

UNICEF Uganda Karamoja Response Report (September 2022)



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Caretakers of malnourished children attending health and nutrition education in Nabilatuk District.

Situation Overview

- **The population in need in Karamoja exceeds the caseload reached with humanitarian food and nutrition assistance** provided thus far¹.
- While harvests temporarily improved food consumption, given the below average crop production, above average prices, and below-average income-earning, **households will likely continue to face food consumption gaps and crisis outcomes (IPC Phase 3)** even in the post-harvest period.²
- Area-level Crisis (IPC Phase 3) outcomes are expected to persist through at least January 2023, with worst affected households in Emergency (IPC Phase 4). **Levels of acute malnutrition remain atypically high in many areas.**³
- From May to August 2022⁴, **all nine districts have completed at least one round of mass malnutrition screening.** The mass malnutrition exercise was conducted with support from UNICEF, WFP and respective District Local Governments (DLGs).

UNICEF's Humanitarian Response⁵

Health & Nutrition

- The preliminary data from round one mass malnutrition screening from all the nine districts shows **249,859⁶ children aged 6-59 months have been screened for malnutrition.** Below is a table showing the number of children screened for malnutrition and referred for treatment per district.
- Out of the total children screened for malnutrition ((249,859) in the first round, **3.2 percent (9,306) and 13.9 percent (40,919) of the children screened were severely and moderately malnourished** respectively⁷.

¹ Famine Early Warning Systems Network (FEWSNET August 2022) - Crop production is expected to be below average due to reduced area planted and damage from earlier dry spells.

² Famine Early Warning Systems Network (FEWSNET August 2022)

³ Famine Early Warning Systems Network (FEWSNET August 2022)

⁴ UNICEF and District field reports/DHISII - Seven districts (Karenga, Abim, Nakapiripirit, Kotido, Amudat, Nabilatuk and Napak) out of the nine have completed one round of mass malnutrition screening while Moroto and Kaboong districts have completed three and two rounds respectively.

⁵ Education is not funded but there are ongoing efforts (Ureport) to understand impacts to school going children and how to support the gaps.

⁶ 6-59 months children in Karamoja identified during mass-screening is much higher (294,859) than the estimated (191,707) by FSNA/IPC analysis. This is attributed to possibility of gaps in age estimation by VHTs who collected data or delays in updating DHISII. Follow up and verification is ongoing across the districts. Line listing of the children per village is also being considered to help solve the problem for the next mass screening exercise.

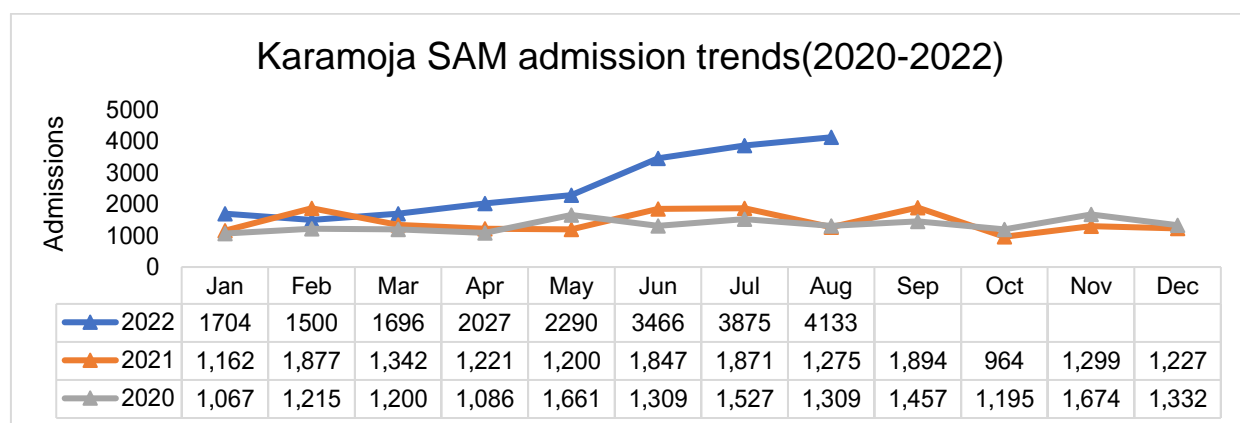
⁷ 2,577 (28 per cent) of the identified severely and 16,845 (41 per cent) moderately malnourished children were referred for admission to the Integrated Management of Acute Malnutrition (IMAM) program.

