

UGANDA

OVERVIEW OF THE IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSES OF KARAMOJA AREA, URBAN AREAS, REFUGEE SETTLEMENTS AND HOST COMMUNITY DISTRICTS

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

JUNE 2020 - JANUARY 2021

Issued October 2020

CURRENT ACUTE FOOD INSECURITY JUNE - AUGUST 2020

<p>2.6M 23% of the analysed population (11.5M)</p> <p>People facing high acute food insecurity (IPC Phase 3 or above)</p> <p>IN NEED OF URGENT ACTION</p>	Phase 5	0 People in Catastrophe
	Phase 4	622,800 People in Emergency
	Phase 3	1,980,100 People in Crisis
	Phase 2	4,315,200 People Stressed
	Phase 1	4,566,000 People in food security

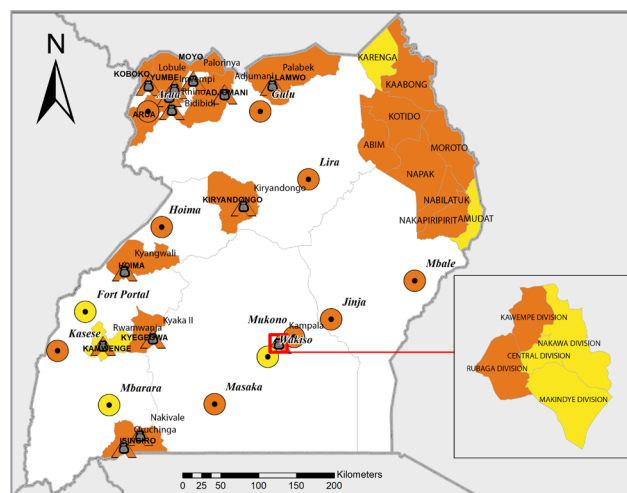
PROJECTED ACUTE FOOD INSECURITY SEPTEMBER 2020 - JANUARY 2021

<p>2M 17% of the analysed population (11.5M)</p> <p>People facing high acute food insecurity (IPC Phase 3 or above)</p> <p>IN NEED OF URGENT ACTION</p>	Phase 5	0 People in Catastrophe
	Phase 4	371,900 People in Emergency
	Phase 3	1,630,900 People in Crisis
	Phase 2	4,542,800 People Stressed
	Phase 1	4,938,400 People in food security

ACUTE MALNUTRITION FEBRUARY 2020 - JANUARY 2021

<p>195,000</p> <p>The number of 6-59 months children acutely malnourished</p> <p>IN NEED OF TREATMENT</p>	Severe Acute Malnutrition (SAM)	25,190
	Moderate Acute Malnutrition (MAM)	169,811
	Global Acute Malnutrition (GAM)	195,000

Current Acute Food Insecurity June - August 2020



Key for the Map

IPC Acute Food Insecurity Phase Classification



Key Drivers Acute Food Insecurity / Acute Malnutrition



COVID-19

COVID-19 restrictions led to a total loss of employment for the population engaged in the informal sector, tourism, and travel & events industry.



Heavy rainfall

Above-normal rainfall in April and May 2020 leading to crop destruction, waterlogging, flash floods and road network breakdowns.



Very poor quality and quantity of food consumption among children

Lack of access to a diversified diet and poor meal frequency resulting from low food availability and access, and high mother workload.



Health facilities

Access to and utilization of health facilities have been hampered as a result of the COVID-19 pandemic.



Poor feeding and caring practices

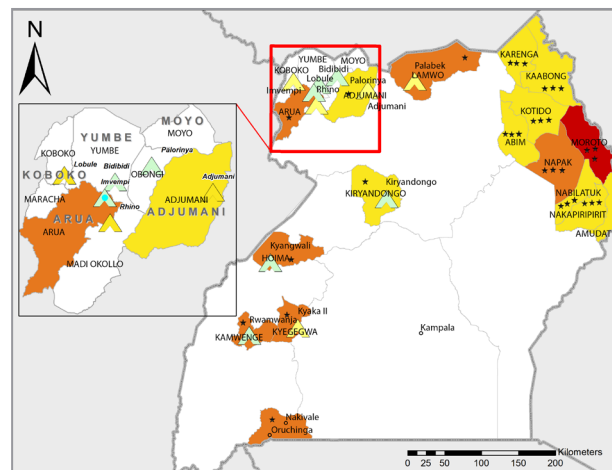
Inadequate breastfeeding practices.



Childhood illnesses

Malaria and diarrhea.

Current Acute Malnutrition February - August 2020



Key for the Map

IPC Acute Malnutrition Phase Classification





SITUATION OVERVIEW

The IPC Acute Food Insecurity analysis targeted different units of analysis: nine Karamoja districts, 11 refugee hosting districts and 14 refugee settlements, and 12 main municipalities (seven of which were elevated to city status with effect from July 1, 2020).

For the current period (June - August 2020), 23% of the analysed population (2.6 million people) is facing high levels of acute food insecurity (IPC Phase 3 or above). 38% of the population is in Stressed (IPC Phase 2) and 40% is in Minimal Acute Food Insecurity (IPC Phase 1). The population in IPC Phases 3 and 4 is employing Crisis coping strategies due to increasing food consumption gaps and reduced dietary diversity. In the current period, an estimated 1.5 million people in 14 refugee settlements and 11 hosting districts, (26% of the population analysed) are facing high levels of acute food insecurity (IPC Phase 3 or above) and are in need of urgent action. Out of the 1.5 million people in refugee camps and host communities classified in IPC Phase 3 or above, approximately 1 million reside in host communities (23% of the host community population analysed) , while nearly 500,000 are in refugee settlements, (32% of refugees in 14 refugee settlements.)

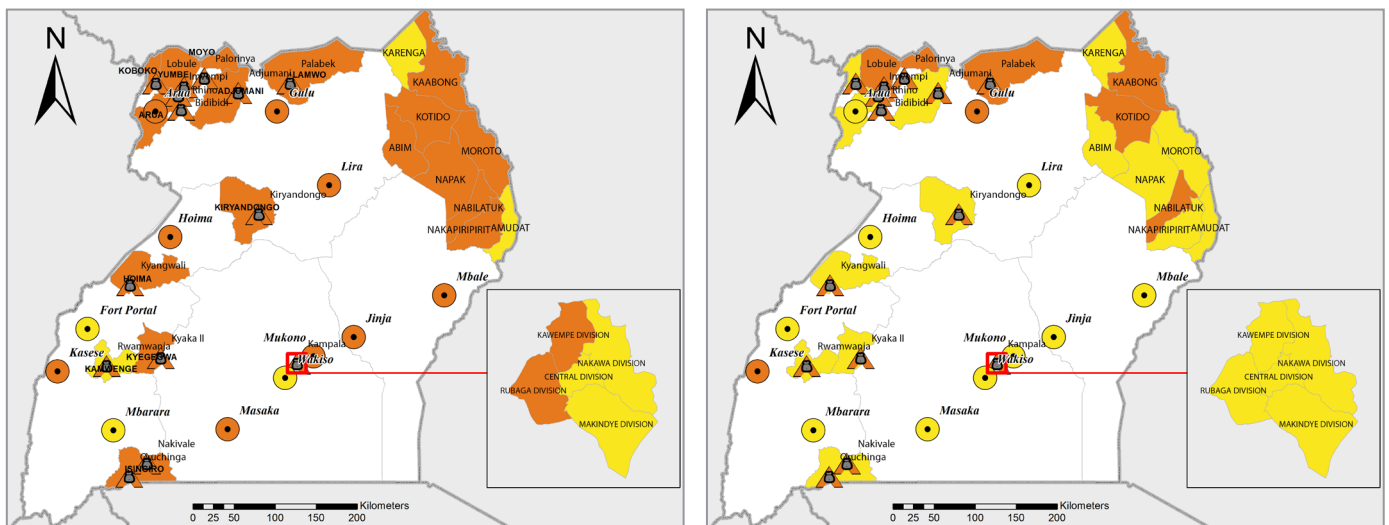
For the projected period, (September 2020 - January 2021), 17% of the analysed population (2 million people) is expected to face high levels of acute food insecurity (IPC Phase 3 or above). 40% of the population will likely be in Stressed (IPC Phase 2) and 43% will likely be in Minimal Acute Food Insecurity (IPC Phase 1). In the projected period, an estimated 1.2 million people in 14 refugee settlements and 11 hosting districts are expected to face high levels of acute food insecurity (IPC Phase 3 or above) and are in need of urgent action.

The Acute Malnutrition analysis focused on nine districts in the Karamoja region, eight refugee hosting districts, and 11 refugee settlements. As per the current analysis, in the Karamoja region, one district (Moroto) is classified in Critical (IPC AMN Phase 4) and one district (Napak) is in Serious (IPC AMN Phase 3). Seven districts are classified in Alert (IPC AMN Phase 2). Meanwhile, in the refugee hosting districts, six districts are classified in Serious (IPC AMN Phase 3) and two districts in Alert (IPC AMN Phase 2) . As for the refugee settlements, five are classified in Alert (IPC AMN Phase 2), and six are in Acceptable (IPC AMN Phase 1), according to the IPC AMN scale.

Around 195,000 children are expected to be acutely malnourished during the course of 2020 in the Karamoja region, refugee hosting districts, as well as in refugee settlements. More than 25,000 of these children will be severely affected by acute malnutrition and almost 170,000 children will suffer from moderate acute malnutrition. Most of these children (more than 65% of the total number of children expected to be malnourished) reside in the refugee hosting districts.



ACUTE FOOD INSECURITY CURRENT (JUN – AUG 2020) AND PROJECTION (SEPT 2020 – JAN 2021) MAPS AND POPULATION TABLES



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

<ul style="list-style-type: none"> 1 - Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Famine Areas not analysed 	<p>Map Symbols</p> <ul style="list-style-type: none"> Urban settlement classification IDPs/other settlements classification 	<p>Area receives significant humanitarian food assistance (accounted for in Phase classification)</p> <ul style="list-style-type: none"> > 25% of households meet 25-50% of caloric needs through assistance > 25% of households meet > 50% of caloric needs through assistance 	<p>Evidence Level</p> <ul style="list-style-type: none"> ** Medium
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Population table for the current period: June - August 2020

Analysed area	Total population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Kampala City	1,680,600	658,095	39	730,165	43	208,310	12	84,030	5	0	0	292,340	17
Karamoja	1,168,600	379,550	32	476,175	41	256,100	22	56,775	5	0	0	312,875	27
Refugee Settlements	1,423,255	458,588	32	505,174	35	351,514	25	107,980	8	0	0	459,493	32
Refugee hosting districts	4,310,700	1,735,000	40	1,580,345	37	791,020	18	204,335	5	0	0	995,355	23
Urban Centers	2,900,798	1,334,709	46	1,023,305	35	373,110	13	169,675	6	0	0	542,785	19
Total	11,483,953	4,565,942	40	4,315,163	38	1,980,053	17	622,795	5	0	0	2,602,848	23

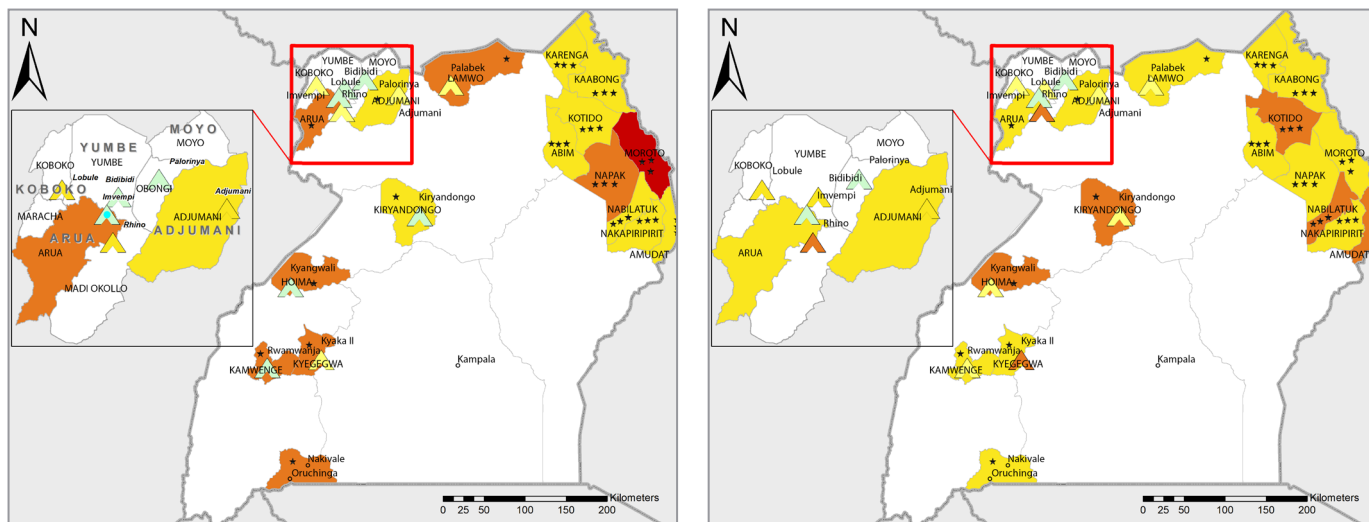
Population table for the projection period: September 2020 - January 2021

Analysed area	Total population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Kampala City	1,680,600	784,855	47	643,655	38	168,060	10	84,030	5	0	0	252,090	15
Karamoja	1,168,600	509,735	44	476,440	41	171,670	15	10,755	1	0	0	182,425	16
Refugee Settlements	1,423,255	442,143	31	486,425	34	403,497	28	91,190	6	0	0	494,687	35
Refugee hosting districts	4,310,700	1,842,845	43	1,753,635	41	642,950	15	71,270	2	0	0	714,220	17
Urban Centers	2,900,798	1,358,809	47	1,182,674	41	244,700	8	114,615	4	0	0	359,315	12
Total	11,483,953	4,938,387	43	4,542,829	40	1,630,877	14	371,860	3	0	0	2,002,737	17

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.



ACUTE MALNUTRITION CURRENT (FEB – AUG 2020) AND PROJECTION (SEPT 2020 – JAN 2021) MAPS AND POPULATION TABLE



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical

- 5 - Extremely critical
- Areas not analysed
- IDPs/other settlements classification

Evidence Level

- * Acceptable
- ** Medium
- *** High
- Scarce evidence due to limited or no humanitarian access

Population table summary of Acute Malnutrition for the three areas – Karamoja, refugee hosting districts, and refugee settlements

Unit of Analysis	No. of Children <5	No. of Children (6-59 Months) in Need of Treatment		
		GAM Treatment	MAM Treatment	SAM Treatment
Refugee hosting districts	596,190	11,061	115,897	126,958
Refuge settlements	111,258	3,214	13,071	16,285
Karamoja region	202,880	10,915	40,843	51,800
Total	910,328	25,191	169,811	195,001



PROCESS AND METHODOLOGY

The inception meeting of the IPC TWG was held on May 28, 2020 to decide on IPC analysis dates, analysis areas and other modalities. The IPC AFI analysis workshop (virtual & physical) was held from June 4-12, 2020 while the IPC AMN analysis workshop took place between July 20-24, 2020

The hybrid (virtual & physical) training on IPC AFI for urban centers, refugees settlements and refugee host communities, started on June 22nd and lasted until June 24th, immediately followed by the analysis. The analysis was delayed due to logistical challenges and data preparation, therefore, the analysis officially started on June 29th and finished on July 10th. All analyses were done using the IPC Information Support System (ISS) which was an instrument used especially by facilitators who supported the analysis remotely. The ISS platform allowed room for further discussions with the team on various issues. The IPC AMN analysis workshop involved a one day refresher training on July 20th followed by a hybrid analysis.

