



FOOD SECURITY & NUTRITION ASSESSMENT



District Supplement Karamoja, Uganda

July 2016

Analysis, Monitoring & Evaluation Unit – WFP Uganda



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With support from:



Table of Contents

| | |
|--|----|
| Acknowledgements | 2 |
| Overview of Food Security in Karamoja | 5 |
| Overview of Nutrition in Karamoja | 6 |
| Abim | 7 |
| Key Findings for Food Security..... | 7 |
| Recommendations for Food Security | 7 |
| Key Findings for Nutrition | 8 |
| Recommendations for Nutrition..... | 8 |
| Amudat | 9 |
| Key Findings for Food Security..... | 9 |
| Recommendations for Food Security | 9 |
| Key Findings for Nutrition | 10 |
| Recommendations for Nutrition..... | 10 |
| Kaabong | 11 |
| Key Findings for Food Security..... | 11 |
| Recommendations for Food Security | 11 |
| Key Findings for Nutrition | 12 |
| Recommendations for Nutrition..... | 12 |
| Kotido | 13 |
| Key Findings for Food Security..... | 13 |
| Recommendations for Food Security | 13 |
| Key Findings for Nutrition | 14 |
| Recommendations for Nutrition..... | 14 |
| Moroto | 15 |
| Key Findings for Food Security..... | 15 |
| Recommendations for Food Security | 15 |
| Key Findings for Nutrition | 16 |
| Recommendations for Nutrition..... | 16 |
| Nakapiripirit | 17 |
| Key Findings for Food Security..... | 17 |
| Recommendations for Food Security | 17 |
| Key Findings for Nutrition | 18 |

| | |
|---|----|
| Recommendations for Nutrition..... | 18 |
| Napak | 19 |
| Key Findings for Food Security..... | 19 |
| Recommendations for Food Security | 19 |
| Key Findings for Nutrition | 20 |
| Recommendations for Nutrition..... | 20 |
| Annex | 21 |
| Attendance at Karamoja FSNA Results Dissemination Workshop (19/07/2016) | 21 |

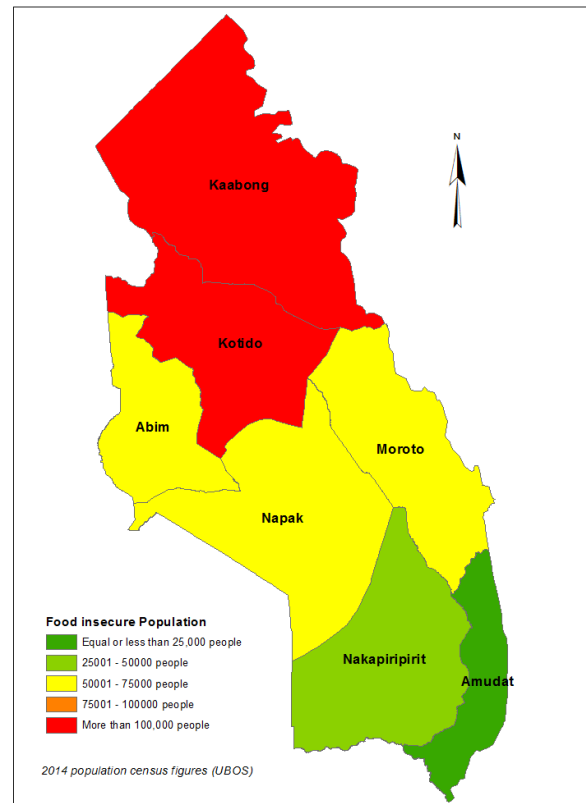
Overview of Food Security in Karamoja

Overall food security classification shows that half of the population in Karamoja (50%) is food insecure, of which 12% were found to be severely food insecure. While these findings suggest a marginal decline in the food security situation at regional (Karamoja) level since June 2015, there were marked district level variations as shown in **Table 1**:

| % Food Insecure Households (Moderately Food Insecure + Severely Food Insecure) | | |
|---|--------|--------|
| | Jun-15 | Jun-16 |
| Abim | 44% | ▲ 55% |
| Amudat | 26% | ▼ 25% |
| Kaabong | 42% | ▲ 70% |
| Kotido | 53% | ▲ 66% |
| Moroto | 62% | ▼ 40% |
| Nakapiripirit | 40% | ▼ 30% |
| Napak | 48% | ▲ 55% |

Table 1: Food insecurity in Karamoja (June 2015 – June 2016)

Food Insecure Population: Karamoja FSNA June 2016



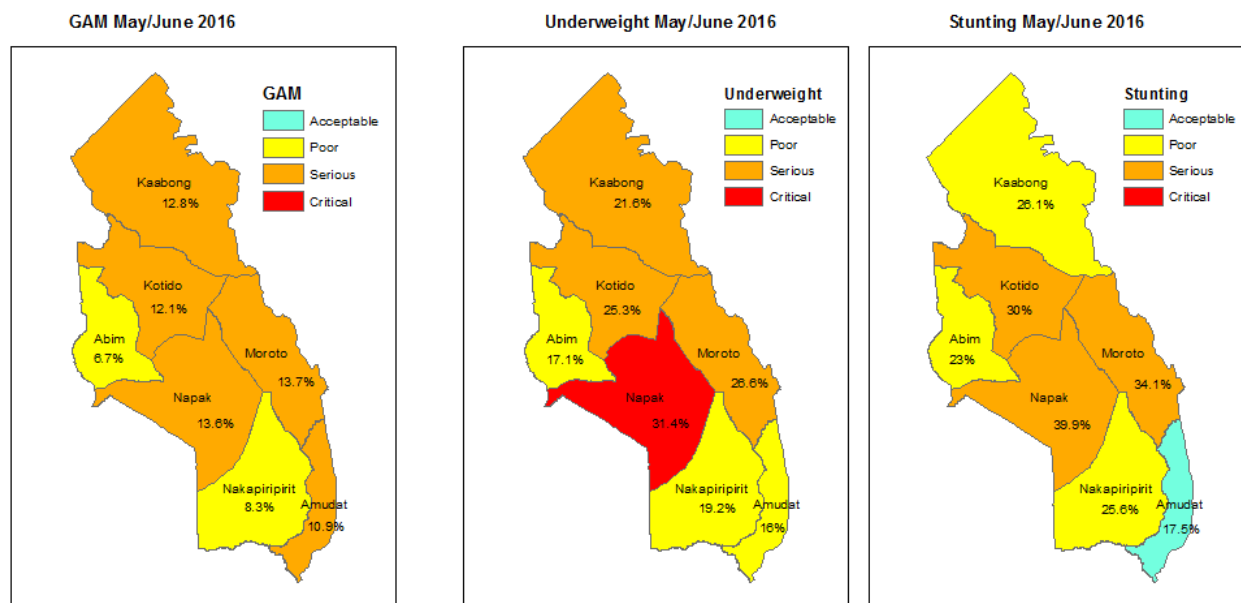
- There was significant deterioration in the food security situation in Kaabong, Kotido, Napak and Abim districts;
- There was marked improvement in the food security situation in Moroto and Nakapiripirit districts;
- The food security situation was generally stable in Amudat district.