Table 1: Summary of round one mass malnutrition data per district in the Karamoja region

Data Source: Mass malnutrition screening preliminary reports

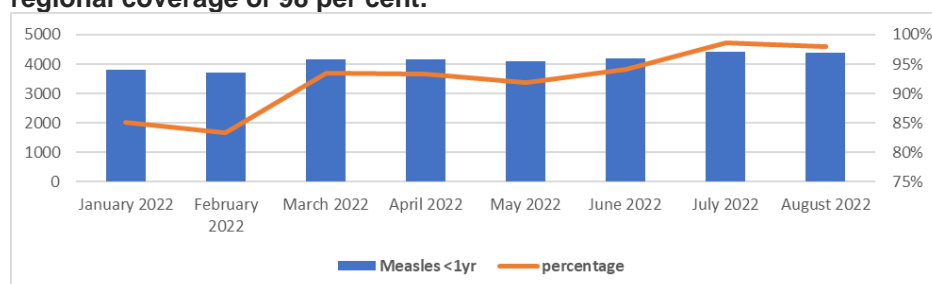
District	Total children				Number of children	
	Screened	Malnourished	Moderately malnourished	Severely malnourished	Enrolled in OTC	Enrolled in SFP
Napak	48,581	4,436	3,304	1,132	672	1,892
Kotido	51,888	12,808	10,435	2,373	1,570	5,417
Amudat	32,633	5,166	4,773	393	142	1,806
Nakapiripirit	20,291	2,364	2,037	327	209	1,441
Nabilatuk	21,023	4,830	3,980	850	446	2,917
Moroto	22,115	3,281	2,595	686	590	1,762
Kaabong	69,443	15,379	12,225	3,154	2,797	7,980
Abim	20,824	859	670	189	141	253
Karenga	8,061	1,102	900	202	157	606
Karamoja region Total	294,859	50,226	40,919	9,306	6,724	24,074

- A total of **20,691 severely malnourished (SAM) children** and 40,586 moderately malnourished (MAM) children were admitted for treatment from January to August 2022 in the nine Karamoja region districts.


Figure 1: Karamoja region SAM admission trends from 2020-2022.

 Data source: Ministry of Health DHISII, downloaded on 21st September at 17:30hrs

- The **increase in SAM admissions** is due to the scale of integrated community health and nutrition, intensified routine and mass malnutrition screening exercises conducted as part of the emergency response.
- **UNICEF has deployed 11 district-based consultants** in each of the nine districts to support weekly reporting of nutrition and health data in the districts⁸.
- **32,886 children under one year were vaccinated against measles⁹**, from Jan-August 2022 period (ref. figure 2 below). A total of 4,374 children received the measles antigen giving a **monthly regional coverage of 98 per cent**.


Figure 2: Trends in measles immunization under 1 year (Jan-Aug 2022)

 Data source: Ministry of Health DHISII, downloaded on 21st September at 17:30hrs

⁸ In addition, a total of 18 MoH surge response teams have been deployed to support on the capacity gaps in both In-patient Therapeutic Centres (ITC) and Outpatient Therapeutic Centres (OTC) in Karamoja.

⁹ Of which 16,356 were reached through outreach modality

- Health facilities and community VHT structures continue to screen, manage, and refer cases for diarrhoea, pneumonia, and malaria (with an observed malaria surge in June and July). **65,529 women and children** have accessed Primary Health Care (PHC) services since the start of the response.