Sources

1. UN- World Food Programme, March 2019; Kampala Comprehensive Food Security and Vulnerability Analysis
2. UN- World Food Programme, June 2020; Near Real-time Food Security Monitoring During COVID-19 (URBAN).
3. UN- World Food Programme, June 2020; Urban Vulnerability Analysis and Mapping (VAM) Food Security Analysis
4. KCCA, June 2020; Background information on the five municipalities of Kampala city
5. KCCA and OPM, August 2018; Multi-hazard risk and vulnerability profile for Kampala city
6. World Bank, September 2017; Role of city governments in economic development of greater Kampala
7. KCCA, September 2018; An urban agriculture value chain analysis
8. UNDP, April 2020; Socio-economic impact of COVID-19 in Uganda
9. Deloitte, May 2020; Economic impact of the COVID-19 pandemic on East African economies
10. Save the Children, May 2020; Kasese floods impact assessment
11. Uganda Bureau of Statistics (UBOS), Food and Nutrition Solutions Ltd (FONUS) and UNICEF 2020. Food Security and Nutrition Assessment.
12. UNHCR. Food Security and Nutrition Assessments. 2017, 2018
13. UNHCR. Expanded Nutrition Survey Report Uganda Host Communities. 2015.
14. Nutrition screening reports, HMIS, and programme coverage reports.

Limitations of the analysis

In some areas, there was not enough information on contributing factors like food stocks, access to water, prices of staple commodities, especially for the urban analysis that prevented analysts from making strong and specific conclusions. Analysts had to use wider evidence and their knowledge of the areas to contextualize the existing information for the local area. There was not enough information in recent assessments to capture the impact of COVID-19 on food security in some areas analysed, which caused analysts to get in touch with people who could provide more information on some specific municipalities.

The indicator thresholds as adopted by WFP that conducted the FSNA are different from those recommended by the IPC. Analysts, therefore, found it difficult to arrive at a final classification until a re-analysis of some indicators was done.

A limited number of analysts also affected the analysis process. Additionally, some analysts faced power shortages and poor internet connection which affected the time taken to complete the analysis.

IPC Analysis Partners:

What are the IPC, IPC Acute Food Insecurity and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity and Acute Malnutrition are defined as any manifestation of food insecurity or malnutrition found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. The IPC Acute Food Insecurity Classification is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity. The IPC Acute Malnutrition Classification's focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC).

Contact for further Information

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This analysis has been conducted under the patronage of the Ministry of Agriculture, Animal Industry and Fisheries. It has benefited from the technical and financial support of FAO and IPC GSU

Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.





CURRENT ACUTE FOOD INSECURITY JUNE – AUGUST 2020

Region	Area	Total pop analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
			#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Kampala City	Central division	83,800	37,710	45	33,520	40	8,380	10	4,190	5	0	0	2	12,570	15
	Kawempe division	377,700	132,195	35	169,965	45	56,655	15	18,885	5	0	0	3	75,540	20
	Lubaga division	427,300	149,555	35	192,285	45	64,095	15	21,365	5	0	0	3	85,460	20
	Makindye division	438,300	197,235	45	175,320	40	43,830	10	21,915	5	0	0	2	65,745	15
	Nakawa division	353,500	141,400	40	159,075	45	35,350	10	17,675	5	0	0	2	53,025	15
	Total	1,680,600	658,095	39	730,165	43	208,310	12	84,030	5	0	0		292,340	17
Karamoja	Abim	153,500	61,400	40	53,725	35	30,700	20	7,675	5	0	0	3	38,375	25
	Amudat	134,900	67,450	50	47,215	35	20,235	15	0	0	0	0	2	20,235	15
	Kaabong	125,400	18,810	15	62,700	50	31,350	25	12,540	10	0	0	3	43,890	35
	Karenga	68,500	37,675	55	20,550	30	6,850	10	3,425	5	0	0	2	10,275	15
	Kotido	206,500	72,275	35	72,275	35	51,625	25	10,325	5	0	0	3	61,950	30
	Moroto	118,500	23,700	20	59,250	50	29,625	25	5,925	5	0	0	3	35,550	30
	Nabilatuk	89,700	22,425	25	26,910	30	31,395	35	8,970	10	0	0	3	40,365	45
	Nakapiripirit	113,300	28,325	25	62,315	55	22,660	20	0	0	0	0	3	22,660	20
	Napak	158,300	47,490	30	71,235	45	31,660	20	7,915	5	0	0	3	39,575	25
	Total	1,168,600	379,550	32	476,175	41	256,100	22	56,775	5	0	0		312,875	27
Refugee settlements	Adjumani Refugee settlement	214,477	64,343	30	96,515	45	42,895	20	10,724	5	0	0	3	53,619	25
	Bidibidi	232,722	81,453	35	58,181	25	69,817	30	23,272	10	0	0	3	93,089	40
	Imvepi	66,110	19,833	30	23,139	35	16,528	25	6,611	10	0	0	3	23,139	35
	Kampala refugees	80,248	8,025	10	44,136	55	24,074	30	4,012	5	0	0	3	28,086	35
	Kiryandongo Refuge Settlement	67,712	20,314	30	27,085	40	13,542	20	6,771	10	0	0	3	20,313	30
	Kyaka II	123,378	49,351	40	24,676	20	30,845	25	18,507	15	0	0	3	49,352	40
	Kyangwali R/S	123,039	43,064	35	24,608	20	43,064	35	12,304	10	0	0	3	55,368	45
	Lobule	5,511	1,653	30	2,204	40	1,378	25	276	5	0	0	3	1,654	30
	Nakivale	132,700	46,445	35	53,080	40	26,540	20	6,635	5	0	0	3	33,175	25
	Oruchinga	7,911	2,373	30	3,956	50	1,187	15	396	5	0	0	3	1,583	20
	Palabek Refugee Settlement	53,806	16,142	30	18,832	35	16,142	30	2,690	5	0	0	3	18,832	35
	Palorinya	122,811	36,843	30	55,265	45	24,562	20	6,141	5	0	0	3	30,703	25
	Rhino Camp	120,164	36,049	30	48,066	40	30,041	25	6,008	5	0	0	3	36,049	30
	Rwamwanja	72,666	32,700	45	25,433	35	10,900	15	3,633	5	0	0	3	14,533	20
Total	1,423,255	458,588	32	505,174	35	351,514	25	107,980	8	0	0		459,493	32	
Refugee hosting districts	Adjumani District	235,900	82,565	35	106,155	45	35,385	15	11,795	5	0	0	3	47,180	20
	Arua / Madi Okollo/ Terego	915,200	366,080	40	366,080	40	137,280	15	45,760	5	0	0	3	183,040	20
	Isingiro	596,400	208,740	35	268,380	45	119,280	20	0	0	0	0	3	119,280	20
	Kamwenge	335,200	167,600	50	134,080	40	16,760	5	16,760	5	0	0	2	33,520	10
	Kikuube (from Hoima)	358,700	125,545	35	107,610	30	89,675	25	35,870	10	0	0	3	125,545	35
	Kiryandongo District	313,800	141,210	45	109,830	35	47,070	15	15,690	5	0	0	3	62,760	20
	Koboko	258,000	77,400	30	116,100	45	64,500	25	0	0	0	0	3	64,500	25
	Kyegegwa	441,000	242,550	55	110,250	25	88,200	20	0	0	0	0	3	88,200	20
	Lamwo	143,800	43,140	30	43,140	30	50,330	35	7,190	5	0	0	3	57,520	40
	Obongi	49,100	14,730	30	19,640	40	9,820	20	4,910	10	0	0	3	14,730	30
	Yumbe	663,600	265,440	40	199,080	30	132,720	20	66,360	10	0	0	3	199,080	30
	Total	4,310,700	1,735,000	40	1,580,345	37	791,020	18	204,335	5	0	0		995,355	23
Urban centres	Arua City	72,400	32,580	45	25,340	35	10,860	15	3,620	5	0	0	3	14,480	20
	Fort Portal City	60,800	24,320	40	27,360	45	6,080	10	3,040	5	0	0	2	9,120	15
	Gulu City	177,400	62,090	35	53,220	30	44,350	25	17,740	10	0	0	3	62,090	35
	Hoima Municipality	122,700	61,350	50	36,810	30	18,405	15	6,135	5	0	0	3	24,540	20
	Jinja City	83,399	29,190	35	29,190	35	16,680	20	8,340	10	0	0	3	25,020	30
	Kasese Municipality	115,399	46,160	40	34,620	30	23,080	20	11,540	10	0	0	3	34,620	30
	Lira Municipality	116,502	40,776	35	46,601	40	17,475	15	11,650	10	0	0	3	29,125	25
	Masaka City	116,600	46,640	40	46,640	40	17,490	15	5,830	5	0	0	3	23,320	20
	Mbale City	111,299	50,085	45	38,955	35	16,695	15	5,565	5	0	0	3	22,260	20
	Mbarara City	221,301	99,585	45	88,520	40	22,130	10	11,065	5	0	0	2	33,195	15
	Mukono Municipality	191,299	86,085	45	66,955	35	28,695	15	9,565	5	0	0	3	38,260	20
	Wakiso Municipalities	1,511,699	755,850	50	529,095	35	151,170	10	75,585	5	0	0	2	226,755	15
	Total	2,900,798	1,334,709	46	1,023,305	35	373,110	13	169,675	6	0	0		542,785	19
Grand Total		11,483,953	4,565,942	40	4,315,163	38	1,980,053	17	622,795	5	0	0		2,602,848	23



PROJECTED ACUTE FOOD INSECURITY SEPTEMBER 2020 - JANUARY 2021

Region	Area	Total pop analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
			#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Kampala City	Central division	83,800	41,900	50	29,330	35	8,380	10	4,190	5	0	0	2	12,570	15
	Kawempe division	377,700	151,080	40	169,965	45	37,770	10	18,885	5	0	0	2	56,655	15
	Lubaga division	427,300	213,650	50	149,555	35	42,730	10	21,365	5	0	0	2	64,095	15
	Makindye division	438,300	219,150	50	153,405	35	43,830	10	21,915	5	0	0	2	65,745	15
	Nakawa division	353,500	159,075	45	141,400	40	35,350	10	17,675	5	0	0	2	53,025	15
	Total	1,680,600	784,855	47	643,655	38	168,060	10	84,030	5	0	0		252,090	15
Karamoja	Abim	153,500	84,425	55	53,725	35	15,350	10	0	0	0	0	2	15,350	10
	Amudat	134,900	67,450	50	53,960	40	13,490	10	0	0	0	0	2	13,490	10
	Kaabong	125,400	37,620	30	56,430	45	25,080	20	6,270	5	0	0	3	31,350	25
	Karenga	68,500	44,525	65	20,550	30	3,425	5	0	0	0	0	2	3,425	5
	Kotido	206,500	82,600	40	82,600	40	41,300	20	0	0	0	0	3	41,300	20
	Moroto	118,500	47,400	40	53,325	45	17,775	15	0	0	0	0	2	17,775	15
	Nabilatuk	89,700	26,910	30	35,880	40	22,425	25	4,485	5	0	0	3	26,910	30
	Nakapiripirit	113,300	39,655	35	56,650	50	16,995	15	0	0	0	0	2	16,995	15
	Napak	158,300	79,150	50	63,320	40	15,830	10	0	0	0	0	2	15,830	10
	Total	1,168,600	509,735	44	476,440	41	171,670	15	10,755	1	0	0		182,425	16
Refugee settlements	Adjumani Refugee settlement	214,477	64,343	30	85,791	40	53,619	25	10,724	5	0	0	3	64,343	30
	Bidibidi	232,722	58,181	25	69,817	30	81,453	35	23,272	10	0	0	3	104,725	45
	Imvepi	66,110	16,528	25	23,139	35	19,833	30	6,611	10	0	0	3	26,444	40
	Kampala refugees	80,248	8,025	10	40,124	50	28,087	35	4,012	5	0	0	3	32,099	40
	Kiryandongo Refuge Settlement	67,712	27,085	40	23,699	35	16,928	25	0	0	0	0	3	16,928	25
	Kyaka II	123,378	55,520	45	30,845	25	30,845	25	6,169	5	0	0	3	37,014	30
	Kyangwali R/S	123,039	55,368	45	36,912	30	24,608	20	6,152	5	0	0	3	30,760	25
	Lobule	5,511	1,929	35	2,480	45	1,102	20	0	0	0	0	3	1,102	20
	Nakivale	132,700	46,445	35	39,810	30	33,175	25	13,270	10	0	0	3	46,445	35
	Oruchinga	7,911	2,769	35	3,560	45	1,582	20	0	0	0	0	3	1,582	20
	Palabek Refugee Settlement	53,806	16,142	30	16,142	30	18,832	35	2,690	5	0	0	3	21,522	40
	Palorinya	122,811	30,703	25	42,984	35	36,843	30	12,281	10	0	0	3	49,124	40
	Rhino Camp	120,164	30,041	25	42,057	35	42,057	35	6,008	5	0	0	3	48,065	40
	Rwamwanja	72,666	29,066	40	29,066	40	14,533	20	0	0	0	0	3	14,533	20
Total	1,423,255	442,143	31	486,425	34	403,497	28	91,190	6	0	0		494,687	35	
Refugee hosting districts	Adjumani District	235,900	106,155	45	94,360	40	35,385	15	0	0	0	0	2	35,385	15
	Arua / Madi Okollo/ Terego	915,200	366,080	40	457,600	50	91,520	10	0	0	0	0	2	91,520	10
	Isingiro	596,400	268,380	45	238,560	40	89,460	15	0	0	0	0	2	89,460	15
	Kamwenge	335,200	167,600	50	134,080	40	33,520	10	0	0	0	0	2	33,520	10
	Kikuube (from Hoima)	358,700	125,545	35	179,350	50	53,805	15	0	0	0	0	2	53,805	15
	Kiryandongo District	313,800	141,210	45	125,520	40	47,070	15	0	0	0	0	2	47,070	15
	Koboko	258,000	90,300	35	129,000	50	38,700	15	0	0	0	0	2	38,700	15
	Kyegegwa	441,000	308,700	70	88,200	20	44,100	10	0	0	0	0	2	44,100	10
	Lamwo	143,800	57,520	40	57,520	40	28,760	20	0	0	0	0	3	28,760	20
	Obongi	49,100	12,275	25	17,185	35	14,730	30	4,910	10	0	0	3	19,640	40
	Yumbe	663,600	199,080	30	232,260	35	165,900	25	66,360	10	0	0	3	232,260	35
	Total	4,310,700	1,842,845	43	1,753,635	41	642,950	15	71,270	2	0	0		714,220	17
Urban centres	Arua City	72,400	32,580	45	28,960	40	7,240	10	3,620	5	0	0	2	10,860	15
	Fort Portal City	60,800	27,360	45	27,360	45	3,040	5	3,040	5	0	0	2	6,080	10
	Gulu City	177,400	62,090	35	70,960	40	35,480	20	8,870	5	0	0	3	44,350	25
	Hoima Municipality	122,700	61,350	50	42,945	35	12,270	10	6,135	5	0	0	2	18,405	15
	Jinja City	83,399	33,360	40	37,530	45	12,510	15	0	0	0	0	2	12,510	15
	Kasese Municipality	115,399	46,160	40	40,390	35	17,310	15	11,540	10	0	0	3	28,850	25
	Lira Municipality	116,502	46,601	40	52,426	45	11,650	10	5,825	5	0	0	2	17,475	15
	Masaka City	116,600	46,640	40	58,300	50	11,660	10	0	0	0	0	2	11,660	10
	Mbale City	111,299	50,085	45	44,520	40	16,695	15	0	0	0	0	2	16,695	15
	Mbarara City	221,301	110,651	50	88,520	40	22,130	10	0	0	0	0	2	22,130	10
	Mukono Municipality	191,299	86,085	45	86,085	45	19,130	10	0	0	0	0	2	19,130	10
	Wakiso Municipalities	1,511,699	755,850	50	604,680	40	75,585	5	75,585	5	0	0	2	151,170	10
	Total	2,900,798	1,358,809	47	1,182,674	41	244,700	8	114,615	4	0	0		359,315	12
Grand Total	11,483,953	4,938,387	43	4,542,829	40	1,630,877	14	371,860	3	0	0		2,002,737	17	