The major factors driving food insecurity in the region are:

- Increased weather (particularly rainfall) variation in the region has led to poor harvests for the last three consecutive seasons. Consequently, there is reduced household food availability in the region with only 24% of households reporting having any food stocks.
- The general decrease in the availability of food stocks has meant that most food available on the market is sourced from neighbouring regions. This has led to an unprecedented increase in staple food prices that are now at the highest levels in the last three years. This has significantly impacted household access to food given that three-quarters of the population derive more than 50% of food consumed from markets, amidst low incomes traditionally earned from agriculture (produce sales and wage labour) as well as charcoal burning.

Overview of Nutrition in Karamoja

Despite the fact that the food security situation has generally declined in the region, the reverse is true for child nutrition status; the prevalence of Global Acute Malnutrition (GAM) has declined from 14.1% in June 2015 to the current 11%, nonetheless remaining at serious level. GAM prevalence is at serious levels in 5 of 7 districts in the region, and is classified as poor in the other two districts.



The main contributing factor to improved GAM rates is the scale up of food and nutrition assistance by the government and humanitarian partners starting from the last two quarters of 2015, following a deterioration in the food security situation and an anticipated poor harvest due to lack of rainfall during the 2015 planting season.

Malnutrition rates remain high in the region mainly due to:

- Poor household food security situation as described above, which has a cascading effect on infant and young child feeding practices, including the ability of mothers/caregivers to provide meals with adequate diversity and acceptable frequency;
- Poor water, sanitation and hygiene with marked levels of utilization of unsafe water sources, limited treatment of water before use, and the absence of sanitary facilities in the majority of households. Consequently, the disease prevalence in the region is high, with just 24% of children not having suffered an illness in the 30 days preceding the survey.

Abim

Key Findings for Food Security

More than half (55%) of households were food insecure, of which 14% were severely food insecure (**Table 2**). This is an increase of 11% compared to June 2015.

| Domain | | Indicator | Food Secure | Marginally Food Secure | Moderately Food Insecure | Severely Food Insecure |
|----------------------------|------------------------|---------------------------------------|-------------|------------------------|--------------------------|------------------------|
| Current status | Food Consumption Score | Food Consumption Score | 40% | | 42% | 17% |
| | Economic Vulnerability | Food Expenditure Share | 40% | 15% | 12% | 33% |
| Coping Capacity | Asset depletion | Livelihood Coping Strategy Categories | 38% | 11% | 10% | 41% |
| Food Security Index | | | 13% | 32% | 41% | 14% |
| Nutrition | | GAM - 6.7% | SAM - 0.9% | Underweight - 17.1% | Stunting - 23.0% | |

Table 2: Abim – overall food security classification

A trends analysis of food consumption scores shows an increase in the percentage of households with poor FCS in 2016, similar to 2014 (**Figure 1**). As with the rest of Karamoja, the key driving factor is reduced availability of food due to poor performance of the 2015 cropping season. Specifically for Abim;

- The highest percentage of households (71%) indicated depending on income from agriculture (i.e. crop sales and agricultural wage labour). Given the poor 2015 season, household incomes are predictably low, constraining access to food.
- The above has led to the highest prevalence of debt observed in the district at 47%, of which the majority of households with debt reported buying of food as the primary reason.
- Moreover, the second lowest percentage of households (23%) reported receiving food assistance in the 6 months prior to the survey.

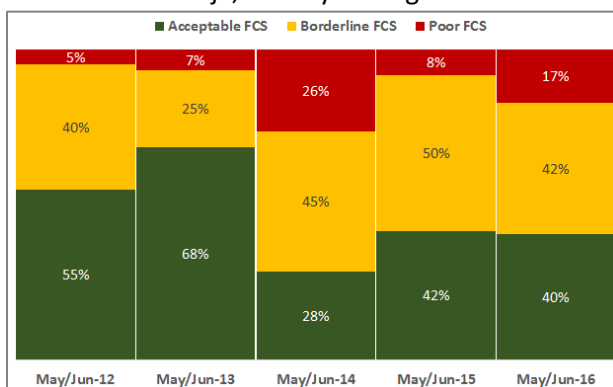


Figure 1: Abim – Food consumption score trends (2012 – 2016)

Recommendations for Food Security

- Reactivate District Disaster Management Committees, DDMCs, for close monitoring of the food security situation in the district to facilitate early response in case of further deterioration;
- Implement food-for-work programmes in the worst affected sub-counties especially in *Nyakwae*, *Morulem*, *Awach* and *Alerok* sub-counties;
- District Local Government should develop and implement by-laws to govern production, post-harvest handling and sale of produce at the household level;
- Relatedly, encourage resettlement of households in the green belt to facilitate increased production.

Key Findings for Nutrition

GAM prevalence showed a decline for the first time since 2013 (**Figure 2**). This is attributed to the additional food assistance provided since June 2015 to Extremely Vulnerable Households in the worse-off sub-counties of *Nyakwae* and *Morulem*.

Furthermore, WFP provided food assistance (including protective rations) to all families with malnourished children for 3 months between March and June 2016. Programme monitoring data shows a spike in admissions to supplementary feeding during this period, and a corresponding increase in cure rates, perhaps due to the protective ration (**Figure 3**).

GAM prevalence however remains classified as poor due to:

- Poor food security situation that has affected Infant and Young Child Feeding practices;
- Preliminary findings of a SQUEAC/SLEAC assessment conducted in April 2016 indicate sub-optimal (moderate) coverage of SFPs.

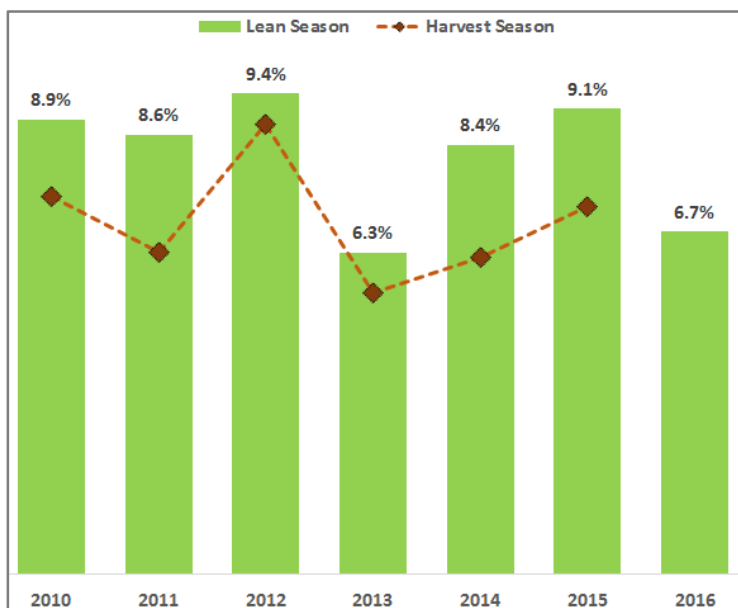


Figure 2: Abim – GAM trends (2010 – 2016)