Water, Sanitation and Hygiene (WASH)

- The rehabilitation of **20 boreholes has been completed serving more than 6,000 people** in the districts of Moroto, and Karenga.
- Training of water user committees for the rehabilitated boreholes has been conducted in the districts of Moroto and Karenga.

Child Protection

- A total of **152 children¹⁰ who were victims of Violence Against Children (VAC)** were provided with basic Mental Health and Psychosocial Support (MHPSS) in Moroto, Kotido and Kaabong districts.
- **118 district officials¹¹** were trained in child protection in emergency in Kotido and Napak districts.
- **597 community members and adolescents** were reached by community development officers and para social workers **with integrated child protection and nutrition messages** as part of the prevention initiatives in Napak, Kotido and Kaabong¹².

Social Behavior Change Communication (SBCC)

- **2,808 Village Health Team (VHT) members¹³** were trained on how to use Mid Upper Arm Circumference (MUAC) tapes and provision of integrated key messages to parents and caregivers of children under five years.
- Over 28,000 children were referred from the community for appropriate nutrition care and management by VHTs. **700 Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN) job aide counselling cards were printed and disseminated** to each VHT to scale up the identification of households with children requiring nutrition services and provision of key nutrition messages on the management and prevention of wasting.
- **A total of 615,200 people were reached** with integrated social behaviour change messages on nutrition and mass screening through different activities including Manyatta Wagons, community barazas, home visits and dialogue meetings.

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's Emergency Management Team (EMT) meeting includes a special session to discuss the Karamoja response to ensure smooth coordination, alignment of interventions and address any emerging issues as they arise.

¹⁰ 48 boys and 104 girls

¹¹ 40 female & 78 males comprising of District Community Development Officers (CDOs), District Probation Officers, District Health Inspectors and District Education Inspectors

¹² 532 were adults (346 male & 186 female) and 65 were adolescents (28 girls & 37 boys).

¹³ (906 in Kaabong, 418 Nakapiripirit, 413 in Karenga, 1,068 in Abim and 504 in Moroto) and 1,404 Local Council one (LCI) chairpersons in Moroto, Kaabong, Karenga, Abim and Nakapiripirit districts

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 about US\$5 million, a generous contribution from UNOCHA, Swedish International Development Cooperation Agency (SIDA), the UK Government and Ireland, leaving a funding gap of US\$7 million.

Karamoja Response Funding table¹⁴

Funding requirements 2022/2023					
Sector	Karamoja Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2022	US\$	%	
Nutrition	7,298,400	3,899,771	3,398,629	47	
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	865,494	432,906	33	
Total	12,000,000	4,993,573	7,006,427	58	

Overall HAC funding

Funding requirements 2022					
Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2020 (carry-over)	US\$	%
Nutrition	4,884,958	4,667,771	70,272	146,915	3
Health and HIV and AIDS	6,981,458	2,755,183	316,010	3,910,265	56
Water, sanitation & hygiene	4,949,473	1,254,736	44,308	3,650,429	74
Child protection, GBViE and PSEA	4,491,123	1,476,601	428,460	2,586,062	58
Education	3,692,988	806,857	0	2,886,131	78
Total	25,000,000	10,961,148	859,050	13,179,802	53

* As defined in the 2022 Humanitarian Action for Children Appeal for 12 months.


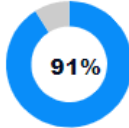
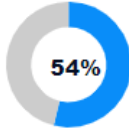
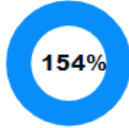
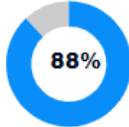

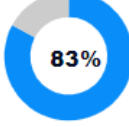
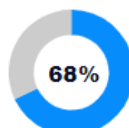
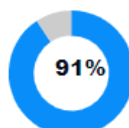
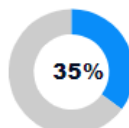
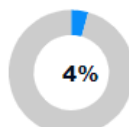
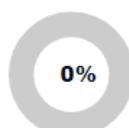
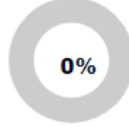
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¹⁴ To meet immediate response needs, UNICEF Uganda reallocated funds totalling US\$400,000 to support mass screening, integrated outreaches and facilitation for consultants in Kaabong and Moroto districts for continuity of provision of nutrition services