TOTAL NUMBER OF CHILDREN EXPECTED TO BE MALNOURISHED AND ARE IN NEED OF TREATMENT BY DISTRICT AND SETTLEMENT IN 2020

District / Settlement	No. of Children <5	No. of Children (6-59 Months) in Need of Treatment		
		GAM Treatment	MAM Treatment	SAM Treatment
Abim	26,500	1,447	3,583	5,030
Amudat	23,560	429	5,574	6,003
Kaabong	18,820	783	3,034	3,817
Karenga	12,990	642	2,432	3,073
Kotido	35,710	2,228	6,314	8,542
Moroto	21,560	2,186	7,287	9,473
Nabilatuk	15,340	399	3,191	3,590
Nakapiripirit	19,590	255	3,362	3,616
Napak	28,810	2,547	6,067	8,614
Adjumani	46,160	1,440	4,201	5,641
Arua	129,130	2,350	33,910	36,260
Isingiro	108,100	1,124	21,642	22,766
Kamwenge	67,440	1,227	10,345	11,572
Kikuube	71,380	1,299	12,249	13,548
Kiryandongo	58,320	1,516	9,098	10,614
Kyegegwa	90,110	1,640	18,274	19,914
Lamwo	25,550	465	6,178	6,643
Adjumani*	28,585	966	3,642	4,608
Palorinya*	8,573	156	513	669
BidiBidi*	18,557	579	1,544	2,123
Palabek*	4,577	333	1,107	1,440
Rhino camp*	8,467	110	1,145	1,255
Imvepi*	5,703	104	386	490
Lobule*	411	9	79	88
Kiryandongo*	5,139	67	935	1,002
Kyangwali*	12,402	645	1,129	1,774
Kayak II*	11,224	146	1,838	1,984
Rwamwanja*	7,620	99	753	852
Total	910,328	25,190	169,811	195,001

*Refugee Settlements

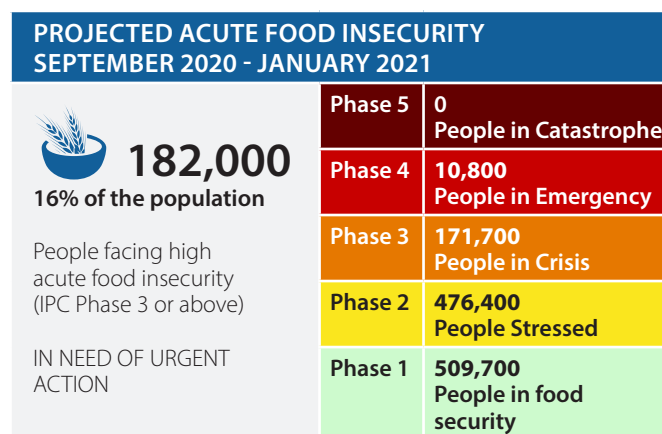
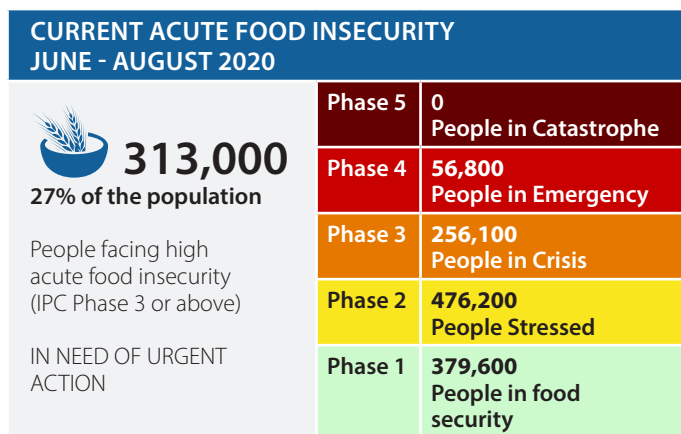
UGANDA - KARAMOJA

OVERVIEW OF THE IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS OF KARAMOJA

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

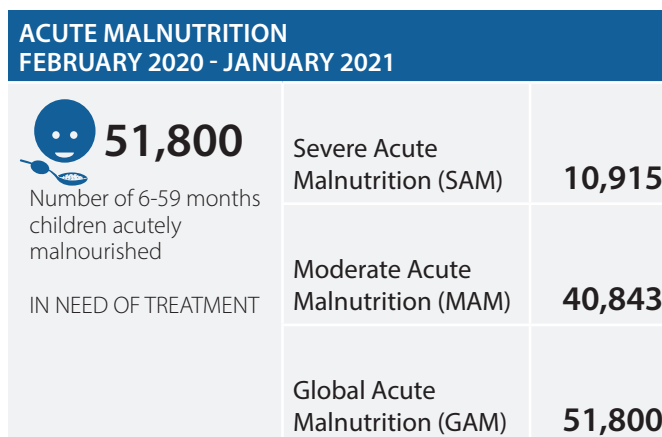
JUNE 2020 - JANUARY 2021

Issued October 2020



Overview

Karamoja, located in the north-east, is one of the poorest regions in Uganda with income poverty at 60% and food poverty at 70% (UBOS, 2018). The region comprises of four livelihood zones: sorghum-livestock zone, maize-livestock zone, mixed crop zone and apiary-potato zone. Food security and nutrition reports produced using the Integrated Food Security Phase Classification (IPC) process have indicated that Karamoja has the highest food insecurity and malnutrition levels in Uganda due to factors related to inadequate food, poor dietary diversity, poor hygiene & sanitation, and disease.



In the current analysis, the overall phase classification for Karamoja is Crisis (IPC Phase 3). 27% of the population (312,900 people) is facing high levels of acute food insecurity (IPC Phase 3 or above). Meanwhile, 41% of the population is in Stressed (IPC Phase 2) and 32% is in Minimal Acute Food Insecurity (IPC Phase 1). All districts have been classified in Crisis (IPC Phase 3), except Amudat and Karenga, which are classified in Stressed (IPC Phase 2). The population in IPC Phases 3 and 4 is majorly employing Crisis food and income coping strategies due to increasing food consumption gaps and reduced dietary diversity. They can only meet the minimum food consumption requirements after employing Crisis and Emergency coping strategies. Generally, households in the region are unable to meet some essential non-food expenditures.

Acute malnutrition is at a Critical level (IPC AMN Phase 4) in the Moroto district and at a Serious level (IPC AMN Phase 3) in the Napak district. All the other districts in the region are facing Alert levels (IPC AMN Phase 2) of acute malnutrition. Slightly over three in every 20 children are affected by acute malnutrition in the Moroto district, whereas two in every 20 children are affected by acute malnutrition in the Napak district. Four other districts, although classified in Alert (IPC AMN Phase 2), have relatively high levels of acute malnutrition (i.e. > 9% of acute malnutrition), with two of them facing the possibility of slipping into a higher phase should the current contributing factors persist.

Key Drivers

Price shocks: Increases in prices of staple foods, decrease in livestock prices and decrease in wage labour affected purchasing power.

Harvest losses: Unexpected high rainfall in November 2019 caused pre- and post-harvest losses.

Heavy rainfall: Above-normal rainfall in April-May 2020 caused crop damage, water logging, flash floods and road network breakdowns.

Loss of employment: COVID-19 restrictions and other anticipated challenges caused a reduced demand for agricultural and non-agricultural casual labour.

Conflict & Insecurity: Cattle raids and thefts experienced in Kaabong, Moroto, Napak and Kotido districts.

Livestock vectors & diseases: Especially FMD, CBPP, PPR, ECF and ticks.

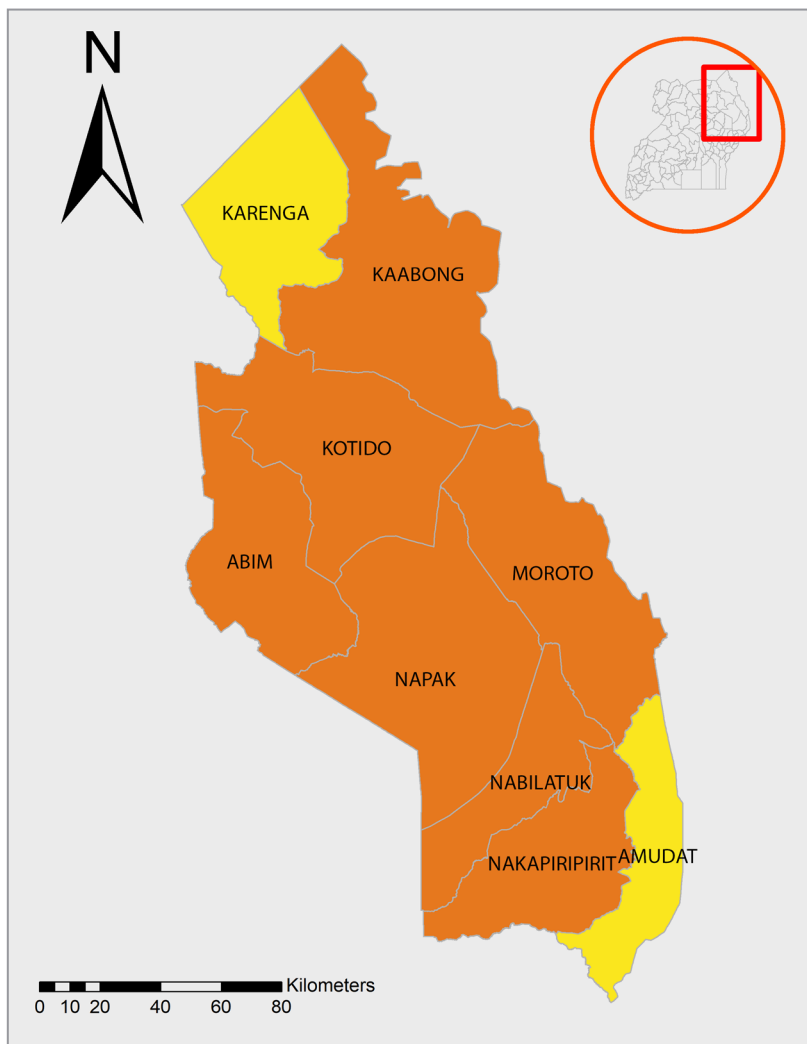
Very poor quality and quantity of food consumption among children: Lack of access to a diversified diet and poor meal frequency caused by low food availability and access, and high mother workload.

Poor feeding and caring practices: Inadequate breastfeeding practices (particularly low adherence to exclusive breast feeding).

Lack of sanitation facilities across the region and poor hygienic practices.



KARAMOJA ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (JUNE – AUGUST 2020)



Key for the Map IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Karamoja population table for the current period: June 2020 – August 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Abim	153,500	61,400	40	53,725	35	30,700	20	7,675	5	0	0	3	38,375	25
Amudat	134,900	67,450	50	47,215	35	20,235	15	0	0	0	0	2	20,235	15
Kaabong	125,400	18,810	15	62,700	50	31,350	25	12,540	10	0	0	3	43,890	35
Karenga	68,500	37,675	55	20,550	30	6,850	10	3,425	5	0	0	2	10,275	15
Kotido	206,500	72,275	35	72,275	35	51,625	25	10,325	5	0	0	3	61,950	30
Moroto	118,500	23,700	20	59,250	50	29,625	25	5,925	5	0	0	3	35,550	30
Nabilatuk	89,700	22,425	25	26,910	30	31,395	35	8,970	10	0	0	3	40,365	45
Nakapiripirit	113,300	28,325	25	62,315	55	22,660	20	0	0	0	0	3	22,660	20
Napak	158,300	47,490	30	71,235	45	31,660	20	7,915	5	0	0	3	39,575	25
Total	1,168,600	379,550	32	476,175	41	256,100	22	56,775	5	0	0		312,875	27

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

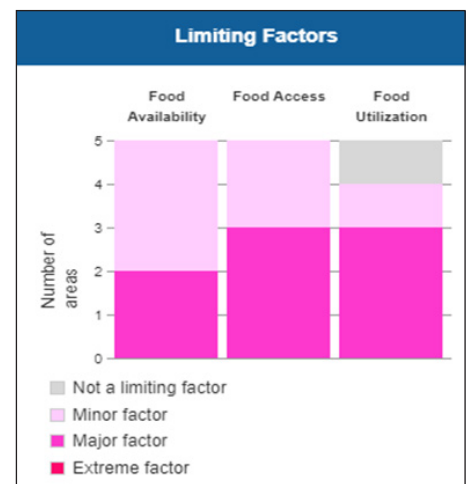


KARAMOJA CURRENT ACUTE FOOD INSECURITY SITUATION OVERVIEW (JUNE – AUGUST 2020)

Overall, the Karamoja region is classified in Crisis (IPC Phase 3), with only the Amudat and Karenga districts classified in Stressed (IPC Phase 2). The food secure population in the region (those classified in IPC Phase 1) has increased from 20% in May 2019 to 32% in June 2020. The Stressed population (IPC Phase 2) has declined from 44% in May 2019 to 41% in 2020, and the population in Crisis has also reduced from 32% in May 2019 to 22% in June 2020. The population classified in Emergency (IPC Phase 4) has remained relatively consistent with 4% in May 2019 and 5% in June 2020. Results show that the population in Phases 3 and 4 that is in need of urgent action (mainly food and livelihood assistance) has reduced from 401,800 people in May 2019 to 312,800 people in June 2018. The most affected populations are in the Kaabong district (43,900 people in Phase 3 +), the Kotido district (61,900 people in Phase 3 +) and the Nabilatuk district (40,400 people in Phase 3 +).

Food insecurity in the region can be attributed to the pre- and post-harvest losses, that resulted from unexpectedly high rainfall in late 2019 and crop pests, specifically Fall Army Worm, sorghum smut, and meadow-spittle-bug that affected maize and sorghum. Though the intense erratic rains of April to May 2020 favored early crop growth, they also caused waterlogging in some areas of the region, leading to the rotting of young crops. In some districts like Nabilatuk, the rains caused a breakdown in the road network, curtailing households from accessing food. Households have an increased reliance on the market for food, however, household access to food has been affected by the following factors: increased prices of cereals, decline of livestock prices, and general terms of trade for pastoralists, brought about by COVID-19 movement restrictions. These restrictions have also reduced labour opportunities, which has affected households' access to income from other sources. In some districts, insecurity due to cattle raids and organised theft has prevented households from accessing lands for cultivation and also led to the loss of livestock assets. On a positive note, Desert Locusts, that invaded the area in February and March 2020, didn't have much impact on the food security situation, as there were no crops for them to destroy at that time. Pasture and browse have generally been available due to the continued rains, however, the prevalence of livestock diseases such as CBPP, LSD, CCPP, and PPR affected livestock production and household incomes.

In Karamoja, based on FSNA data collected by WFP in February and March 2020, prior to when the COVID-19 pandemic was announced, the average food consumption score is Borderline for eight out of the nine (90%) districts of Karamoja, 56% of the households surveyed mostly apply Crisis and Emergency reduced coping strategies. According to experiential responses from the Household Hunger Scale, around 65% of the households in Karamoja have applied negative coping strategies such as, going to bed hungry or spending a day and night without food. **According to HDDS responses, on average, around 65% of households consumed less than two food groups in the last 24 hours with all nine districts of Karamoja classified in IPC Phase 4/5.** In the current analysis of Karamoja, 90% of households adopted Crisis strategies in order to mitigate food insecurity outcomes. Additionally, 80% of the districts surveyed were classified as Alert (IPC Phase 2), while the Moroto and Napak districts showed acute malnutrition levels for children under the age of five.



Food availability remains a major limiting factor in the districts of Kaabong, Kotido, and Nabilatuk, mainly due to the low harvests of the 2019 season. Although land access is relatively good in these districts, tillage is mainly by hoe and there is a continued obstruction of the use of far-off fields due to unprecedented cattle raids in Kotido and Kaabong districts. COVID-19 movement restrictions have also reduced the opening of land in the 2020 season. There was late planting in Kotido and Nabilatuk districts, yet unexpected rains that started in November led to pre- and post-harvest losses. At the time of the assessment in March 2020, only around 20-30% of the households in these districts had food stocks that would last 2.5 months, long before the expected 2020 harvest in August. The heavy rains from April to May 2020 caused waterlogging and the eventual rotting of young crops. The washing away of gardens by flash floods in the Kotido district inhibited households from having an early green harvest that was expected in late June/early July 2020. The rains also caused a breakdown in the major roads connecting the Nabilatuk district to neighboring areas, which limited the availability of food in the district markets.