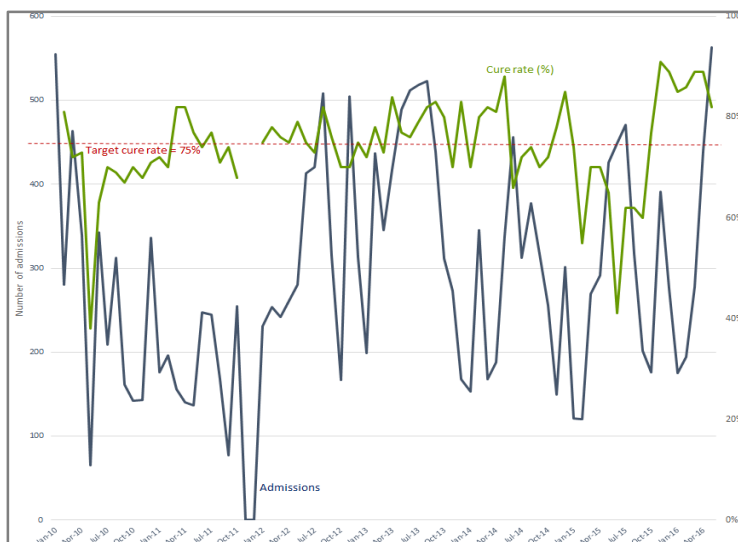


Figure 3: Abim – admissions and cure rates in supplementary feeding programmes

Recommendations for Nutrition

- Given high food insecurity in the district, sustain nutrition programmes, providing a protective ration to households with malnourished children up until the 2016 harvest. This assistance should prioritize *Nyakwae*, *Morulem* and *Lotuke* sub-counties;
- Any food-for-work programmes implemented should be mainstreamed with nutrition to include nutrition messaging as a first step to improving IYCF practices;
- Conduct nutrition education, including food demonstrations at community (not health facility) level.

Amudat

Key Findings for Food Security

One in every four households (25%) is food insecure, with 6% classified as severely food insecure (**Table 3**). This is the lowest prevalence in the region and has remained relatively stable since 2015.

| Domain | | Indicator | Food Secure | Marginally Food Secure | Moderately Food Insecure | Severely Food Insecure |
|----------------------------|------------------------|---------------------------------------|---------------------|------------------------|--------------------------|------------------------|
| Current status | Food Consumption Score | Food Consumption Score | 80% | | 16% | 4% |
| Coping Capacity | Economic Vulnerability | Food Expenditure Share | 30% | 24% | 12% | 34% |
| | Asset depletion | Livelihood Coping Strategy Categories | 36% | 20% | 13% | 31% |
| Food Security Index | | | 25% | 50% | 19% | 6% |
| Nutrition | GAM - 10.9% | SAM - 2.3% | Underweight - 16.0% | Stunting - 17.5% | | |

Table 3: Amudat – overall food security classification

Indeed, a trends analysis of food consumption scores shows marginal fluctuations since 2012 (**Figure 4**). The main factor contributing to this stability is the high livestock ownership in the district, with up to 73% of households owning some livestock that provides income and nourishment. This in turn has a cushioning effect on households against observed low household food stocks and increasing prices. The main risk factors for food security in Amudat are:

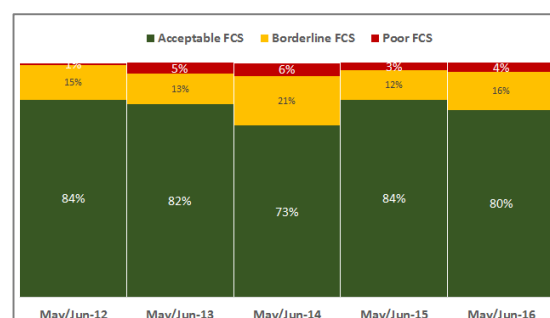


Figure 4: Amudat – FCS trends (2012 – 2016)

- Livestock diseases/parasites that were cited as constraints to livestock production by 77% of households;
- Deteriorating Terms of Trade (Goats/Maize) as indicated by WFP Uganda’s monthly market monitor. Amidst rising food prices, this has the implication that households have to sell off more livestock to obtain equal quantities of staple foods compared to June 2015. Up to 38% of households reported selling more livestock than usual in order to meet household food needs.

Recommendations for Food Security

- Implement community-based livestock health programmes and step up livestock surveillance to check the prevalence of livestock diseases and improve livestock productivity in all sub-counties;
- Implement livelihood income support specific to apiculture, crop and livestock production to enable diversification of incomes;
- Through post-harvest loss reduction programmes, introduce community managed grain stores and related extension services to facilitate longer storage of maize grain that is widely cultivated;
- Promote financial literacy and group savings through Village Savings and Livelihoods Associations, VSLAs in *Karita* and *Amudat* sub-counties;
- Tap into indigenous community early warning systems to sensitize communities on climate change and crop production, e.g. encouraging utilization of the second rainfall peak for crop production.

Key Findings for Nutrition

GAM prevalence remained relatively stable albeit with minor increase of 0.8% since June 2015 (Figure 5). This is because, despite the presence of SFPs, the ration sharing practice is reportedly high in the district.

Programme monitoring data showed an increase in admissions to supplementary feeding programme but with a decline in the cure rates in the 2-3 months preceding the assessment (Figure 6).

Besides ration sharing, other factors contributing to malnutrition are;

- High rate (90%) of open defecation that is a risk factor for optimal health & nutrition. This is especially critical given that 52% of households reported using unsafe water sources e.g. surface water.
- Lowest percentage (43%) of children sleeping under mosquito nets and high morbidity.

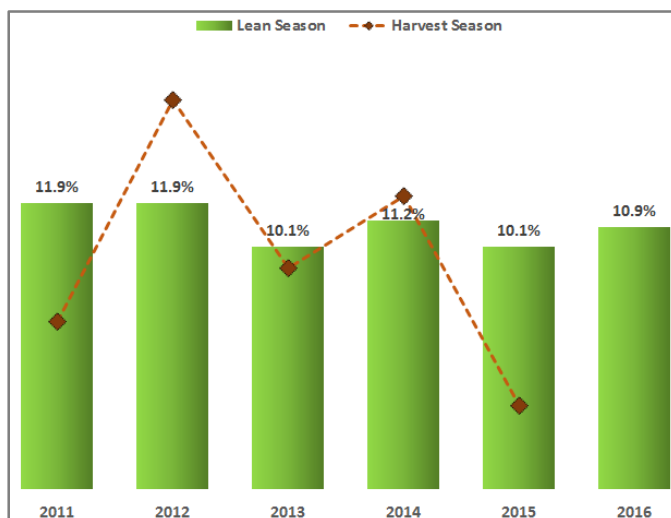


Figure 5: Amudat – GAM trends (2011 – 2016)

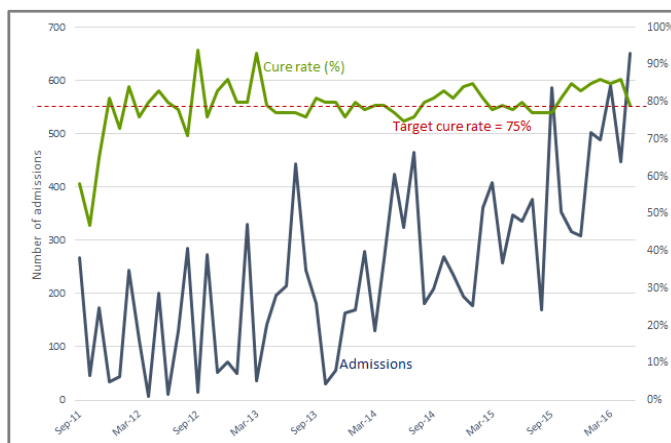


Figure 6: Amudat – admissions and cure rates in supplementary feeding programmes

Recommendations for Nutrition

- Scale-up WASH programmes, necessarily including access to safe and clean water, as well as sensitization on good hygiene practices. District leadership should take the lead role in promoting latrine construction and use, and encourage other methods like CAT for those without in all sub-counties;
- Implement sensitization programmes to foster IYCF practices with emphasis on the composition of a balanced diet for children;
- Expand coverage of MCHN programmes e.g. currently excluded HC II facilities like *Lokales* & *Achorchor*;
- Sustain protective rations to families of children affected by MAM until the 2016 harvest and scale them up to cover families of children affected with SAM.