UNICEF Programme Results for Karamoja Response as of September 2022¹⁵

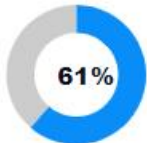

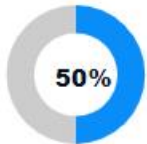
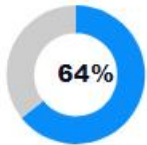
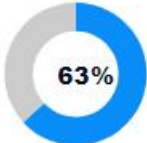
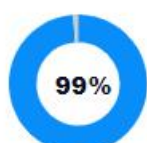
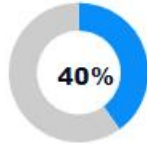
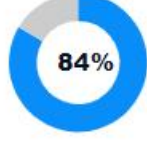

UNICEF's Programme Targets and Results			Results Cont..	Funding Table	
     	Nutrition Target Results ▲ Number of children aged 6 to 59 months admitted in SAM treatment programme 22,740 20,691	     	Nutrition Target Results ▲ Percentage of children aged 6-59 months who were admitted for SAM treatment and recovered (SAM recovery rate) [>75%] 75% 68%		
	Nutrition Target Results ▲ Number of primary caregivers of children aged 0 to 23months receiving infant and young child feeding counselling 139,715 75,260		Nutrition Target Results ▼ Percentage of health facilities reporting no stock out of SAM supplies 140 127		
	Nutrition Target Results ▼ Number of children screened for acute malnutrition (children < 5) 191,707 294,859		Child Protection Target Results ▼ Children registered as unaccompanied or separated who accessed family-based care or a suitable alternative 1,200 422		
	Nutrition Target Results ▼ Number of children aged 6-59 months receiving vitamins and/or micronutrient supplements 150,000 132,014		Child Protection Target Results ▼ Number of children and parents/caregivers accessing mental health and psychosocial support 6,420 280		
	Nutrition Target Results ▼ Number of children 12-59 months who received deworming medicine in a) first semester, and b) in the second semester 580,450 588,404		Child Protection Target Results ▲ Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions 313,312 0		
	Nutrition Target Results ▲ Proportion of targeted people receiving vitamins and/or micronutrient supplement (Iron/ Folic supplementation) 49,824 41,322		Child Protection Target Results ▼ People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers 3,600 0		

¹⁵ Partnership with CSO to implement activities for GBV mitigation and PSEA is yet to be concluded. Results will be updated in subsequent reports as the response kicks and data becomes available.

UNICEF Programme Results for Karamoja Response as of September 2022

UNICEF's Programme Targets and Results

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Funding Table
🏠

		Target	Results	
	Health Number of children under one (Boys and girls) vaccinated against measles	53,561	32,886	
	Health Number of children and women accessing primary health care in UNICEF-supported facilities	63,009	65,529	
	WASH Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	12,000	6,000	
	WASH Number of people benefiting from hygiene promotion through Community-Led Total Sanitation (CLTS) in 40 villages.	98,000	63,000	
	WASH Number of people reached with critical WASH supplies (including hygiene items) and services.	100,000	63,200	
	SBC Number of people reached with messages on prevention and access to services	622,400	615,200	
	SBC Number of people with access to established accountability mechanisms (sharing concerns)	248,960	99,584	
	SBC People engaged in risk communication and community engagement actions	22,284	18,625	
				



Karamoja Humanitarian Situation Dashboard

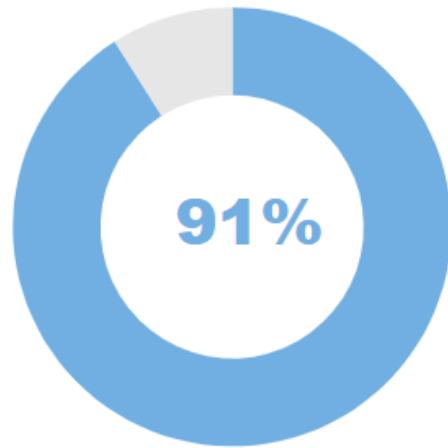
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Children (< 5 yrs) targeted for acute malnutrition screening
191,707