Food access was a major challenge in all districts in the region, except for Kaabong, Nabilatuk and Karenga (despite Karenga being rated as relatively stable). Across the region, prices of staples, including sorghum, maize, and beans gradually increased from March 2020. However, livestock prices gradually decreased and only started increasing slowly in June 2020. COVID-19 restrictions on movement and the closure of markets affected demand for and eventual access to agricultural and non-agricultural casual labor, further reducing income-earning opportunities for the poor and vulnerable populations. The livestock movement restrictions imposed due to FMD outbreaks in Kotido, Abim, Napak, Nakapiripirit, and Moroto districts was a major blow to the single income source for most pastoralists. A mix of increasing food prices and reducing incomes, therefore, constrained the most poor households from accessing food, especially since this population did not have sufficient food stocks from their own production in the previous season. The heavy rains of May 2020 caused a breakdown in the major roads, connecting Nabilatuk to Moroto and Nakapiripirit districts, leaving households in Nabilatuk with little opportunity to access food from other districts.



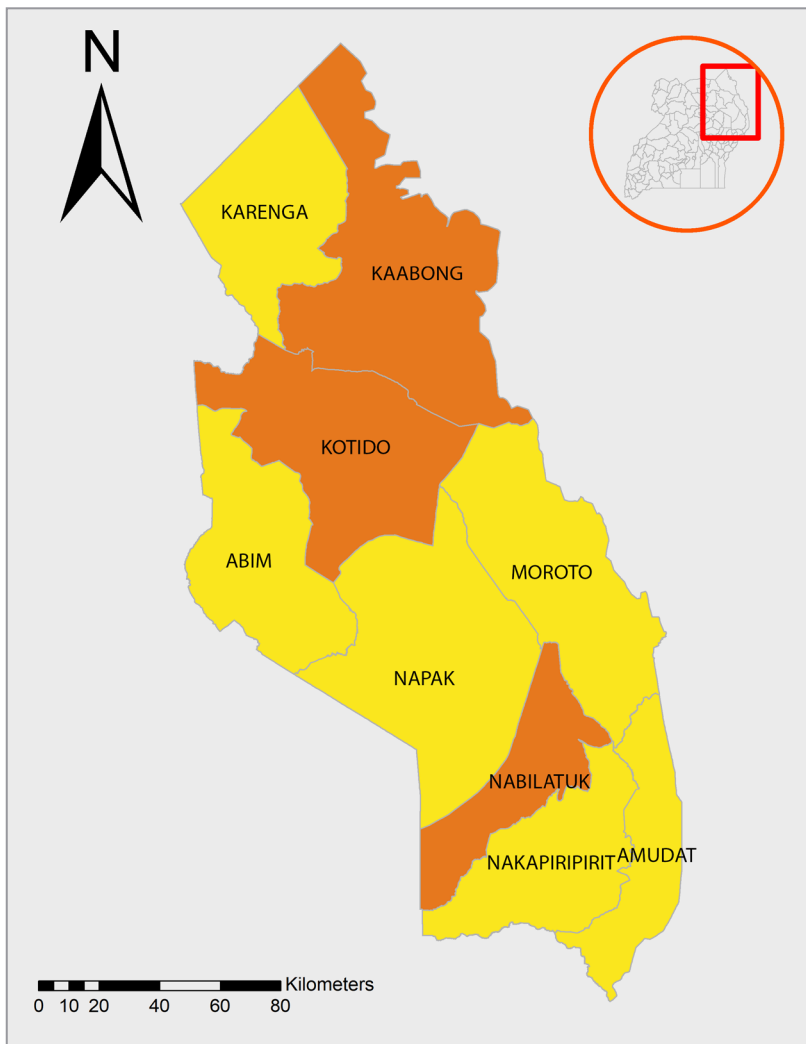
Food utilization remains a major limiting factor to food security in Amudat, Karenga, Kotido, Moroto, Nabilatuk and Napak districts. There are inadequate storage facilities for most households in these districts, which led to post-harvest losses following high rainfall, and reduced food stocks at a household level. Additionally, although the majority of households can access improved water sources (except for Amudat district where only 60% of households can access safe water sources), the per capita water use remains relatively low in these districts. Households tend to collect water that is not sufficient for use by all household members due to long distances to water sources and long queuing times once there. Moreover, in most cases, households share water from the same sources with livestock, further reducing the amount of sufficient water for domestic use. Only around 15-25% of the households in these districts are able to use the recommended 20 litres of water per person per day.

Access to improved sanitation and toilet facilities is low across the region, ranging between 20-30% across all six districts, with utilization as a major limiting factor in Amudat, Karenga, Kotido, Moroto, Nabilatuk and Napak districts. In the Amudat district, about 92% of the households do not have sustainable toilet facilities, which increases the chances of open/bush defecation. The low per capita water use, coupled with limited access to improved sanitation and toilet facilities, poses serious hygiene challenges that affects food utilization. Around 99% of households in the region use charcoal and firewood as cooking fuel, but also use open cooking places, reducing the chances of respiratory infections/problems arising from the use of unclean cooking fuel.

The **most affected populations** are mainly poor households found in the following parishes:

District	Sub-counties	Parishes	District	Sub-counties	Parishes
Abim	Nyakwae	Opopongo, Pupukamuya	Moroto	Nadunget	Naitakwae, Nadunget, Komaret
	Magamaga	Willela, Koya		Rupa	Mogoth, Nakadeli, Rupa
	Morulem	Katabok East, Katabok West			
	Alerek	Kulodwong, Loyoroit			
Amudat	Karita	Lokales, Karita	Nabilatuk	Natirae	All
	Amudat	Katabok		Lorengedwat	All
Kaabong	Loyoro	All	Napak	Nabwal	Tepeth, Nabwal
	Lodiko	All		Lorengecora	Cholichol, Kokipurat, Lolet
	Kaabong East	All		Apeitolim	Narengekitoi, Kaiungatuk, Kobulin
	Kathile	All			
Kotido	Rengen	All			

KARAMOJA ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (SEPTEMBER 2020 – JANUARY 2021)



Key for the Map IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Karamoja population table for the projection period: September 2020 - January 2021

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Abim	153,500	84,425	55	53,725	35	15,350	10	0	0	0	0	2	15,350	10
Amudat	134,900	67,450	50	53,960	40	13,490	10	0	0	0	0	2	13,490	10
Kaabong	125,400	37,620	30	56,430	45	25,080	20	6,270	5	0	0	3	31,350	25
Karenga	68,500	44,525	65	20,550	30	3,425	5	0	0	0	0	2	3,425	5
Kotido	206,500	82,600	40	82,600	40	41,300	20	0	0	0	0	3	41,300	20
Moroto	118,500	47,400	40	53,325	45	17,775	15	0	0	0	0	2	17,775	15
Nabilatuk	89,700	26,910	30	35,880	40	22,425	25	4,485	5	0	0	3	26,910	30
Nakapiripirit	113,300	39,655	35	56,650	50	16,995	15	0	0	0	0	2	16,995	15
Napak	158,300	79,150	50	63,320	40	15,830	10	0	0	0	0	2	15,830	10
Total	1,168,600	509,735	44	476,440	41	171,670	15	10,755	1	0	0		182,425	16

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.



KARAMOJA PROJECTED ACUTE FOOD INSECURITY SITUATION OVERVIEW (SEPT 2020 - JAN 2021)

During the projected period, the food security situation is expected to improve in the Karamoja region. The number of people facing high levels of acute food insecurity (IPC Phase 3 or above) is expected to reduce from 312,900 people (27% of the population analysed) to 182,400 people (16% of the population analysed). Around 1% of the population (10,800 people) is expected to be in Emergency (IPC Phase 4) in the projected period compared to 5% (56,800 people) in the current period. 15% of the population (171,700 people) is expected to be in Crisis (IPC Phase 3) in the projected period, compared to 22% (256,100 people) in the current period. Owing to the anticipated improvement in the food security situation, all districts are expected to move into Stressed (IPC Phase 2), with the exception of Kaabong, Kotido and Nabilatuk districts which will likely remain in Crisis (IPC Phase 3). Households in these three districts did not open as much land for crop production in the 2020 season due to tribal conflicts/insecurity emanating from cattle raids/thefts and other movement restrictions. Even with less land available, hand-hoe tillage is still the main method employed with limited use of ox and tractor ploughing, which further affects food production. Flooding and waterlogging in the Kotido district will most likely lead to a lower harvest than expected.

Assumptions for Projection

Overall, the projection period (September 2020 to January 2021), which is the post-harvest season for Karamoja, is based on the following assumptions:

Global supply chain & cross-border trade: Since March 21, 2020, the government enforced a national lockdown to limit the spread of COVID-19, but some restrictive measures have been phased out from May 2020 onwards. No COVID-19 restrictions were imposed on cross-border trade within the East African community, although screening measures have resulted in some supply chain disruptions. As long as cross-border points remain open, Uganda is expected to remain the main source of maize and other staples in the region, because of the availability of tradeable stocks at lower prices and proximity to the main markets in deficit countries. With the opening of public and private transport within the country, people in Karamoja are able to access food from the neighbouring districts of the Acholi, Lango, Teso, and Elgon regions.

General livelihood / economic activity: Even as COVID-19 prevention measures are relaxed, the restoration of economic activity is likely to be slow. Access to income is expected to slowly improve as lockdown measures are eased, though this income will most likely remain below average through at least September 2020. There is currently no free movement for informal cross-border trade, thus, smaller traders who travel on bicycle and on foot cannot sell food stocks and other items, such as second-hand clothing, as they are not allowed to move across international borders. This will continue to negatively impact their incomes.

Rainfall: According to the NOAA/CPC forecast, the remainder of the April-September unimodal rainy season would have likely been above average. However, uncertainty exists due to the slightly elevated likelihood of La Niña and negative IOD conditions. The Uganda National Meteorological Authority (UNMA) has predicted a high chance of above-average rains. This will facilitate good crop growth but also, most likely, lead to flooding, waterlogging, post-harvest losses, as well as livestock and human diseases.

Reduced income from typical livelihood strategies: In rural areas, restrictive measures are resulting in below-average incomes from casual labour and reduced income from other possible opportunities. The labour-intensive public works programmes under NUSAF III will continue while observing the Ministry of Health SOPs for COVID-19 restrictions. It is expected that the most vulnerable will continue earning their wages. Average seasonal incomes following COVID-19 measures will be below average owing to the low capacity of better-off households to hire labor, low demand for seasonal agricultural labor throughout the scenario period, and lower daily wage rates for agricultural labor. Given the impacts of COVID-19 control measures, poor households are unlikely to expand income-earning through selling firewood and charcoal or sending household members to seek labour in urban areas, since purchasing power in urban areas has tremendously reduced. Restrictions on livestock movements have limited income from livestock and livestock product sales, especially in the districts of Kotido, Abim, Nakapiripirit, Napak and Moroto.

Schools will remain closed: Schools will most likely remain closed throughout the projected period, which increases stress on household food security. Children will not have access to school feeding programs. As such, intra-household distribution of food will be affected, as some age groups might not have their requirements met and some coping could possibly be employed to ensure that food lasts longer. It was, however, highly anticipated that WFP would distribute food (take-home rations) to approximately 130,000 school-going children in the region in July and August. Although the rations are only meant for school-going children, this food may be shared among other household members as the children are to consume it from home.

Average harvest for 2020: The April-June rainy season had an early onset in March, and cumulative precipitations between March and mid-May were estimated at twice the long-term average. The abundant rains benefited the germination and establishment of crops and improved rangeland conditions. Harvests of maize and sorghum would likely have been above-average, depending on the damage caused by incoming Desert Locust swarms that are likely to destroy crops. It is expected that most short-cycle sorghum, despite being planted later than normal, was already at the vegetative stage and would survive the June/July dry spell. Long-cycle sorghum is likely to benefit from above-average forecasted rainfall and arrive on time in November. In some districts, final yields could be affected by the reduced area planted, the impact of Desert Locusts, and the Fall Armyworm. The reduced area planted, impact of Desert Locusts in some areas, flooding, and waterlogging may impact sorghum and maize harvests negatively. Green and dry harvests were also likely to be available by late July-early August, which would likely improve food availability.



Human diseases: In the projected period, there is an increased chance of malaria (as rains favour the breeding of mosquitoes), water-borne diseases, and acute respiratory infections (ARI). There has already been a cholera outbreak in Moroto and Nabilatuk districts, while skin disease (scabies); and diarrhoea is already a serious health concern in the Moroto district.

Markets will be functional in rural areas and food will be available: Farmers cannot take their crops to rural open markets, as they are still closed due to COVID-19 restrictions. If farmers can afford transport to urban areas, they can transport their food to target buyers in urban areas. Urban food markets that have to follow SOPs have been opened by the government (in rural and urban areas) and food is available for purchase within these markets.

Crop pests and diseases: Incoming red desert locusts that have already been spotted in the Rupa sub-county of the Moroto district may affect certain crops (both green and dry). Since sorghum is harvested around October there is still a high risk that the crop harvest could be negatively affected. In a few districts, such as Amudat, the Fall Army Worm ate into maize cobs and the pest may still affect crops in the period leading up to the harvest.

Livestock vectors and diseases: The outbreak of FMD is likely to continue in Kotido, Abim, Napak, Nakapiripirit and Moroto, and the quarantine of livestock will remain in place. High tick burden, Anaplasmosis, East Coast Fever, Contagious Bovine Plural Pneumonia, and PPR will continue to affect livestock, even though vaccinations are ongoing.

Price trends: It is likely that prices for staples will decline as green harvests come in starting from July through to November. If a good harvest was realised around August, food prices will decrease, especially for the main grains (sorghum, maize and beans). However, prices are expected to start rising from December onwards.

Projection on contributing factors

Food Availability

As a result of forecasted good rains between April-September 2020, food availability is expected to be good owing to the expected average harvest complemented by good livestock production. Food availability is expected to be bolstered through imports as the regional lockdown is expected to be relaxed. However, post-harvest losses and livestock diseases may affect food availability at the household level.

Food Access

Food access is projected to be a challenge as livelihoods are lost due to COVID-19 movement restrictions and will not likely recover fully, constraining the purchasing power of households. The most affected populations will be those surviving on daily non-agricultural and agricultural casual labour, petty businesses (e.g. brewing), and livestock traders. Markets are expected to be functional with the expected relaxation of movement restrictions. However, market functionality might be disrupted at some point in some districts as a result of seasonal conflicts and cattle raiding.

Food Utilization

Food utilization is expected to remain a major limiting factor due to inadequate storage facilities, which is likely to result in post-harvest losses. Poor access to improved sanitation facilities will remain a major problem as most households lack toilet facilities. This is likely to lead to an outbreak of water-borne diseases, namely diarrhoea and cholera. Additionally, access to clean energy will be impossible because the majority of households in the region rely on firewood and charcoal as cooking fuel.



KARAMOJA CURRENT ACUTE MALNUTRITION SITUATION OVERVIEW (FEBRUARY – AUGUST 2020)

As per the survey data collected during the lean season of 2020 (February / March 2020) from the nine districts in the Karamoja region, all of the nine districts have over 5% of children affected by acute malnutrition. According to the IPC Acute Malnutrition scale, one district (Moroto) has been classified as being in Phase 4 (Critical level of acute malnutrition) with a GAM of 16.9% and one district (Napak) has been classified in Phase 3 (Serious level of acute malnutrition) with a GAM prevalence of 11.5%. On the other hand, seven districts are classified in Phase 2 (Alert level of acute malnutrition) and these are Abim, Amudat, Kaabong, Karenga, Kotido, Nabilatuk, and Nakapiripirit with 7.3%, 9.8%, 7.8%, 9.1%, 9.2%, 9.0% and 7.1% of acute malnutrition respectively. In absolute terms, Kotido district has the highest number of children in severe acute malnutrition, whereas the Moroto district has the highest number of children in moderate acute malnutrition. Overall, 2% of the children in the Karamoja region are severely malnourished and another 7.7% moderately malnourished, based on the weight-for-height (WHZ). With MUAC, the numbers are slightly higher: 2.9% severe acute malnutrition and 9% moderate acute malnutrition.