Kaabong

Key Findings for Food Security

Up to 70% of households in Kaabong district are food insecure, of which 15% are severely food insecure (**Table 4**). This is the highest recorded prevalence of food insecurity in the region and represents a 28% increase compared to June 2015.

| Domain | | Indicator | Food Secure | Marginally Food Secure | Moderately Food Insecure | Severely Food Insecure |
|----------------------------|------------------------|---------------------------------------|-------------|------------------------|--------------------------|------------------------|
| Current status | Food Consumption Score | Food Consumption Score | 19% | | 47% | 34% |
| Coping Capacity | Economic Vulnerability | Food Expenditure Share | 46% | 15% | 5% | 34% |
| | Asset depletion | Livelihood Coping Strategy Categories | 32% | 12% | 16% | 41% |
| Food Security Index | | | 2% | 28% | 55% | 15% |
| Nutrition | | GAM - 12.8% | SAM - 1.7% | Underweight - 21.6% | Stunting - 26.1% | |

Table 4: Kaabong – overall food security classification

A trends analysis of food consumption scores shows a marked decline compared to June 2015 but suggests a continuation of the 2012-2014 trajectory (**Figure 7**). The main driving factors for food insecurity are:

- Poor performance of the 2015 cropping season leading to low food stocks among only 15% of households;
- Low access to food among households with only 47% with at least one income earner (second lowest level). Among these, the majority depend on non-lucrative income sources including agriculture and the sale of firewood/charcoal, suggesting constraints amidst increasing food prices;
- Highest livelihood coping level including borrowing money, consumption of seed stock, and begging, suggesting high likelihood of further deterioration.

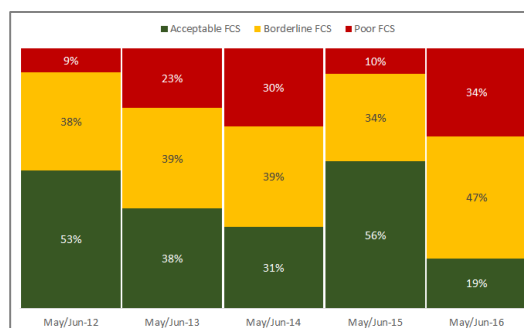


Figure 7: Kaabong – FCS trends (2012 – 2016)

Recommendations for Food Security

- Implement food-for-assets programmes to facilitate household access to food for the period between July 2015 and the 2016 harvest season. These interventions should prioritize *Loyoro, Lodiko, Kaabong West & Kaabong East* sub-counties that are worst off;
- Longer term initiatives to boost production and productivity must include introduction of irrigation technologies, quick maturing crops, and post-harvest handling practices;
- Provide in-kind assistance to the extremely vulnerable households to enable them achieve and/or sustain acceptable food consumption levels.

Key Findings for Nutrition

GAM rates have declined for the first time since 2011 (Figure 8), probably due to the scale up of assistance following failure of the 2015 cropping season. Programme data showed a spike in the number of admissions to supplementary feeding from March 2016 (Figure 9), but high cure rates of 75% contributed to a masking of malnutrition.

GAM rate nonetheless remains at serious levels partly due to;

- Poor household diets with the lowest observed household diet diversity score also affecting infant feeding practices;
- Poor WASH conditions with 24% using unsafe water; only 9% utilizing water at the recommended rate of 15 litres pppd; and 44% practicing open defecation;
- Sub-optimal coverage of nutrition/SFP programmes in the district, currently classified as moderate.

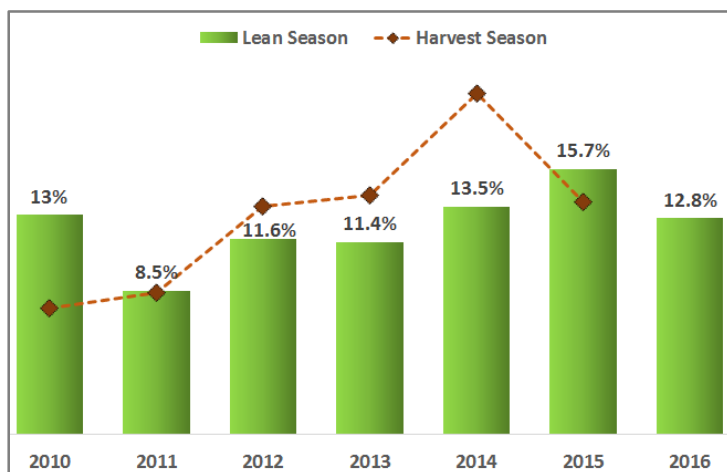


Figure 8: Kaabong – GAM trends (2010 – 2016)

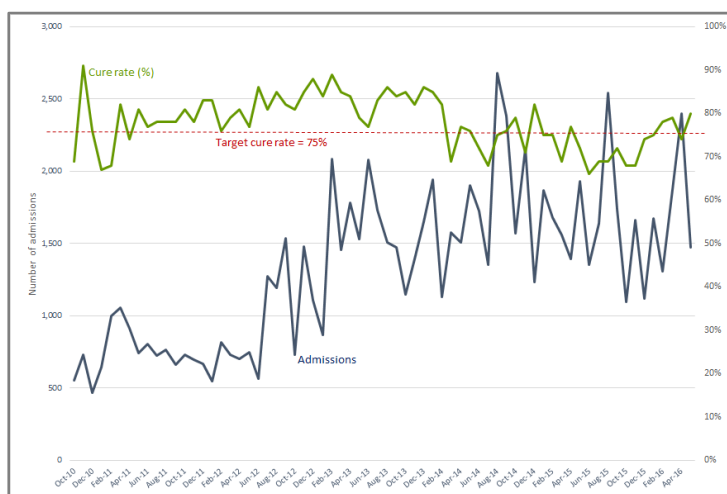


Figure 9: Kaabong – admissions and cure rates in supplementary feeding programmes

Recommendations for Nutrition

- Sustain nutrition interventions such as supplementary feeding & provision of the protective rations to households with malnourished children until the next harvest season to ensure GAM rates are contained;
- Strengthen community-based health and nutrition education programmes and strengthen community care groups in the district;
- Expand coverage of safe water sources, prioritizing *Kaabong East, Sidok, Lokori, & Kathile* sub-counties to help reduce prevalence of diseases;
- Expand the MCHN programme to cover lower level health facilities (HC IIs) that now have MCH services.