Children (children < 5 yrs) screened for acute malnutrition
294,859

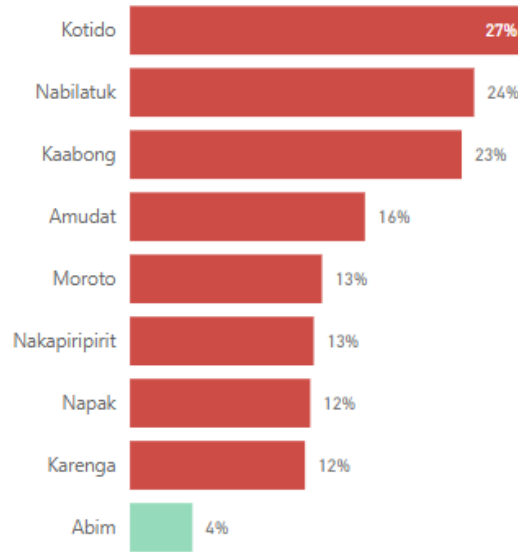
Children aged (<5 yrs) admitted in SAM treatment programme
20,691

Percentage of children <5 years admitted in SAM treatment programme

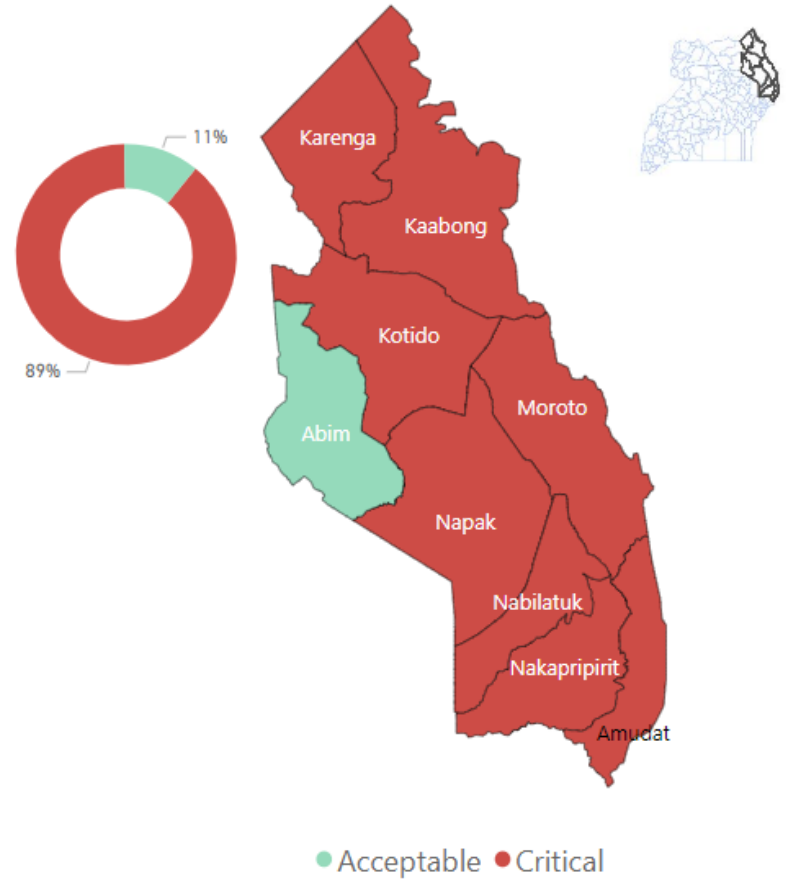


Districts Sub-county

Most affected Districts in karamoja by acute malnutrition



Levels of Malnutrition



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.