The major factors contributing to acute malnutrition include very poor quality and quantity of food, high food insecurity, poor sanitation coverage, and a high incidence of diarrhoea and malaria. Lack of access to a diversified diet and poor meal frequency resulting from low food availability and access, and a high mother workload expose the children to malnutrition. Most foods consumed in the region mainly comprise of starchy grains making over 60% of the diet, with few children exposed to nutritious fortified foods. Consumption of fruits and vegetables is moderately on the increase, being consumed by over 40% of both breastfeeding and non-breastfeeding children. Generally, because of reliance on the same foods that are consumed by adults, only 13% of the children aged 6-23 months are able to attain the required Minimum Dietary Diversity (MDD), i.e. able to consume at least five of the required eight food groups. Additionally, because of the heavy workload placed on mothers and other localised factors, 22% of children still breastfeeding are able to feed at the minimum frequency of at least two times of solid foods a day, yet 24% of those not breast feeding and aged 6-23 months old are able to feed at least four times on solid foods.

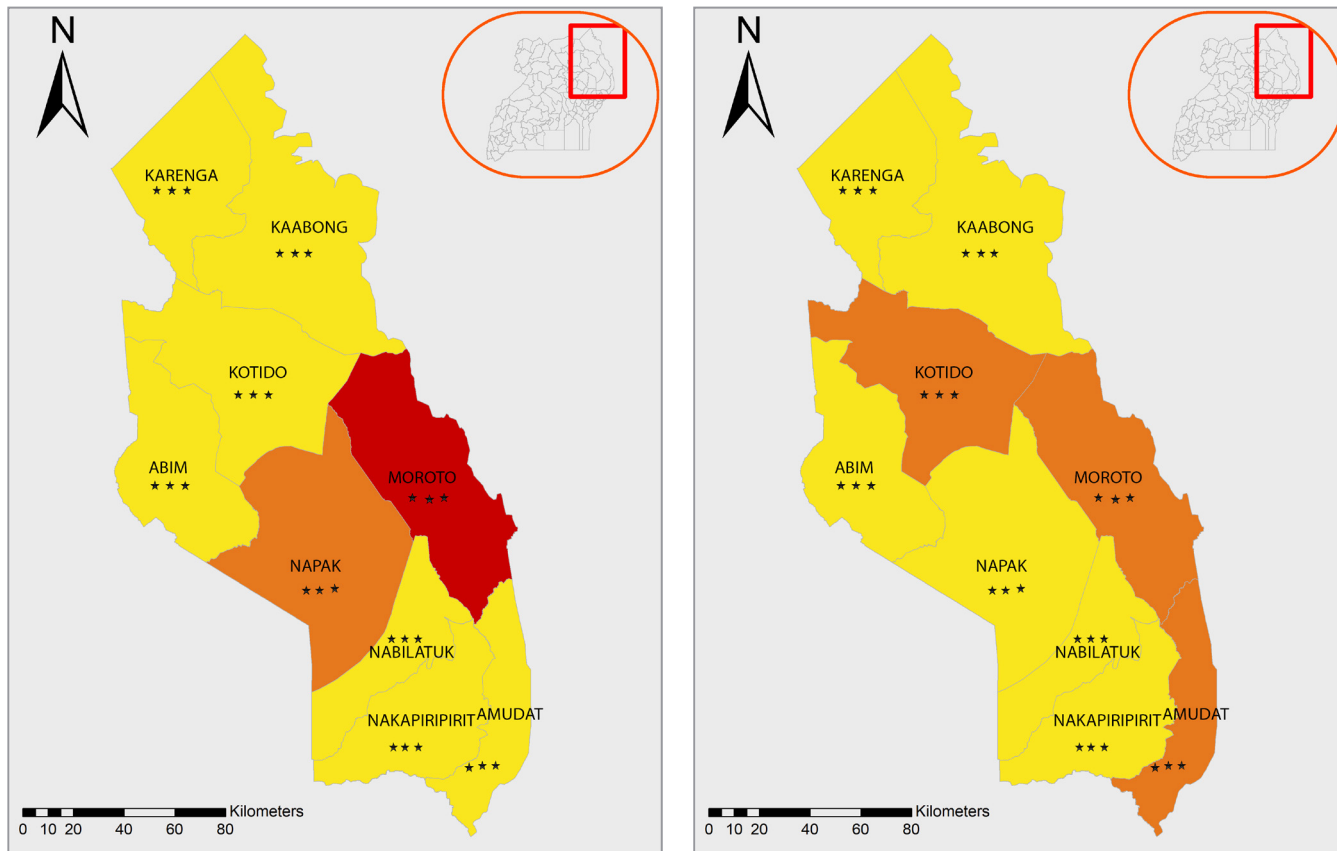
Inadequate breastfeeding practices, particularly, low exclusive breastfeeding, are of concern in a number of districts. With only Abim (76%), Kotido (71%), and Napak (83%) having mothers that are able to exclusively breastfeed their children, the other districts do not seem to adhere to the guidance on breastfeeding, with exclusive breastfeeding being as low as 43% in the Karenga district. Inadequate breastfeeding deprives the children of essential nutrients, leading to reduced immunity that then exposes children to infections.

Even though there is good access to improved water sources, distance to the water source and a high mother workload lead to collection of low quantities of water that are not sufficient enough to meet the recommended targets for water use. This, coupled with the low availability of improved sanitation facilities across the region, has bred poor hygienic practices that expose children to diarrhoea and other skin infections resulting in malnutrition. Having low quantities of water at home compromises food preparation, handwashing practices, bathing practices, washing clothes of the children; eventually pre-disposing children to disease. Access to and use of toilet facilities is still at its lowest in most parts of the region, with community members still practicing open defecation, thus increasing the chances of oro-fecal contamination.

Malaria and diarrhoea cases are still high in some districts, which place a strenuous disease burden on the children, eventually leading to malnutrition. In Moroto district (classified in IPC AMN Phase 4), diarrhoea episodes are as high as 27%, with malaria prevalence being at 31%. Childhood malaria restricts food intake in children and also leads to micronutrient loss, eventually pre-disposing children to malnutrition. The immunosuppressive effects of malaria and diarrhoea increase the child's susceptibility to infection with other pathogens, which leads to further nutritional deterioration.

High levels of anaemia (both among children as well as among women) are of major public health concern that calls for urgent attention in all districts.

KARAMOJA ACUTE MALNUTRITION CURRENT (FEB - AUG 2020) AND PROJECTION (SEPT 2020 - JAN 2021) MAPS AND POPULATION TABLE



Karamoja population table: February 2020 - January 2021

District / Settlement	GAM %	No. of Children <5	No. of Children (6-59 Months) in Need of Treatment		
			GAM Treatment	MAM Treatment	SAM Treatment
Abim	7.3	26,500	5,030	3,583	1,447
Amudat	9.8	23,560	6,003	5,574	429
Kaabong	7.8	18,820	3,817	3,034	783
Karenga	9.1	12,990	3,073	2,432	642
Kotido	9.2	35,710	8,542	6,314	2,228
Moroto	16.9	21,560	9,473	7,287	2,186
Nabilatuk	9.0	15,340	3,590	3,191	399
Nakapiripirit	7.1	19,590	3,616	3,362	255
Napak	11.5	28,810	8,614	6,067	2,547
Total	N/A	202,880	51,758	40,843	10,915



KARAMOJA PROJECTED ACUTE MALNUTRITION SITUATION OVERVIEW (SEPTEMBER 2020 – JANUARY 2021)

Projection Overview

The acute malnutrition situation is likely to remain the same in the districts of Abim, Kaabong, Karenga, and Nakapiripirit through the projection period of September 2020 to January 2021. The acute malnutrition situation in Moroto is projected to improve from Critical (IPC AMN Phase 4) to Serious (IPC AMN Phase 3) due to the expected improvement in the food security situation. Additionally, Nabilatuk, Amudat, and Kotido districts are projected to worsen from Alert (IPC AMN Phase 2) to Serious (IPC AMN Phase 3) due to an anticipated increase in the disease burden. Seasonal rains are forecasted to be above normal which will most likely increase cases of malaria and diarrhoea. While the burden will likely be higher in Amudat, which has poor sanitation and toilet facility coverage, Kotido is also likely to be affected by the prevailing food security situation which is not expected to improve in the short-term projection period.

Based on the available historical data (where applicable) and expert opinion among the stakeholders involved in the analysis, most contributing factors to acute malnutrition are either expected to remain at the current levels (poor) or slightly improve in some districts during the projection period.

The prevalence of diarrhoea, malaria, and other preventable diseases affecting nutrition status is expected to increase. The forecasted above-average rains will increase mosquito breeding, as well as negatively impacting the general hygiene conditions, as most districts have poor sanitation and toilet facilities. However, an ongoing nation-wide distribution of ITNs may help in curtailing the further spread of malaria among children. Usually, rainfall conditions are associated with low temperatures, which may increase the incidences of acute respiratory infections.

The green harvest, which was expected at the beginning of August 2020, has likely improved food availability at the household level, though market access may still be constrained by COVID-19 secondary impacts. Meal frequency may improve as the harvest starts, although dietary diversity may not improve in the short run, due to limits in the produced foods, prevailing food preferences, and limited access to market purchases. The subjection of children to mostly starchy foods is a long-term historical feeding practice that may most likely not change in the projection period.

Breastfeeding practices will most likely remain the same or even deteriorate, as mothers devote more time to harvesting crops from the gardens, where they usually spend the entire day.

Trend Analysis

Historical data on both acute malnutrition, as well as contributing factors that are comparable, are available for all districts included in the analysis, except Nabilatuk and Karenga that were carved out of Nakapiripirit and Kaabong districts respectively in 2019. Available data shows limited improvement in the nutrition status of children under the age of five over the last five years. The acute malnutrition rates for the region during the lean season have consistently been above 10%, having been 14.1% in 2015, 11% in 2016, 13.8% in 2017, 10.5% in 2018, and 9.7% in 2020. Despite no anthropometric study being done in 2019, available data indicates almost similar SAM and MAM admissions compared to the other years.

HUMANITARIAN FOOD ASSISTANCE

Generally, the Karamoja region benefits from a school feeding programme, through which WFP provides food to all primary and secondary schools in the region. Over 100,000 children are reached every year with at least one meal a day – either a mid-morning snack or lunch. Due to the closure of schools on March 20, 2020, as one of the COVID-19 restrictive measures, the programme was temporarily halted leading to increased food stress at a household level. A resumption of the feeding programme where food will now be given to households with school-going children was expected in July 2020, with an initial target of 130,000 children.

The Office of the Prime Minister also occasionally provides relief food to the hungry population in the region, although there is no readily available information on any such distribution for the analysis period.

RECOMMENDATIONS FOR ACTION

Response Priorities for Acute Food Insecurity

1. Urgently provide food and non-food general assistance to the population in Phases 3 & 4 to save lives and livelihoods.
2. Continue the labour-intensive public works programme under NUSAF III to ensure sustainable market access by the poor.
3. Enhance vaccinations for livestock diseases and vectors to enable the lifting of the quarantine.
4. Rehabilitate infrastructure damaged by heavy rains, especially the road networks.
5. Continue sensitisation for observance of COVID-19 measures to further curtail the spread of the virus.
6. Continue and enhance spraying of Desert Locusts .
7. Enhance farmer training on modern agronomic practices to reduce the impact of waterlogging, pest infestation, and dry spells.
8. Periodically provide early warning farmer information.

Response Priorities for Acute Malnutrition

Ensuring treatment for all children with acute malnutrition is a priority. Although there is inadequate information from coverage surveys on the acute malnutrition treatment coverage, according to the experts involved in the analysis, the coverage of treatment for acute malnutrition is almost optimal and may not warrant serious attention. However, the quality of the available treatment programmes may be limited. While improving the treatment capacity and coverage is necessary, improving early detection of children with acute malnutrition (particularly children with moderate acute malnutrition) is critical to prevent them from becoming severely malnourished.

While ensuring universal treatment for acute malnutrition is a priority, attention must also be given to addressing other factors identified as major contributing factors to acute malnutrition as a way to prevent malnutrition in the future. The prevention efforts should focus on the key contributing factors identified as major contributing factors during the analysis. The following priority responses could be emphasised to reduce the acute malnutrition levels in the region:

1. Ensure sufficient vaccination and supplementary coverage through mop-up campaigns and improved efforts to reach previously inaccessible areas.
2. Scale-up maternal and child-friendly environments for improved breastfeeding and optimal nutrition status. The continued support of existing programmes related to food, health, water and sanitation may be critical in ensuring a more optimal environment for mothers so they have more time to breastfeed their children.
3. Strengthen early childhood development by improving the capacity of caregivers and infrastructure at community centres, as well as creating greater awareness at the community level about the benefits of nurturing care for children during the first five years of life.
4. Identify households that are most at risk of malnutrition, plan, and implement specific interventions to reduce the high levels of moderate malnutrition. Programmes such as ITC, OTC, TSFP and MCHN should be implemented alongside community complementary interventions on food security, childcare and health, and sensitization of households on dangers of alcohol abuse, among others.
5. Use nutrition surveillance systems to identify pockets of malnutrition and specifically target the areas in need of intervention programmes.
6. Upscale Nutrition-Sensitive Agriculture in affected areas i.e. growing and consumption of early maturing, disease and drought-resistant nutrient-dense crops, such as fleshed sweet potatoes, iron/zinc rich beans, vitamin rich oranges, etc.
7. Promote and support optimal Infant and Young Child Feeding practices through the capacity building of health care providers at facility and community levels and, where possible, adopt a care group model approach to cause change at the household level.
8. Integrate WASH in nutrition and health education at the health facility level and during community outreach.
9. Promote optimal use of ITNs for malaria prevention and control.



Situation Monitoring and Update

While appropriate programmes (ideally together with the other sectors) are put in place to address the poor quality and quantity of diet, it is important to monitor their progress.

1. Monitor the evolution of the COVID-19 situation as it may increase stress on the already weak health system, leading to the abandonment of management of treatable and avoidable diseases such as diarrhoea and malaria.
2. Monitor secondary economic impacts of the COVID-19 pandemic, including loss of employment opportunities, reduced access to markets, etc.
3. Monitor the access to safe drinking water and a significant quantity of daily water use which is vital to household sanitation and health.
4. Monitor increasing incidences of malaria, diarrhoea and cholera which result from increased rainfall levels.
5. It may be necessary to carry out an IPC Acute Food Insecurity analysis to review the food security situation in the region as the harvest season gains momentum. This could further inform the type of interventions needed to address poor food intake among children.

Risk factors to monitor

1. Human diseases: COVID-19, Cholera, Malaria, Hepatitis B and Hepatitis C
2. Crop and livestock pests & diseases: Fall Army Worm, sorghum rust disease, meadow-spittle-bug disease, FMD, PPR
3. Desert Locust invasion: Destructive red locusts crossed into Moroto in July 2020 and bigger swarms are expected through July and August
4. Conflicts and cattle raids/thefts: Especially in Matheniko of Moroto, Bokora of Napak, Jie of Kotido / Kaabong, and Turkana of Kenya. Seasonal movement of livestock from the neighboring districts for water and pasture normally leads to conflict between migrating groups, threatening the livelihoods of pastoralists
5. Loss of employment: Most petty businesses closed as a result of COVID-19 secondary impacts. There is also the risk of limited agricultural and non-agricultural casual labour in the projection period
6. Prices of staple foods: Will most likely reduce as the harvest starts but rise in December 2020. Livestock prices will likely remain low due to a continued lapse in effective demand
7. Rainfall: Above normal rainfall expected in August and September 2020 has likely caused flash floods, waterlogging, and road network damage
8. Post-harvest losses: The projected above-average rains could disrupt harvesting and prevent the drying of harvested maize, beans, and sorghum



PROCESS AND METHODOLOGY

The inception meeting of the IPC TWG was held on May 28, 2020 to decide on IPC analysis dates, analysis areas and other modalities. An IPC analysis workshop (virtual & physical) was held from June 4-12, 2020. A "meta-analysis" approach of the Integrated Food Security Phase Classification (IPC) was applied. This approach draws together all available food security and nutrition information from reliable data sources. Classification is then based on the convergence of evidence of current or projected most likely conditions, including effects of humanitarian assistance, to arrive at a 'big picture' analysis of the overall food security situation. The analysis was done in accordance with IPC Technical Manual version 3.0 and recently developed guidance provided by the Global Support Unit (GSU) of the IPC on ways of conducting IPC trainings and analyses in the context of the COVID-19 pandemic. By leveraging existing technologies and existing tools, such as the web-based IPC Information Support System (ISS), the IPC GSU provided an alternative approach to conducting IPC trainings and analyses through virtual modalities

Evidence on key outcome indicators were drawn from FSNA and mVAM conducted by WFP, while various reports were used for evidence on contributing factors.