Kotido

Key Findings for Food Security

Nearly two-thirds (65%) of households in the district are food insecure, of which 21% are severely food insecure (**Table 5**). This is a 13% increase from June 2015 and is a result of the failed 2015 cropping season. A trends analysis of FCS shows an increase in the percentage of households with poor FCS (**Figure 10**).

| Domain | | Indicator | Food Secure | Marginally Food Secure | Moderately Food Insecure | Severely Food Insecure |
|---------------------|------------------------|---------------------------------------|-------------|------------------------|--------------------------|------------------------|
| Current status | Food Consumption Score | Food Consumption Score | 38% | | 40% | 22% |
| Coping Capacity | Economic Vulnerability | Food Expenditure Share | 32% | 15% | 12% | 41% |
| | Asset depletion | Livelihood Coping Strategy Categories | 15% | 12% | 11% | 63% |
| Food Security Index | | | 4% | 31% | 44% | 21% |

| | | | | |
|-----------|-------------|------------|---------------------|------------------|
| Nutrition | GAM - 12.1% | SAM - 3.5% | Underweight - 25.3% | Stunting - 30.0% |
|-----------|-------------|------------|---------------------|------------------|

Table 5: Kotido – overall food security classification

Due to crop failure, food prices have risen to unprecedented levels, translating into reduced ability of households to buy [enough] food for consumption. More than half (53%) of households were found to have a high Food Expenditure Share (65%).

Reduced access to food is mainly because, despite having the second highest percentage of households with at least one income earner (90%), incomes earned (primarily from sale of firewood/charcoal and non-agricultural wage labour) are small and unable to sufficiently sustain households.

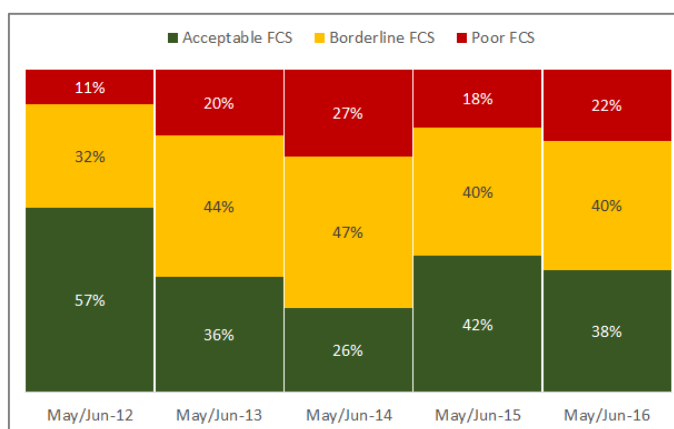


Figure 10: Kotido – FCS trends (2012 – 2016)

Recommendations for Food Security

- Implement food-for-assets programmes to facilitate household access to food for the period between July 2015 and the 2016 harvest season. These interventions should prioritize *Kacheri* sub-county that is not currently covered by NUSAF.

Key Findings for Nutrition

GAM rate in the district has slightly declined since the 2015 lean season to 12.1%, despite the noted increase in household food insecurity. This is probably due to humanitarian nutrition interventions that were scaled up following the 2015 crop failure. For instance, protective rations were given to households with malnourished children in targeted sub-counties. Programme monitoring data indeed showed an increase in admissions for supplementary feeding starting the first quarter of 2016.

Nonetheless, GAM rate remains at serious levels probably due to:

- Sub-optimal coverage (classified as moderate) of SFPs, and declining cure rates of malnourished children in the health facilities;
- Poor WASH conditions e.g. high rate of open defecation (81%), only 7% of households using 15 litres pppd etc., hence high disease prevalence, especially of diarrhoea whose prevalence was highest at 20%;
- Household food insecurity that has significantly affected infant feeding practices.

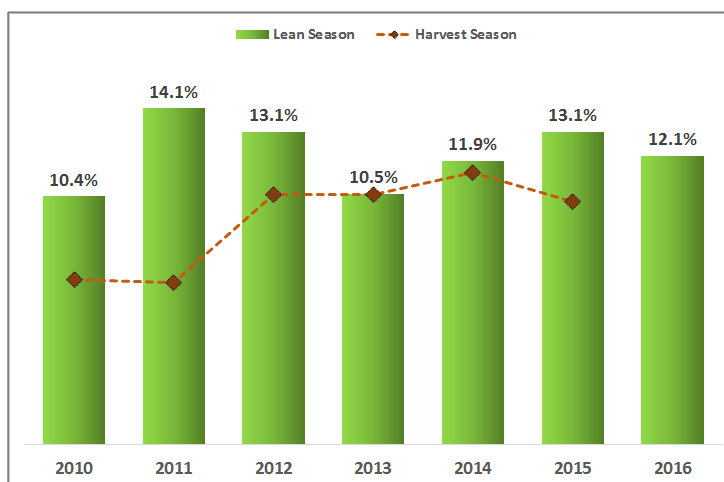


Figure 11: Kotido – GAM trends (2010 – 2016)

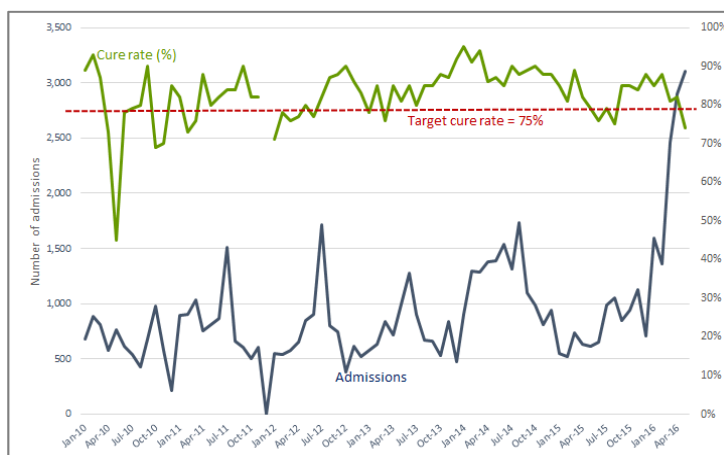


Figure 12: Kotido – admissions and cure rates in supplementary feeding programmes

Recommendations for Nutrition

- Scale up supplementary feeding programmes and, simultaneously, the protective ration until the harvest season to help improve cure rates for children admitted;
- Relatedly, explore possibilities to introduce water harvesting facilities including a dam along Dopeth river and rock catchments in order to support fast-growing vegetables and boost household incomes;
- Provide clean water and sanitary facilities at village level, including through food-for-assets programmes, coupled with sensitization on good hygiene and nutrition practices;
- Promote good hygiene and sanitary practices by encouraging exemplary leadership through sensitization of local community leaders and ordinances on sanitation.

Moroto

Key Findings for Food Security

Two in every five households (40%) in Moroto are Food Insecure, among which 7% are severely food insecure (**Table 6**). This represents an overall improvement in food security since June 2015.

| Domain | | Indicator | Food Secure | Marginally Food Secure | Moderately Food Insecure | Severely Food Insecure |
|----------------------------|------------------------|---------------------------------------|-------------|------------------------|--------------------------|------------------------|
| Current status | Food Consumption Score | Food Consumption Score | 52% | | 34% | 14% |
| Coping Capacity | Economic Vulnerability | Food Expenditure Share | 33% | 21% | 19% | 28% |
| | Asset depletion | Livelihood Coping Strategy Categories | 48% | 16% | 11% | 25% |
| Food Security Index | | | 17% | 43% | 33% | 7% |
| Nutrition | | | | | | |
| | | GAM - 13.7% | SAM - 3.4% | Underweight - 26.6% | Stunting - 34.1% | |

Table 6: Moroto – overall food security classification

A trends analysis of FCS since 2012 shows food consumption levels similar to those observed in 2014 (**Figure 13**).

The improvement in Food Security situation since 2016 despite three consecutive failures of the harvest season is likely due to scaled up humanitarian interventions such as in-kind transfers to extremely vulnerable and moderately food insecure households. The district had the highest percentage of households (43%) that reported being beneficiaries of at least one development programme.

