2 per cent in April 2022 before the emergency response. The findings revealed that acute malnutrition levels remain critical (Kotido at 25 per cent, Nabilatuk at 23 per cent and Kaabong at 22.3 per cent).

- Integrated community outreaches have improved the enrolment of malnourished children into therapeutic care. To date, a total of 12,683 (55.8 per cent) of children with Severe Acute malnutrition have been enrolled for treatment. A scale up for integrated outreaches and referral is urgently required to the rest of the districts to reverse the effects of increased malnutrition levels.

UNICEF’s Humanitarian Response

Health & Nutrition

- A total of 143,378 children aged 6-59 months have been screened for malnutrition in six districts. Additional 3 districts (Abim, Nakapiripirit and Karenga) have received funds to conduct mass-screening.

- 12,683 cases of severe acute malnutrition (SAM) have been enrolled for treatment in the region with 140 health facilities providing Outpatient Therapeutic Center (OTC) services (56 per cent).

- Rehabilitation of three Inpatient Treatment Centres (ITC) is on-going in Moroto, Amudat and Nakapiripit districts to manage the increasing acute malnutrition cases.

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1 Data source for health and nutrition data in this report is retrieved from MoH DHIS 2. Child Protection, WASH and SBC data is reported from DLG field reports.
Water, Sanitation and Hygiene (WASH)
- Funds for rehabilitation of additional 35 boreholes have been transferred to the districts of Moroto, Kaabong, Karenga and Nabilatuk by the end of August. This will be in addition to the five boreholes that were completed in Moroto district in July targeting 1,500 people.

Child Protection
- Conducted community dialogue meetings with 240 community members in Napak district on Child Protection and Nutrition.
- 120 children (39 boys & 81 girls) who were victims of Violence Against Children (VAC) were provided with basic Mental Health and Psychosocial Support (MHPSS) in Moroto, Kotido and Kaabong districts.
- 66 malnourished and hunger-stricken children (24 boys & 42 girls) were provided with basic food items in Kotido and Moroto districts.

Humanitarian 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.

Funding Overview
UNICEF Uganda is appealing for US$12 million for the Karamoja response as part of the 2022 Humanitarian Action for Children (HAC) and resilience building efforts. 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.

Overall HAC funding

<table>
<thead>
<tr>
<th>Sector</th>
<th>HAC Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian</td>
<td>Resources</td>
<td>US$</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>resources</td>
<td>received in</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td></td>
<td>resources</td>
<td>2021 (carry-over)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>4,884,958</td>
<td>2,302,938</td>
<td>2,511,748</td>
<td>51</td>
</tr>
<tr>
<td>Health and HIV and AIDS</td>
<td>6,981,458</td>
<td>1,336,081</td>
<td>5,329,367</td>
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</tr>
<tr>
<td>Water, sanitation &amp; hygiene</td>
<td>4,949,473</td>
<td>1,213,810</td>
<td>3,691,355</td>
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</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>4,491,123</td>
<td>404,311</td>
<td>3,658,352</td>
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</tr>
<tr>
<td>Education</td>
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<td>221,097</td>
<td>3,471,892</td>
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</tr>
<tr>
<td>Total</td>
<td>25,000,000</td>
<td>5,478,237</td>
<td>18,662,713</td>
<td>75</td>
</tr>
</tbody>
</table>
## Karamoja Response Funding table

<table>
<thead>
<tr>
<th>Sector</th>
<th>Karamoja Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian resources received in 2022</td>
<td>US$</td>
<td>%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7,298,400</td>
<td>2,302,938</td>
<td>4,995,462</td>
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<tr>
<td>Health and HIV and AIDS</td>
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<td>559,364</td>
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<tr>
<td>Water, sanitation &amp; hygiene</td>
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<td>138,472</td>
<td>2,615,528</td>
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<tr>
<td>Child protection, GBViE and PSEA</td>
<td>1,298,400</td>
<td>273,009</td>
<td>1,025,391</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>12,000,000</strong></td>
<td><strong>2,804,255</strong></td>
<td><strong>9,195,745</strong></td>
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</tbody>
</table>

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2 To meet immediate response needs, UNICEF Uganda reallocated funds totalling US$400,000 to support mass screening, integrated outreaches and facilitation for consultants in Kaabong and Moroto districts for continuity of provision of nutrition services
Karamoja Humanitarian Situation Dashboard

- Children (<5 yrs) targeted for acute malnutrition screening: 191,707
- Children (children <5 yrs) screened for acute malnutrition: 143,378
- Children aged (<5 yrs) admitted in SAM treatment programme: 12,683

Percentage of children <5 years admitted in SAM treatment programme: 56%

Kotido: 27%
Nabulatuk: 24%
Kaabong: 23%
Amudat: 16%
Moroto: 13%
Napak: 12%

Data source: DHIS-2, IPC analysis, District health office
Reporting Period: May 2022 to date
Disclaimer: The information shown on this map does not endorse physical and political boundaries.
## UNICEF Programme Results as of August 2022

### UNICEF’s Programme Targets and Results

#### Nutrition
- **Number of children screened for acute malnutrition (children < 5)**
  - **Results:** 143,378
  - **Target:** 191,707
- **56%**

#### Health
- **Number of children under one (Boys and girls) vaccinated against measles**
  - **Result:** 8,415
  - **Target:** 30,270
- **28%**

#### WASH
- **Sufficient and safe water for drinking, cooking, and/or personal hygiene use as per agreed sector standard**
  - **Results:** 1,500
  - **Target:** 12,000
- **13%**

#### Child Protection
- **Number of children and parents/caregivers accessing mental health and psychosocial support**
  - **Results:** 120
  - **Target:** 6,420
- **2%**

#### SBC/C4D
- **People engaged in risk communication and community engagement actions**
  - **Results:** 435,680
  - **Target:** 622,400
- **70%**

#### Community-Led Total Sanitation (CLTS)
- **Number of people benefiting from hygiene promotion through Community-Led Total Sanitation (CLTS) in 40 villages.**
  - **Results:** 4,324
  - **Target:** 20,000
- **22%**

#### SBC/C4D
- **People engaged in risk communication and community engagement actions**
  - **Results:** 66
  - **Target:** 1,200
- **6%**