Sources

OPM (2020): Pre-season livestock & Crop monitoring assessment

Karamoja DLGS (2020): District food security update report

Karamoja DLGs (2020): Covid-19 monitoring reports

UNMA (2020): Weather performance and forecast for January to August 2020

UBOS (2015): Mid-year district population projections

WFP (2020): Karamoja FSNA 2020; Monthly market monitor reports for December 2019 to April 2020; Karamoja mVAM, June 2020

FEWSNET (2020) Food security outlook for Uganda; Price Bulletins for January 2020

MAAIF (2018): Livelihood zoning for Karamoja, Teso and Sebei regions

Food Security and Nutrition Assessment (2020)

Uganda Demographic and Health Survey (2016)

Health Management Information System (HMIS) reports

Limitations of the analysis

- The indicator thresholds as adopted by WFP that conducted the FSNA are different from those recommended by the IPC. Analysts, therefore, found it challenging to arrive at the final classification until a re-analysis of some indicators was done.
- Lack of district-specific data on some of the indicators, such as disease outbreak for the proper analysis of IPC AMN.
- Limited human resources for the analysis. Some analysts were involved in food security and malnutrition analysis, coupled with workloads from specific agencies, which delayed a timely finalization of the analysis.
- Some analysts faced power shortages and poor internet connection, which affected the time taken to complete the analysis.


UGANDA - KAMPALA


OVERVIEW OF THE IPC ACUTE FOOD INSECURITY ANALYSIS OF KAMPALA

IPC ACUTE FOOD INSECURITY ANALYSIS

JUNE - DECEMBER 2020

Issued October 2020

CURRENT JUNE – AUGUST 2020		
 <p>292,300 17% of the population analysed</p> <p>People facing high acute food insecurity (IPC Phase 3 or above)</p> <p>IN NEED OF URGENT ACTION</p>	Phase 5	0 People in Catastrophe
	Phase 4	84,000 People in Emergency
	Phase 3	208,300 People in Crisis
	Phase 2	730,200 People Stressed
	Phase 1	658,100 People in food security

PROJECTED SEPTEMBER - DECEMBER 2020		
 <p>252,100 15% of the population analysed</p> <p>People facing high acute food insecurity (IPC Phase 3 or above)</p> <p>IN NEED OF URGENT ACTION</p>	Phase 5	000,000 People in Catastrophe
	Phase 4	84,000 People in Emergency
	Phase 3	168,100 People in Crisis
	Phase 2	643,700 People Stressed
	Phase 1	784,900 People in food security

Overview

Kampala is the capital city of Uganda, bordered by Wakiso district to the east, south, west and north. The city started as a municipality in 1947 and became Uganda's capital city at independence in 1962. Since then, it has grown to be the largest city in Uganda, becoming the country's political seat and economic hub, accounting for almost 70% of the industrial and commercial activities in Uganda. The economic activities within Kampala city generate about a third of Uganda's GDP, hosting close to 50% of the country's formal employment (KCCA, 2018; World Bank, 2017). By 2018, about 23% of its area was fully urbanized, a significant portion (60%) semi-urbanized and the rest considered as rural settlements (KCCA, 2018). Kampala's economy generally performed well before the COVID-19 pandemic; however, underemployment and informality were major issues. The city is currently divided into five municipalities, namely Central, Kawempe, Makindye, Lubaga, and Nakawa; all covering a total of 189 sq.km (169 sq.km of land and 20 sq.km of water).

Markets remain the main source of food for the population in Kampala (day - about 3 million and night - 1.7 million), with urban and peri-urban agriculture (UPA) also playing an important role in providing access to nutrient-dense foods such as vegetables, meat, eggs and dairy products. Most of the UPA producers in and around Kampala are smallholders who do not sell through formal market channels, as they cannot guarantee supply in the right quantities and at the right time.

From the current IPC analysis - and even with the food assistance provided in April and May 2020 - three of the 5 municipalities (i.e. Central, Nakawa and Makindye) have been classified in IPC Phase 2 (Stressed) and the other two (Kawempe and Lubaga) have been classified in IPC Phase 3 (Crisis). Overall, in Kampala, 17% of the population (292,340 people) is in Phases 3 and 4; whereas 43% of the population (730,200 people) is in Phase 2 (Stressed) and about 40% (658,100 people) is in Phase 1 (Minimal Acute Food Insecurity).

Key Drivers

Loss of employment: COVID-19 restrictions led to total loss of employment for the population engaged in the informal sector, tourism, travel and events industry.

Reduced remittances: COVID-19 restriction in other countries led to loss of income for Ugandans who used to remit money to a significant population in Kampala.

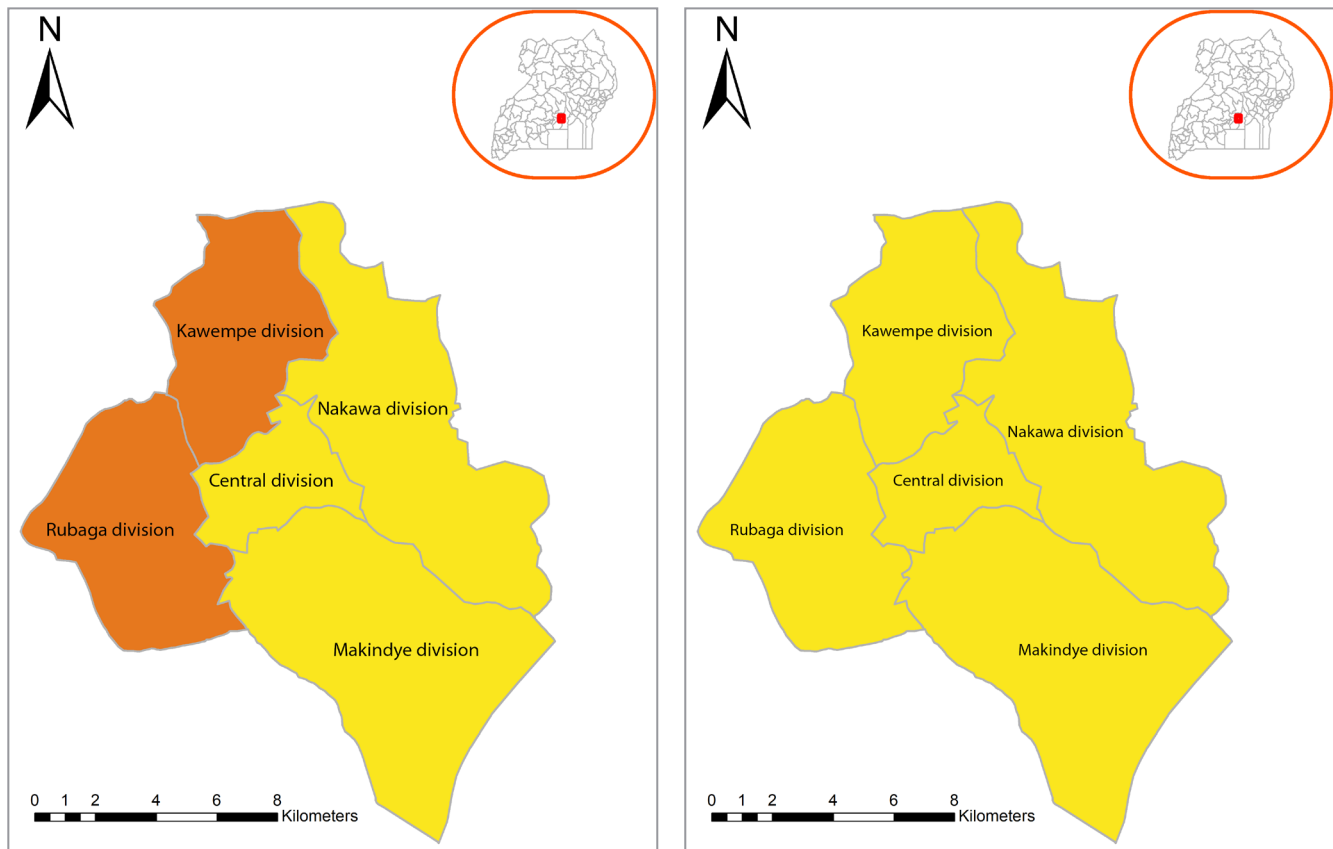
Closure of schools: Children relying on school meals lost their ability to access food, causing further stress to their homes. Teachers especially in private schools completely lost their livelihoods.

COVID-19 movement and border restrictions: Closure of borders led to reduced trade within EAC countries. The population depending on casual labour and other hand-to-mouth activities suffered, as movement was restricted with a total lockdown.

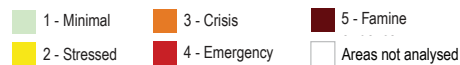
Collapse of trade networks: Trade between Kampala and main partners like China, India, USA and some EU states collapsed, leading to loss of income for population involved in the formal trade.

Loss of revenue to government: Loss of revenue as taxable businesses and industries closed, which affected the government transfers that aid the vulnerable in accessing food and other services.

KAMPALA ACUTE FOOD INSECURITY CURRENT (JUN – AUG 2020) AND PROJECTION (SEPT – DEC 2020) MAPS AND POPULATION TABLES



Key for the Map IPC Acute Food Insecurity Phase Classification



Kampala City population table for the current period: June – August 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Central division	83,800	37,710	45	33,520	40	8,380	10	4,190	5	0	0	2	12,570	15
Kawempe division	377,700	132,195	35	169,965	45	56,655	15	18,885	5	0	0	3	75,540	20
Lubaga division	427,300	149,555	35	192,285	45	64,095	15	21,365	5	0	0	3	85,460	20
Makindye division	438,300	197,235	45	175,320	40	43,830	10	21,915	5	0	0	2	65,745	15
Nakawa division	353,500	141,400	40	159,075	45	35,350	10	17,675	5	0	0	2	53,025	15
Total	1,680,600	658,095	39	730,165	43	208,310	12	84,030	5	0	0		292,340	17

Kampala City population table for the projection period: September - December 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Central division	83,800	41,900	50	29,330	35	8,380	10	4,190	5	0	0	2	12,570	15
Kawempe division	377,700	151,080	40	169,965	45	37,770	10	18,885	5	0	0	2	56,655	15
Lubaga division	427,300	213,650	50	149,555	35	42,730	10	21,365	5	0	0	2	64,095	15
Makindye division	438,300	219,150	50	153,405	35	43,830	10	21,915	5	0	0	2	65,745	15
Nakawa division	353,500	159,075	45	141,400	40	35,350	10	17,675	5	0	0	2	53,025	15
Total	1,680,600	784,855	47	643,655	38	168,060	10	84,030	5	0	0		252,090	15

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.


UGANDA - URBAN


OVERVIEW OF THE IPC ACUTE FOOD INSECURITY ANALYSIS OF UGANDA'S URBAN AREAS

IPC ACUTE FOOD INSECURITY ANALYSIS

JUNE - DECEMBER 2020

Issued October 2020

CURRENT JUNE – AUGUST 2020		
 542,800 19% of the population analysed People facing high acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	169,700 People in Emergency
	Phase 3	373,100 People in Crisis
	Phase 2	1,023,300 People Stressed
	Phase 1	1,334,700 People in food security

PROJECTED SEPTEMBER - DECEMBER 2020		
 359,300 12% of the population analysed People facing high acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	000,000 People in Catastrophe
	Phase 4	114,600 People in Emergency
	Phase 3	244,700 People in Crisis
	Phase 2	1,182,700 People Stressed
	Phase 1	1,358,800 People in food security

Overview

Besides Kampala city, there are over 130 urban areas (main towns, municipalities and cities) in Uganda. This IPC analysis targeted 12 main municipalities, seven of which were elevated to city status with effect from July 1, 2020. Those elevated to city status are Arua, Fort Portal, Gulu, Jinja, Masaka, Mbale and Mbarara, with the other analysed municipalities being: Hoima, Kasese, Lira, Mukono and Wakiso. The choice of urban areas for this analysis was based on those included in the mobile vulnerability analysis and mapping (mVAM) conducted by WFP in May – June 2020. The analysis of Wakiso is an inclusion of four municipalities within the district i.e. Entebbe, Kira, Makindye Ssabagabo and Nansana. Unlike Kasese, that suffers frequent flooding, and Gulu, where the population still suffers after-effects of the 20-year Kony war, the rest of the analysed urban areas performed normally until the COVID-19 pandemic emerged in late March 2020, with transient effects on the urban population. All the analysed areas identified underemployment and informality as major challenges.

Markets remain the main source of food for the population in urban areas, with urban/kitchen gardening and transfers from relatives in the rural communities being other primary sources. Food aid is not a common source of food except when NGOs and other partners provide non-programmed food assistance to the very vulnerable in times of crisis. During the current IPC analysis, nine urban areas (Arua, Gulu, Hoima, Jinja, Kasese, Lira, Masaka, Mbale and Mukono) have been classified in Crisis (IPC Phase 3) with the rest (Fort Portal, Mbarara, Wakiso) classified in Stressed (IPC Phase 2). The most affected areas are Gulu, Jinja and Kasese that have 30% or more of their populations in Phase 3 or above. Overall, over 540,000 people, representing 19% of the analysed population, are facing high levels of acute food insecurity (IPC Phase 3 or above), of which 170,000 are classified in Emergency and 370,000 are classified in Crisis. In addition, 1.02 million people, representing 35% of the population analysed, are in Stressed (IPC Phase 2), with some of them at risk of deteriorating into a worse acute food insecurity situation should the current situation persist. 1.33 million people, representing 46% of the analysed urban population, are in Minimal Acute Food Insecurity (IPC Phase 1).

Key Drivers

Loss of employment: COVID-19 restrictions led to a total loss of employment for the population engaged in the informal sector, tourism, travel and events industry.

COVID-19 movement and border restrictions: Closure of borders led to reduced trade with neighboring countries. Populations dependent on casual labour and other hand-to-mouth activities suffered, as movement was restricted with a total lockdown.

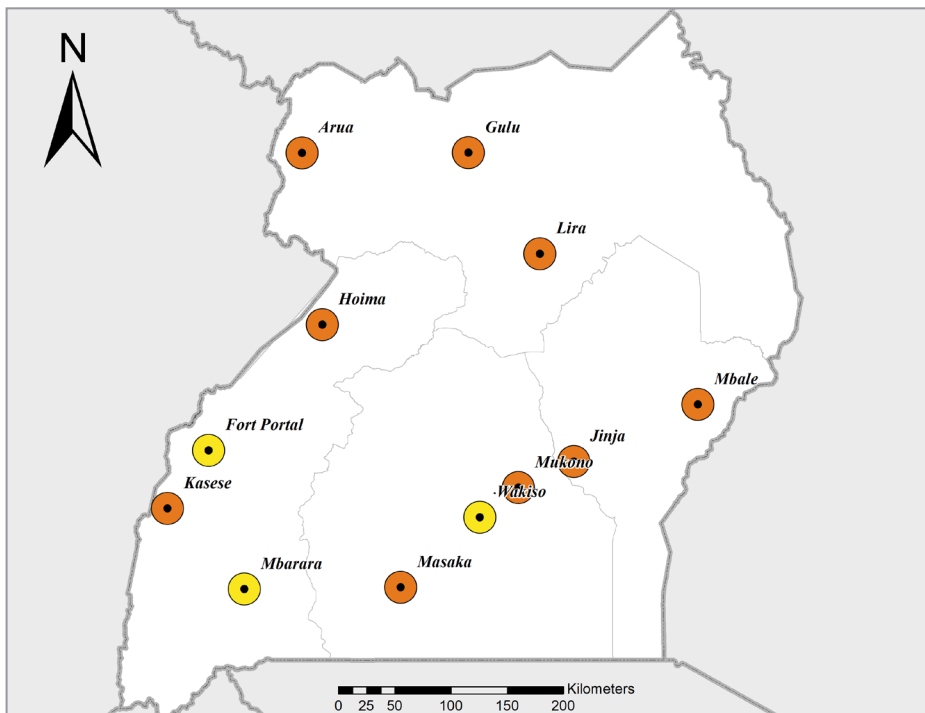
Collapse of trade networks: Kasese, Arua, Mbale, Mbarara and Wakiso are the worst affected areas.