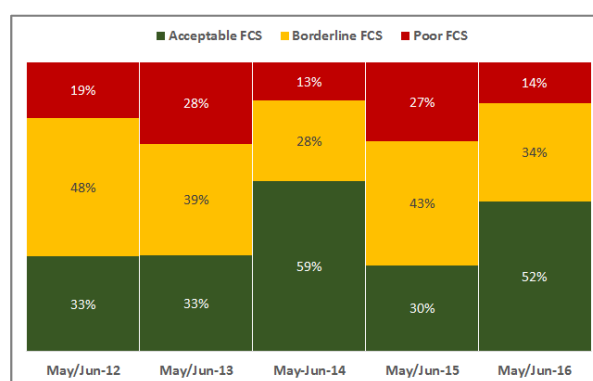


Figure 13: Moroto – FCS trends (2012 – 2016)

However, the low level of food stocks in the district, high food prices, and relatively low percentage of households with at least one income earner have led to the third highest prevalence of debt among households at 42%. Thus the food security situation in the district remains highly fragile.

Recommendations for Food Security

- Closely monitor the food security situation in the district with special emphasis on *Katikekile*, *Nadunget*, and *Rupa* sub-counties;
- Sustain in-kind transfers to extremely vulnerable households as they are unable to engage in productive work to facilitate access to food;
- Sustain food-for-assets programmes for food insecure households to boost access to food especially in *Nadunget* sub-county.

Key Findings for Nutrition

GAM rate has declined to 13.7% in the district, continuing the trend since 2014 (**Figure 14**). Similar to food security, this continued improvement in GAM in the district is likely due to increased humanitarian support to extremely vulnerable and food insecure households, having experienced consecutive failures in the harvest season.

GAM rate nonetheless remains at serious level in the district due to:

- Poor WASH conditions (high open defecation rate, low household water utilization, etc), hence highest recorded disease prevalence among children;
- Household food insecurity that has significantly affected infant feeding practices;
- Sub-optimal coverage of SFPs, classified as moderate by May 2012 SLEAC survey
- Reducing cure rates in SFPs since early 2015 (**Figure 15**)

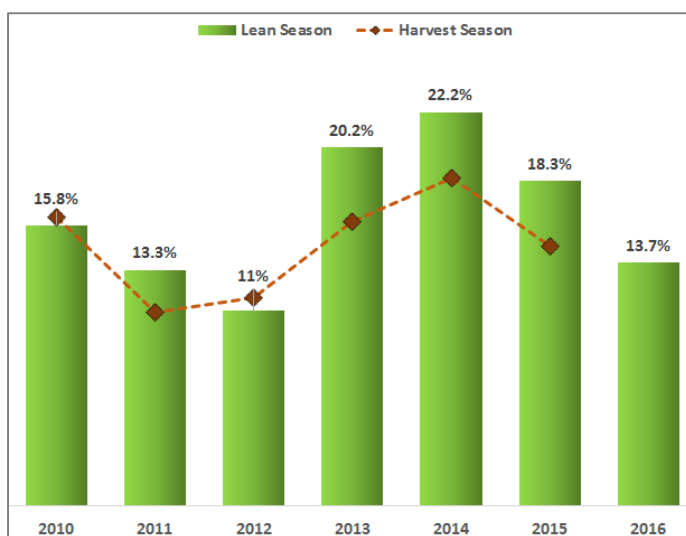


Figure 14: Moroto – GAM trends (2010 – 2016)

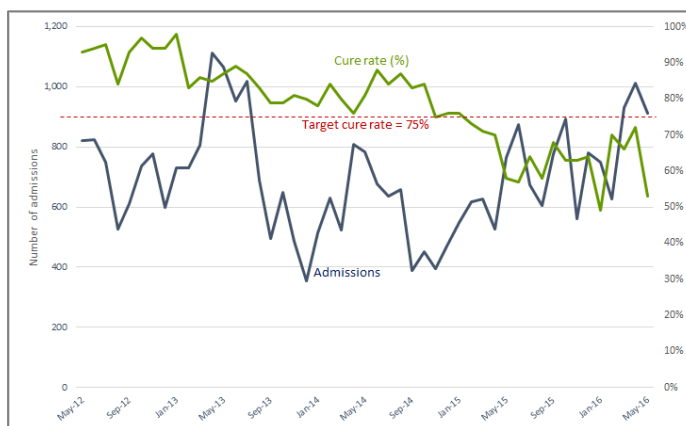


Figure 15: Moroto – admissions and cure rates in supplementary feeding programmes

Recommendations for Nutrition

- Expand coverage of sanitation programmes with emphasis on good hygiene practices and introduce ordinances on latrine ownership;
- Mainstream nutrition into development interventions in the district, particularly targeting IYCF practices;
- Sustain nutrition support to malnourished children and their households until the 2016 harvest, with monitoring, to prevent deterioration;
- Conduct a follow up investigation to help understand the declining cure rates in supplementary feeding programmes and facilitate further action.

Nakapiripirit

Key Findings for Food Security

About 30% of households are food insecure, with only 4% severely food insecure (**Table 7**) - a 10% decrease since June 2015.

| Domain | | Indicator | Food Secure | Marginally Food Secure | Moderately Food Insecure | Severely Food Insecure |
|----------------------------|------------------------|---------------------------------------|-------------|------------------------|--------------------------|------------------------|
| Current status | Food Consumption Score | Food Consumption Score | 71% | | 25% | 4% |
| | Economic Vulnerability | Food Expenditure Share | 37% | 16% | 17% | 29% |
| Coping Capacity | Asset depletion | Livelihood Coping Strategy Categories | 32% | 21% | 12% | 34% |
| Food Security Index | | | 18% | 52% | 26% | 4% |
| Nutrition | | GAM - 8.3% | SAM - 2.1% | Underweight - 19.2% | Stunting - 25.6% | |

Table 7: Nakapiripirit – overall food security classification

A trends analysis of food consumption scores since 2012 shows sustained increase in the percentage of households with acceptable FCS since 2014 (**Figure 16**). Besides increased humanitarian assistance e.g. through in-kind food transfers to the extremely vulnerable, the observed trend is due to:

- Higher household food availability with the highest percentage that had any food stocks (48%), of which own production was the second most important source of stocks after market purchases;
- The third highest percentage of households owned livestock (48%), providing a cushion against crop production shortfalls;
- Highest percentage of households with at least one income earner (91%), therefore enabling access to food through markets.

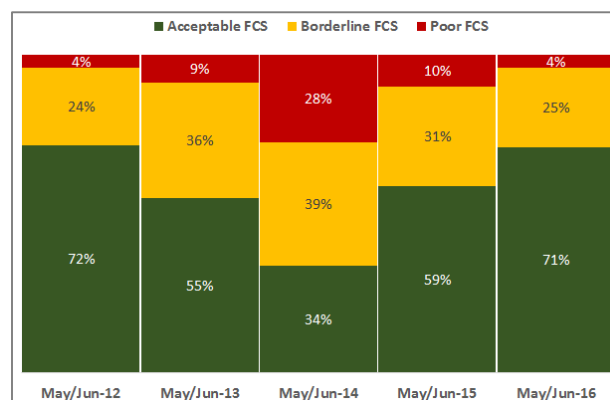


Figure 16: Nakapiripirit – FCS trends (2012 – 2016)

However, the district also had the highest percentage of households applying food consumption coping strategies at moderate to high level (RCSI > 18) suggesting stress among some households.

Recommendations for Food Security

- Given observed crop failure, closely monitor food security situation in the district, particularly in *Lorengedwat*, *Kakomongole* and *Loregae* sub-counties that had above average prevalence of food insecurity;
- Implement targeted food assistance programmes in the district to reach the extremely vulnerable.

Key Findings for Nutrition

GAM rate declined for the first time since 2012 to the current 8.3% (**Figure 17**).

Programme monitoring data shows a corresponding trend in the admissions to supplementary feeding (**Figure 18**). Factors contributing to this improvement include:

- Higher household diet diversity with second highest rate of daily consumption of protein foods at 48%, therefore positively influencing infant feeding practices;
- High cure rates (>75%) in the supplementary feeding programmes.

However GAM prevalence remains poor, probably due to:

- High disease prevalence among children with up to 83% having suffered at least one illness in the 30 days before the survey, most commonly fever/malaria (only 45% of children slept under a mosquito net the night before the survey) and acute respiratory tract infections;
- Sub-optimal coverage of SFPs, classified as moderate in the recent SLEAC survey.

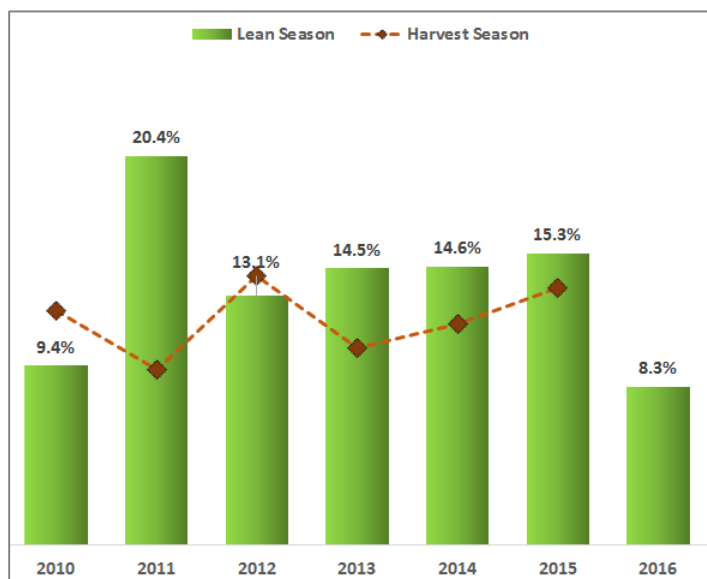


Figure 17: Nakapiripirit – GAM trends (2010 – 2016)

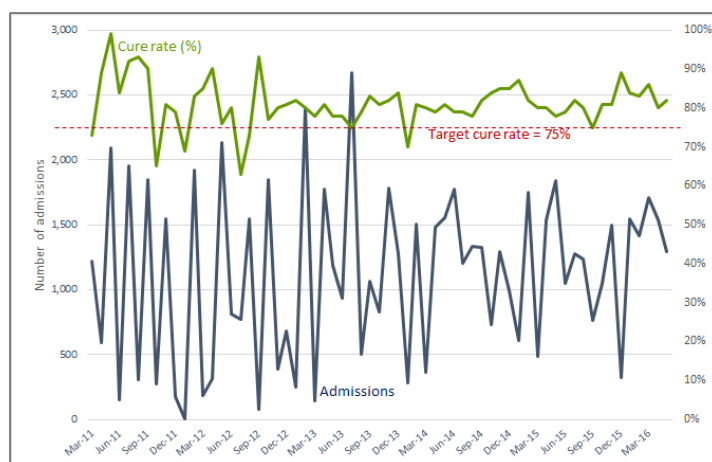


Figure 18: Nakapiripirit – admissions and cure rates in supplementary feeding programmes

Recommendations for Nutrition

- Strengthen disease surveillance and curative mechanisms among communities to help reduce morbidity among children which negates gains in nutrition;
- Implement/scale up interventions to encourage mosquito bed net use especially for children under 5 years;
- Expand coverage of SFPs in the district to ensure the highest possible number of malnourished children are enrolled, especially in *Nabilatuk*, *Lolachat*, and *Namalu* sub-counties.

Napak

Key Findings for Food Security

More than half (55%) of households are food insecure, of which 14% are severely food insecure (**Table 8**). This is a slight (7%) increase in overall food insecurity compared to 2015.

| Domain | | Indicator | Food Secure | Marginally Food Secure | Moderately Food Insecure | Severely Food Insecure |
|----------------------------|------------------------|---------------------------------------|-------------|------------------------|--------------------------|------------------------|
| Current status | Food Consumption Score | Food Consumption Score | 39% | | 39% | 22% |
| Coping Capacity | Economic Vulnerability | Food Expenditure Share | 34% | 16% | 13% | 37% |
| | Asset depletion | Livelihood Coping Strategy Categories | 42% | 16% | 11% | 32% |
| Food Security Index | | | 14% | 30% | 41% | 14% |
| Nutrition | | GAM - 13.6% | SAM - 2.5% | Underweight - 31.4% | Stunting - 39.9% | |

Table 8: Napak – overall food security classification

A trends analysis of food consumption shows relative stability since 2013 but with a negative drag. The main reason for this is that even as at least 70% of households have at least one income earner, there is high dependence on agriculture related sources of income and therefore low incomes.

As a result, access to food has steadily declined with the third highest prevalence of debt (37%) and half of the households are dedicating proportionately more (> 65%) of total household expenditure on food.

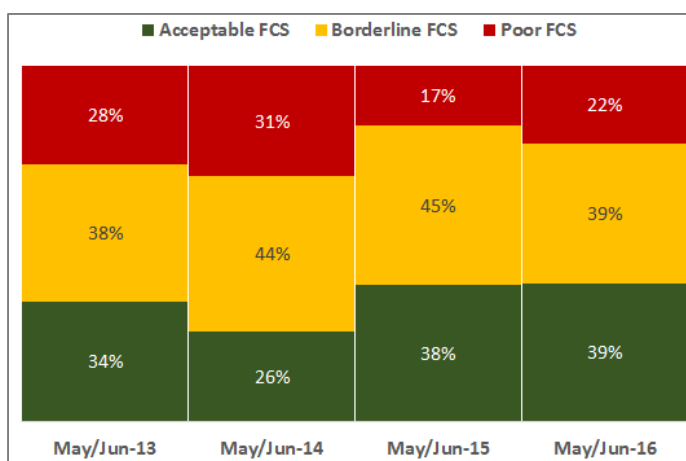


Figure 19: Napak – FCS trends (2013 – 2016)

Recommendations for Food Security

- In view of a failing 2016 cropping season, closely monitor the food security situation in the district to facilitate early response, particularly in the worst off sub-counties of *Lokopo*, *Lotome* and *Ngoleriet*;
- Implement food-for-assets programmes in the interim, until the next harvest, targeting the most vulnerable especially in the aforementioned sub-counties;
- Scale up household income support programmes to build resilience at the household level and encourage production of drought resistant crops such as cassava;
- Encourage small-scale irrigation at the household level to facilitate vegetable growing.

Key Findings for Nutrition

A trends analysis of GAM rate shows a decline from 16.2% to 13.6%, a level similar to 2013 and 2014 (Figure 20).