Closure of schools: Children relying on meals provided at school lost some ability to access food, causing further stress to their homes.

Loss of revenue to government: Loss of revenue as taxable businesses and industries closed, which affected government transfers that aid vulnerable populations in accessing food and other services.



URBAN AREAS ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (JUNE – AUGUST 2020)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Other urban areas population table for the current period: June – August 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Arua City	72,400	32,580	45	25,340	35	10,860	15	3,620	5	0	0	3	14,480	20
Fort Portal City	60,800	24,320	40	27,360	45	6,080	10	3,040	5	0	0	2	9,120	15
Gulu City	177,400	62,090	35	53,220	30	44,350	25	17,740	10	0	0	3	62,090	35
Hoima Municipality	122,700	61,350	50	36,810	30	18,405	15	6,135	5	0	0	3	24,540	20
Jinja City	83,399	29,190	35	29,190	35	16,680	20	8,340	10	0	0	3	25,020	30
Kasese Municipality	115,399	46,160	40	34,620	30	23,080	20	11,540	10	0	0	3	34,620	30
Lira Municipality	116,502	40,776	35	46,601	40	17,475	15	11,650	10	0	0	3	29,125	25
Masaka City	116,600	46,640	40	46,640	40	17,490	15	5,830	5	0	0	3	23,320	20
Mbale City	111,299	50,085	45	38,955	35	16,695	15	5,565	5	0	0	3	22,260	20
Mbarara City	221,301	99,585	45	88,520	40	22,130	10	11,065	5	0	0	2	33,195	15
Mukono Municipality	191,299	86,085	45	66,955	35	28,695	15	9,565	5	0	0	3	38,260	20
Wakiso Municipalities	1,511,699	755,850	50	529,095	35	151,170	10	75,585	5	0	0	2	226,755	15
Total	2,900,798	1,334,709	46	1,023,305	35	373,110	13	169,675	6	0	0		542,785	19

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.



URBAN AREAS CURRENT ACUTE FOOD INSECURITY SITUATION OVERVIEW (JUNE - AUGUST 2020)

Background:

In a recent publication by Deloitte on the Economic Impact of the COVID-19 pandemic on East African economies, it has been indicated that Uganda's GDP growth averaged 5.9% in 2019 and had been projected to grow at about 5.3% in 2020 amid steady agricultural growth, expansion in gold-processing and delays in oil projects. However, in light of the COVID-19 pandemic, GDP growth is expected to decline to 3.5%, due to a slowdown in agricultural production from the localized impact of a regional locust outbreak in the North and North-East of Uganda; a sharp decline in tourism as the COVID-19 pandemic deters travelers; disruption of supply chains, and a weakened global demand. This has affected the inflow of raw materials and finished products for manufacturing and trading, and caused a contraction in domestic economic activity owing to the national lockdown. Also, as hotels and travel agencies laid off employees in a bid to shield themselves from the dwindling tourism flows, close to 700,000 individuals directly employed in the sector faced imminent job loss risks and/or actual losses.

The Uganda Business Climate Index indicates that the COVID-19 pandemic and the subsequent lockdown have reduced business activity by more than 50%. The Index of Business Activity has fallen below 100 due to the risks presented by COVID-19, implying that businesses are performing below potential across the board. Further sectoral analysis shows that businesses in agriculture experienced the largest decline in business activity, with 76% of the firms reporting a severe decline and 12% reporting a moderate decline.

The majority of urban households in Uganda are normally minimally food secure; implying normal access to food through domestically managed crop gardens, livestock, and food markets, without engaging in unsustainable food acquisition strategies. Since February 2020, food supplies in the markets have been consistent and increases in supply vis-a-vis demand of staples led to a decline in food prices, until COVID-19 control measures caused panic buying that led to a short-term hike in prices. However, food prices stabilized in mid-April with steady declines in prices of maize, beans, matooke, sweet potatoes, and pineapples. In terms of food consumption, the majority of households are able to afford three meals a day, comprised of a moderate dietary diversity, but adequate energy intake. The current food stocks are anticipated to last till the next harvest as a result of the first season harvests, given that food exports to neighbouring countries have reduced, due to restrictions on trade by COVID-19 lockdown measures.

Generally, and also seen in this IPC analysis, food availability is not a limiting factor in the urban areas of Uganda due to a sustained supply of food to urban markets from neighbouring and up-country farms. While households in these urban areas have food available; food access, utilization, and stability are major limiting factors to food security, especially for the low hand-to-mouth income earners and other vulnerable populations. The reduced purchasing power as a result of the decrease in the flow of income and job losses, restrictions on trade and movement during and post COVID-19 lockdown, has escalated the food access problem in urban areas. Also, the increased and above-normal rains that caused floods, displacement of households, and an increase in the prevalence of sanitation-related diseases have generally affected food intake and utilization.

Where and who:

In the current IPC analysis (June to August 2020), the most affected urban areas are: Kawempe and Lubaga municipalities in Kampala city, in addition to Arua, Gulu, Jinja, Masaka, and Mbale cities; and Hoima, Kasese, Lira and Mukono municipalities, which are all classified in Crisis (IPC Phase 3). Central, Makindye, and Nakawa municipalities of Kampala city have been classified in Stressed (IPC Phase 2), with Fort portal and Mbarara cities, and the four municipalities in Wakiso district (Entebbe, Kira, Makindye Ssabagabo and Nansana) also classified in Stressed (IPC Phase 2). Among the most affected urban areas, the most affected populations are in Gulu, Jinja, Kasese, and Lira, where 10% of the total analysed population in the area is facing high levels of acute food insecurity (IPC Phase 3 or above). Meanwhile, all other analysed cities and municipalities have registered 5% of the total analysed population of the area as facing high levels of acute food insecurity (IPC Phase 3 or above). The most affected people are the poorest households who have lost or dilapidated their livelihoods, those who have lost their employment and secondary sources of income, as well as households relying on the informal sector for livelihoods. Poor households living in slums have also been reported to be adversely affected.

Why:

Urban areas in Uganda contain a significant number of low-income and informal settlements, comprising of the poor and vulnerable households, that are susceptible to chronic food insecurity. These settlements include: impoverished high-density suburbs and slums that are characterized by poorly drained landscapes, unplanned settlements, and poor infrastructure. Households and populations in these areas are exposed to floods, other wind and water hazards, and poor sanitation, surface water drainage and waste management. The above endemic poor income and sanitary conditions have a primary bearing on the food security outcomes of existing households. In the period of analysis June-August 2020, the COVID-19 pandemic negatively impacted livelihood sources, particularly incomes and remittances, while flooding in some areas (particularly Kasese), due to above-normal rains, caused major disruptions in urban food supply chains. These two factors greatly escalated the food insecurity situation in the urban areas. Additionally, an analysis of the COVID-19 impact by UNDP and the National Planning Authority (NPA) indicates the deterioration of the exchange rate has had severe effects, including on loan servicing, the importation of critical products, and drawing on foreign reserves to stabilize the Ugandan shilling, among other critical impacts. As of March 30, 2020, the Bank of Uganda had provided a USD \$200 million intervention to stabilize the currency, although by the end of May, it did not appear to be enough to prevent the continuing decline of the shilling.



In Kampala City, mVAM data collected by WFP in June 2020 shows the average food consumption score is acceptable for 90% of households, against 35% who apply Stressed and Emergency reduced coping strategies. An average of 90% of households in Kampala have consumed 5-12 food groups. During the analysis period, the available evidence has shown that around 40% of the analysed population in Kampala city has experienced Crisis and Emergency livelihoods strategies. In the other urban municipalities analysed, 88% of households have an acceptable food consumption score, against 37% who apply Stressed and Emergency reduced coping strategies. Meanwhile, an average of 88% of households living in the urban municipalities have consumed 5-12 food groups. During the analysis period, available evidence has shown that around 40% of the analysed population has experienced Crisis and Emergency livelihoods coping strategies.

Hazards and Vulnerability: Recent major hazards and shocks in urban areas include diseases, job loss or reduction in wages, high food prices (temporary), and death of household members. Households have also reported being affected by flood incidents, crop and livestock pests/diseases, high fuel and transport charges, and debts. The COVID-19 pandemic has also been reported to have significantly affected the lives and livelihoods of already vulnerable households who are dependent on peri-urban and rural food production, small businesses, and livestock rearing, particularly poultry production. Female-headed households in the analysed areas are anticipated to have been more affected by these shocks than male-headed households. This is because of the high level of vulnerability of female-headed households to shocks due to the limited ability to respond or numerous responsibilities including care for children and the sick at the household level.

Availability and Access: The majority of urban households rely on food supplies in established food markets and grocers. They have access to a diversity of food supplies ranging from fresh farm supplies to dry rations from food shops. In the analysed urban areas, the COVID-19 pandemic did not affect food availability despite movement restrictions. The movement restrictions did not apply to the transport and supply of fresh foods and dry rations from upcountry farms to the urban markets and shops/food stores. Despite its effects on the supply of agro-inputs that could potentially force urban-based farmers to plant inferior varieties that are less productive for own production, the number of households affected is not significant, since about 93% rely on the purchase of fresh foods from the markets. These provide access to a diversity of food supplies ranging from fresh farm supplies to dry rations from the food shops. Even before COVID-19, high food prices had been a major challenge hindering food accessibility, as indicated by the Kampala CFVA survey of 2019, with casual labourers and daily wage earners being very vulnerable to price-related food insecurity. The lockdown due to the COVID-19 pandemic largely aggravated the already bad situation with a high impact on employment and business. The majority of affected vulnerable households associated this with a decline in their purchasing power due to job losses and salary/wage reductions, closure of businesses and high prices of some essential non-food items. The lockdown and restrictions instituted by the government as a control measure on movement in and out of homes and settlements eroded the already limited opportunities for informal income for many of the households, thereby limiting food access and stability.

Poor households relying on the informal sector and living in the informal settlements of Kampala are among those most affected by the food insecurity situation in this period of analysis, particularly, the Kawempe and Lubaga municipalities of Kampala that have been classified in Crisis (IPC Phase 3) and have a large number of slums, with a high proportion of households deriving their livelihood from within the slum environment. These slum settlement households generally derive their livelihoods from general shops (grocery stores), food shops (restaurants), auto repairs (garages), and furniture shops. The slum dwellers have access to informal markets where they can buy food and other necessities, and also earn a living by selling their commodities there.

Overall, the COVID-19 prevention and control measures greatly impacted the livelihood of households engaged in informal employment and those in the slum settlements. The main forms of informal employment affected include: saloons, restaurants, casual labouring, boda-boda (commercial motorcycle) riding, food vending, and petty trade. As a result of the reduction or total loss of income, households lost the purchasing power of essential and staple food items, leading to increased food coping strategies and a depletion of livelihood assets.

Key drivers of food insecurity in urban areas

Households were faced with reduced and low purchasing power, coupled with a high reliance on markets and shops to access food. This came as a result of the loss of income-generating opportunities due to restrictive mitigating measures against COVID-19, which included the total lockdown of households with restricted movements as well as border closures. As a result, most businesses in urban areas slowed down or closed completely, hence, disrupting their main sources of livelihood opportunities. Import and export trade between Uganda and neighbouring countries such as DRC, Kenya, and South Sudan was drastically affected, impacting the livelihood of those involved in formal and informal cross-border trade. Under these restrictive COVID-19 mitigation measures, a significant number of households lost incomes and directed their savings to the procurement of food as a survival coping strategy.

With reduced purchasing power, even the choices of foods consumed changed with some households relying on less preferred foods and others reducing the frequency of food consumption. However, market food prices remained relatively stable or even lowered for some food commodities given that there was no competition for commodities, except during the first two weeks of COVID-19 restrictions that were characterized by panic purchasing. The export of locally produced cash crops (coffee, tea, etc.) also slowed down. According to World Vision International, more than 50% of Ugandans, especially in urban/peri-urban areas, are employed in the informal sector, many surviving on the bare minimum and with limited safety nets. Most of such workers lost much of their earning potential due to COVID-19 restrictions. The lockdown and restrictions instituted by the government as a control measure on movement in and out of homes and settlements eroded the already limited opportunities for informal income for many of the urban households, thereby limiting food access and stability in the majority of municipalities.

Loss of employment led to the loss of income, which would be directed to purchase food, especially for most of the residents that are engaged in small businesses/economic activities, such as stone quarrying, bricklaying, boda-boda cycling, petty food vending, trading, hotels, lodges, and restaurants, among others. People who completely lost their employment include hotel workers, tourism industry workers, entertainment company workers, manufacturing company workers and teachers. Due to limited operations, some banks also reduced the number of workers. Private schools laid off their workers, saloons and bars remained closed and boda-boda riders were restricted from carrying passengers. Casual labour activities reduced as non-food markets and shops closed, while households did not need to employ home-based casual labourers as their members who now stayed at home full time could do most of the work. Most of the population involved in the above activities buy food from income earned on a daily basis. Loss of jobs and wages, reduction in salaries, and a general slowdown in economic activity did not only constrict incomes, but also constrained social safety options and coping strategies. A majority of affected vulnerable households associated poor access to food to a decline in their purchasing power as a result of the increase in unemployment suffered by their relatives. Due to the global effects of COVID-19, most of the households relying on remittances lost their purchasing power.

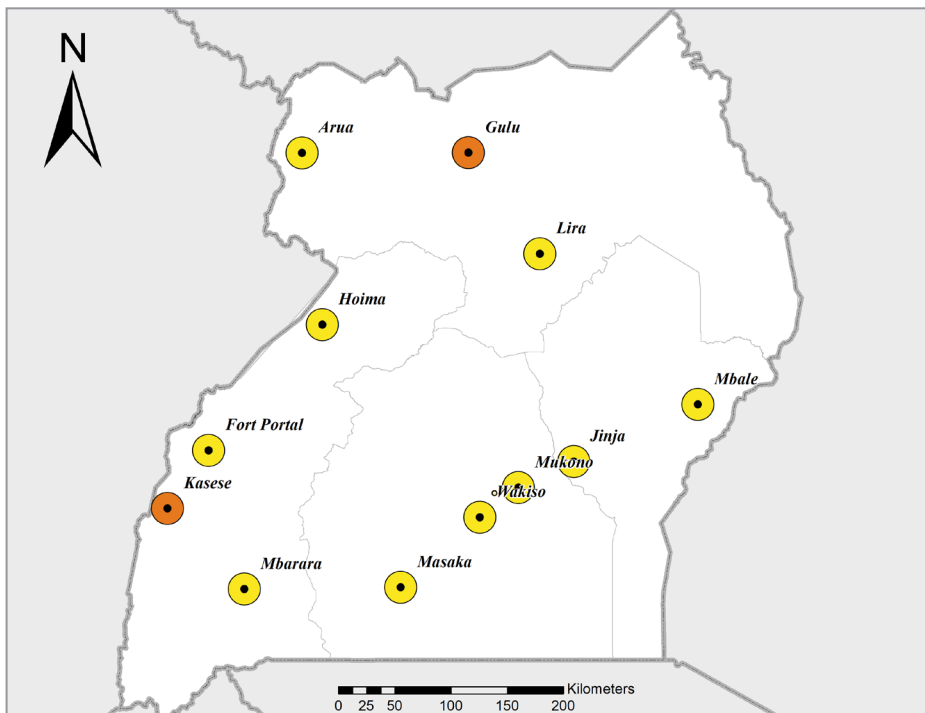
The Uganda National labour force survey (2016/17) conducted by UBOS indicated that the informal economy alone employs 84.9% of the population, 90% of whom are youth (10-30 years). Closure of businesses implied that this segment of the population was already out of the market. Survival could imply the adoption of negative coping strategies, such as cutting down on consumption to the bare minimum, theft, and insecurity. The shock on the services sector, which contributes about 43.5% of the GDP and employs close to 43% of the total labour force (67% of whom are in urban areas and more than 80% in Kampala alone) significantly affected growth and livelihoods of the population living in urban areas. Overall, the COVID-19 pandemic directly affected the livelihoods of more than 60% of those employed in both industry and services, close to 90% of whom are in urban areas. These sectors are largely informal, employing about 90% of young people.