This may be, in part, the result of increased food assistance following the 2015 crop failure that included protective rations to households with malnourished children, support to extremely vulnerable households, among others. However, prevalence remains at serious level & among the highest, probably due to:

- Sub-optimal coverage of supplementary feeding programmes, classified as low by a May 2016 SLEAC survey;
- Poor performance of the supplementary feeding programme with cure rates below the target threshold since early 2015 (Figure 21)
- Despite having the third highest level of dependence on markets for food consumed, nominal expenditure on food was lowest in this district indicating constrained access to nutritious foods.
- Poor household food consumption patterns with only one in five households able to consume protein foods on a daily basis, therefore affecting infant feeding practices.

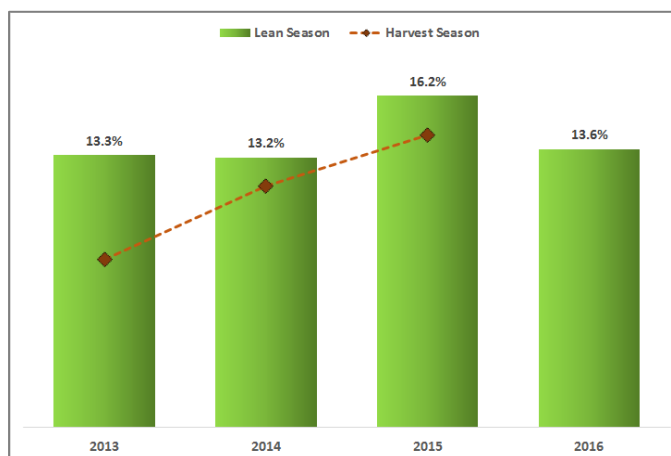


Figure 20: Napak – GAM trends (2013 – 2016)

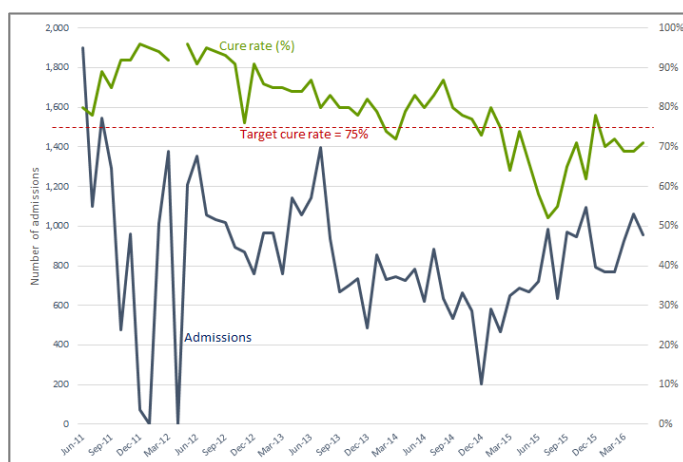


Figure 21: Napak – admissions and cure rates in supplementary feeding programmes

Recommendations for Nutrition

- Expand coverage of nutrition programmes, especially MCHN, to cover all HC IIs that provided MCH services;
- Investigate the reasons for declining cure rates among current beneficiaries of supplementary feeding programmes as well as intensive and out-patient therapeutic care to facilitate further action;
- Mainstream nutrition into on-going food-for-assets programmes with emphasis on IYCF practices and production of bio-fortified crops;
- Step up social mobilization activities for social behaviour change to address malnutrition, hygiene and sanitation;
- Reactivate Health and Nutrition sector working groups to provide a platform for discussions on nutrition/health interventions and review of progress.

Annex

Attendance at Karamoja FSNA Results Dissemination Workshop (19/07/2016)

| No. | Name | Designation | Organization/District |
|-----|-----------------------|-----------------------------|-----------------------|
| 1 | Olal Francis | M&E Officer | ACF |
| 2 | Daniel Chaplin | AME Intern | WFP |
| 3 | Edgar Wabyona | Program Officer | WFP |
| 4 | Amos Mwesigye | M&E Officer | WFP |
| 5 | Ogwang Jino | DPMO | Abim DLG |
| 6 | Lammy Oyollo | DCDO | Abim DLG |
| 7 | Onega John Aceno | Asst. Eng. Officer | Abim DLG |
| 8 | Nasur Charles | AWO | Kaabong |
| 9 | Esther Matana | Nutritionist | Concern |
| 10 | Ndahura Vastinah | Health Facility Coordinator | Concern |
| 11 | Kisubika Richard | District Team Leader | Abim |
| 12 | Anyakun Savdro | DNFP | Kaabong |
| 13 | Jessica Achilla | Coordinator | DRC-DDG |
| 14 | Owinyobin De Paul | DHO | Abim DLG |
| 15 | Omoding Christopher | MCHN Coordinator | World Vision |
| 16 | Lokawa Mauro Innocent | FS | Caritas Kotido |
| 17 | Eunice Twanza | SPA | WFP Kotido |
| 18 | Kumakech Charles | Disaster Manag. Officer | OPM Kampala |
| 19 | Maek Mitchell | DCOP | RWANU ACDI/VOCA |
| 20 | Alex Mokori | Nutrition Specialist | UNICEF |
| 21 | Lodungokol John | DPMO | Napak DLG |
| 22 | Agan Mary Apuun | DCDO | Napak DLG |
| 23 | Dr Pateince Akure | Veterinarian | FAO |
| 24 | Dr Eladu Fredar | DPMO | Kaabong |
| 25 | Dr Lemukol James | DHO | Napak |
| 26 | Ogwang Daniel | DNFPO | Abim DLG |
| 27 | James P.O | SPF | Nakapiripirit |
| 28 | Angulu J. | DAO | Nakapiripirit |
| 29 | Achom Joyce | HOSO | Nakapiripirit |
| 30 | Elinu Sinwu | DNFP | Amudat |
| 31 | Chemuta Auref | DNFP | Amudat |
| 32 | Chewere Timothy | Nutritionist | AFC |
| 33 | Egama Solomon | CD | Moroto |
| 34 | Baatom Ben Konyang | DCDO | Kaabong |
| 35 | Dr Ohinpo Philip | DH | Kotido |
| 36 | Ogwaria Lawrence | DCDO | Kotido |
| 37 | Aenyu Jennifer | DNFP | Kotido |
| 38 | Laura John | | Concern |
| 39 | Dr Benjamin Muwanika | CTO | |

| | | | |
|----|--------------------|--------------|---------------|
| 40 | Dr Nalibe Sharif | DHO | Kaabong |
| 41 | Sarah Narem | ACAO | Kotido DLG |
| 42 | Odeke James Calvin | DWO | Amudat |
| 43 | Dennis Athiyo | DCDO | Nakapiripirit |
| 44 | Lokiru Charles | DWO | Nakapiripirit |
| 45 | Dr Arionga S.P. | DPO | Nakapiripirit |
| 46 | Apolot Pauline | Nutritionist | Nakap |
| 47 | Tom Ahimbisibwe | WFP | Moroto |
| 48 | Adoko Benson | SPM, IRC | |
| 49 | Look John | DA WFP | Moroto |
| 50 | Diana K.L | DWO | Napak |
| 51 | Elizabeth Duchan | WFP | Moroto |
| 52 | Aron Louis Odong | WFP | Moroto |
| 53 | John Kabagambe | WFP | Moroto |
| 54 | Amuron Freda | DCDO | Amudat |
| 55 | Emma Christine | WFP | Moroto |