According to the Uganda Business Climate Index, approximately three-quarters of the surveyed businesses reported a reduction in the number of employees. Overall, 76% of the businesses reported having reduced the size of the workforce due to the risk presented by COVID-19 and subsequent lockdown measures. Of these, 29% reduced their employees by more than 50%, and 27% of surveyed businesses reduced their employees by a range of 26 to 50%. Only 21% of businesses reduced the workforce by a range of 1 to 25%. Businesses in agriculture undertook the largest restructuring in the workforce, with 37% reducing their workforce by at least 50%, and others by between 44% and 26%. This was likely due to a severe decline in agricultural demand and revenues. Similarly, a significantly high percentage of manufacturing businesses laid off employees, with 41% reducing employees by more than 50%. The same survey report shows that businesses in Eastern Uganda undertook the largest restructuring with more than 50% of them reducing the workforce by more than 50%. Similarly, a higher percentage of businesses in western and northern Uganda and Kampala reduced their workforce by more than 50%. On the other hand, businesses in central Uganda (excluding Kampala) undertook moderate restructuring of their workforce, with 41% reducing their workforce by a range of 26 to 50%.

Due to COVID-19 restrictions, many children relying on school meals lost their ability to access food. At the same time, their continued presence at home put extra pressure onto their respective households to provide enough access to food. Furthermore, the closure of schools, other institutions of higher learning and hotels highly contributed to a decline in demand for the agricultural food stuffs.



URBAN AREAS ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (SEPTEMBER - DECEMBER 2020)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Other urban areas population table for the projection period: September - December 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Arua City	72,400	32,580	45	28,960	40	7,240	10	3,620	5	0	0	2	10,860	15
Fort Portal City	60,800	27,360	45	27,360	45	3,040	5	3,040	5	0	0	2	6,080	10
Gulu City	177,400	62,090	35	70,960	40	35,480	20	8,870	5	0	0	3	44,350	25
Hoima Municipality	122,700	61,350	50	42,945	35	12,270	10	6,135	5	0	0	2	18,405	15
Jinja City	83,399	33,360	40	37,530	45	12,510	15	0	0	0	0	2	12,510	15
Kasese Municipality	115,399	46,160	40	40,390	35	17,310	15	11,540	10	0	0	3	28,850	25
Lira Municipality	116,502	46,601	40	52,426	45	11,650	10	5,825	5	0	0	2	17,475	15
Masaka City	116,600	46,640	40	58,300	50	11,660	10	0	0	0	0	2	11,660	10
Mbale City	111,299	50,085	45	44,520	40	16,695	15	0	0	0	0	2	16,695	15
Mbarara City	221,301	110,651	50	88,520	40	22,130	10	0	0	0	0	2	22,130	10
Mukono Municipality	191,299	86,085	45	86,085	45	19,130	10	0	0	0	0	2	19,130	10
Wakiso Municipalities	1,511,699	755,850	50	604,680	40	75,585	5	75,585	5	0	0	2	151,170	10
Total	2,900,798	1,358,809	47	1,182,674	41	244,700	8	114,615	4	0	0		359,315	12

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

URBAN AREAS PROJECTED ACUTE FOOD INSECURITY SITUATION OVERVIEW (SEPTEMBER - DECEMBER 2020)

Background:

In the projected period, corresponding to the harvest period nationwide, it is estimated that despite planned food assistance, two urban areas (Gulu city and Kasese municipality) will likely remain in Crisis (IPC Phase 3) whereas the rest of the urban areas will likely be in Stressed (IPC Phase 2). The most affected urban areas are Kasese and Gulu, with 25% of their total analysed population in Crisis (IPC Phase 3) and Emergency (IPC Phase 4), followed by the five municipalities of Kampala city (Central, Kawempe, Lubaga, Makindye and Nakawa); Arua, Hoima, Jinja, Lira, and Mbale with 15% of their total analysed population in Crisis (IPC Phase 3) and Emergency (IPC Phase 4). Moreover, Fort Portal, Masaka, Mbarara, Mukono and Wakiso are expected to have 10% of their total analysed population in Crisis (IPC Phase 3) and Emergency (IPC Phase 4).

Overall, a total of 250,000 people, representing 15% of the population in Kampala city, are projected to be facing high levels of acute food insecurity (IPC Phase 3 or above), of whom 80,000 people (5%) will likely be in Emergency (IPC Phase 4) whereas 170,000 people (10%) will likely be in Crisis (IPC Phase 3). It is also projected that between September and December 2020, a total of 640,000 people (38%) in Kampala city will likely be in IPC Phase 2 (Stressed) with the remaining 790,000 people (47%) projected to be in Minimal Acute Food Insecurity (IPC Phase 1). Food security in Kampala city will also be affected by the working population of about 1.3 million people, that normally resides in Wakiso and other nearby districts, but moves to Kampala city for work daily. Incorporating an analysis of this population into the Kampala city analysis is quite crucial to have the correct picture of how the food security situation will evolve in Kampala city during the projection period.

On the other hand, 360,000 people, representing 12% of the population in the other analysed urban areas, are projected to be facing high levels of acute food insecurity (IPC Phase 3 and above), of whom 110,000 people (4%) are projected to be in Emergency (IPC Phase 4) and 250,000 people (8%) are projected to be in Crisis (IPC Phase 3). In absolute terms, the biggest proportion of this population is anticipated to be in Wakiso (151,200 people), Gulu (44,400 people), Kasese (28,900 people) and Mbarara (22,100 people). Furthermore, 1.18 million people, representing 41% of the population in these areas, have been projected to be in Stressed (IPC Phase 2), with the remaining 1.36 million people (47%) projected to be in Minimal Acute Food Insecurity (IPC Phase 1) between September and December 2020. A relatively large positive shift in the food security situation is expected in 10 urban areas, however, the same may most likely not occur in Gulu city and Kasese municipality, as these areas will likely face a slow recovery in livelihoods due to long-term post-war effects, collapse in trade with South Sudan and DRC, and flood effects.

Key assumptions for the projection

COVID-19 containment measures: It is expected that COVID-19 containment measures will be gradually eased, which will allow some informal and formal businesses to resume. It is expected that boda-boda activities, other road transport, specific tourism activities, saloons, non-food markets and general entertainment/events industry will start their operations, allowing households to gain revenue and secure employment. However, even after the easing of COVID-19 containment measures, the economic recession will continue to be observed in the projected period, as it will take a medium-long period for the situation to become normal. Although an improvement in the situation is highly anticipated, households living in slums, mainly in urban areas, will remain more affected as their livelihoods are already dilapidated. Therefore, they will likely develop mechanisms to cope with the pandemic, such as change of feeding practices or relying on increased negative livelihood coping strategies.

Employment: It is expected that casual labour may resume, however, some people in formal employment who lost their jobs will likely remain unemployed until the situation fully normalizes. Massive restrictions in the industry and services sector will likely continue to impact employment. Some job cuts may be expected as some companies may continue applying online work practices, hence, not bringing back some workers. It is also anticipated that some companies could even change their way of working and turn to be fully online or alter the area of business entirely.

Sources of income: The sources of income are expected to reduce, as people's lifestyles are changing, therefore, reducing income sources in urban areas. Households deriving income from sources related to lifestyle (entertainment, bars, saloon, restaurants and hotels) will be greatly affected. With this anticipated reduction in income, there will be slow improvement in the ability to access food. With increased restructuring in the services sector of the economy, incomes of households deriving livelihoods through some services are also anticipated to reduce, which may lead to more vulnerability. Spillover effects of such reduced incomes across all sectors of the economy due to recession will be experienced by even private sector entrepreneurs such as landlords and banks through defaults in tenancy and bank loan repayment obligations.

Food availability and supply: Crop production is expected to be normal and food is also expected to be available in the markets. Food imported from Asia will continue to be available to the market as much as the government continues to allow the transportation of goods. Because of the closure of borders with DRC and South Sudan, it is expected that more locally produced crops will be available in the local markets. The projected period will also coincide with the harvest period, which will result in increased availability of food.



Projection on key contributing and limiting factors:

Hazards and vulnerability: In the projected period of September to December 2020, no new serious hazards or shocks are anticipated to affect households in most of the urban areas, except in Kasese Municipality, which may face some flooding due to normal-to above-normal rainfall. The identified shocks of disease burden, job loss, high food prices, and lockdown due to the COVID-19 pandemic are anticipated to continue affecting livelihoods, with the latter being the greatest and causing secondary effects in the job sector. Disease burden will reduce, given the anticipated improvement in diets and nutrition due to supplies of fresh foods from upcountry farms, though the release of people into the public as the restrictions are eased may increase respiratory infections. The rates of job losses will lower as food prices also fluctuate downwards.

Food availability will likely have increased in most of the urban areas between September to October 2020, due to a projected increase in food supplies to the urban markets from upcountry farms. It is also expected that some households living in urban areas with populations that closely interrelate with the rural population (Kasese, Mbarara, Mukono, Mbale, etc.) will have improved food availability, as they will be receiving food from relatives living in rural areas during the harvest period. The projected period will also correspond with the start of the harvest period of the second season and, hence, increase food availability in the markets. Food availability is projected to increase in all the analysed urban areas including Kampala City, due to an expected increase in food supplies to the urban markets from upcountry farms.

Food access will most likely stay the same or slightly improve. A large proportion will likely regain their jobs and other income sources after the easing of COVID-19 related lockdowns and other measures; the protracted closure of some informal businesses and operations in the entertainment industry, including bars, may still cause the loss of purchasing power. The anticipated economic recession characterized by changes in business strategies, such as adopting online service delivery and organizational restructuring, may cause further job cuts, forcing some workers into an unprepared-for diversification. Overall, despite the projected drop in food prices, the purchasing power will most likely remain low, but with progressive recovery.

HUMANITARIAN FOOD ASSISTANCE

Although there was a government initiative to distribute food to some vulnerable families affected by COVID-19, this has been rather slow and not far-reaching to many households in need across the whole spectrum of the municipalities and cities. Between April and May 2020, the government distributed 8,522 tons of maize flour, 4,331 tons of dry beans, 18,978 tins of powdered milk and 40 tons of sugar to Kampala city households. It also distributed 564 tons of maize flour, 278 tons of dry beans, 3,564 tins of powdered milk and 3 tons of sugar to Mukono municipality households. Additionally, the government distributed 2,244 tons of maize flour, 1,235 tons of dry beans, 3,679 tins of powdered milk and seven tons of sugar to households in Wakiso district. The distributed food items were meant to be consumed by households within a period of three months. The planned food assistance to be distributed in July 2020 did not take effect.

RECOMMENDATIONS FOR ACTION

Response Priorities

The short-to medium-term solutions for the current food insecurity situation in urban areas are intended to guide decision-makers to save and protect lives as well as reduce food consumption gaps. In the long-term, interventions will be geared towards restoring and protecting the livelihoods of affected households.

Interventions to save and protect lives as well as reduce food consumption gaps include:

- Providing food relief and stimulus packages to the most vulnerable and food-insecure households, particularly those currently in and also projected to be in Phases 3 and 4. This should also involve restoring and sustaining the liquidity of urban food producers as well as urban food businesses.
- Strengthen social protection systems for nutrition and food security. Currently, the food insecurity is being primarily driven by COVID-19 lockdown restrictions and control measures. Enhanced social protection systems will be key to reducing malnutrition and food insecurity in urban areas.
- Strengthen the health system and health care services to respond to population disease burden, such as waterborne and malnutritional related diseases, to improve food utilization and stability.
- The gradual but strategic easing of COVID-19 control restrictions on the informal sector, businesses and work in non-informal sectors of the economy to rejuvenate employment, enhance household incomes and improve food access and stability.

In the long-term, the government, with the support of development partners and civil society organizations, should invest in a sustainable future for food production and supply to attain immediate impact to sustain and improve livelihoods, while also preparing for a more inclusive, environmentally sustainable and resilient food system. Protecting jobs within all sectors of the economy is crucial and should be a medium-to-long-term priority of the government. Well planned efforts to enhance urban and peri-urban agriculture will provide a long-lasting solution to improve food availability at the household level and also in the markets.

Situation Monitoring and Update

1. Organise a response analysis with the city and municipal authorities to design appropriate interventions to reduce food and nutrition insecurity.
2. Update the projection after October 2020 as most of the COVID-19 restrictions were meant to be eased.

Risk factors to monitor

COVID-19 Pandemic: It is recommended to continue monitoring the health side of the pandemic and its impacts on the food security and livelihoods of the most vulnerable communities. Decision-makers should continue monitoring how the pandemic is affecting employment, business, education, tourism and understand its real implications at the household level.

Disease: With the projected above-normal rains, floods are projected to increase in communities and along the Lake Victoria shores. This is most likely to affect sanitation and increase sanitation-related diseases like malaria, cholera, and typhoid. There is a need to monitor water, sanitation and health closely.

Normal to above-normal rainfall: It is predicted there will be normal-to-above-normal rainfall across most of the country. If the rainfall is above-normal, this may affect crop production, road infrastructure and hence food availability in the markets.

Informal Sector: Livelihoods of those working in informal sectors have been the most affected. Decision-makers should continue monitoring whether the informal sector can recover from the COVID-19 measures and restrictions, and possibly initiate policies that would support the informal sector and livelihoods of the most vulnerable households.

Corporate Transformation: Since the establishment of COVID-19 measures and restrictions, most companies have gone virtual and online-based. Some other companies have changed their sector of operation to cope with the current situation. It will be interesting to monitor the impact of such transformation initiatives (home-based employment, reduced offices, reduction of workers) on employment and the local economy.

Employment: It is recommended to continue monitoring the issues related to employment as quite a number of people have lost their employment due to COVID-19 pandemic measures and restrictions. If these people remain unemployed for a long period, and companies are not re-opened, this could lead to a social crisis. Long-term unemployment would lead some of the affected people to apply negative coping strategies to be able to access food or to mainly rely on food assistance.

Elections: The country is entering a cycle of elections which may have implications on the socio-economic life of Ugandans. During the campaign period, it is expected that cash will be injected into the markets and some companies will increase their incomes. Also, it is expected that some populations will get money from candidates, which would give them more access to food for a short period. It would be helpful to monitor how the money injected affects the economy. Elections can also have serious implications on the political economy which can positively or negatively impact lives and livelihood.



PROCESS AND METHODOLOGY

The inception meetings of the IPC TWG and the Regional IPC office were held in June 2020 to decide on IPC analysis dates, analysis areas and other modalities. An IPC analysis workshop (virtual & physical) was held from June 22–July 1, 2020. A “meta-analysis” approach of the Integrated Food Security Phase Classification (IPC) was applied. This approach draws together all available food security and nutrition information from reliable data sources. Classification is then based on the convergence of evidence of current or projected most likely conditions, including effects of humanitarian assistance to arrive at a ‘big picture’ analysis of the overall food security situation. Analysis was done in accordance with IPC Technical Manual version 3.0 and recently developed guidance provided by the Global Support Unit (GSU) of the IPC on ways of conducting IPC trainings and analyses in the context of the COVID-19 pandemic. By leveraging existing technologies and existing tools, such as the web-based IPC Information Support System (ISS), the IPC GSU provided an alternative approach to conducting IPC trainings and analyses through virtual modalities.

The urban area analysis was conducted with the participation of representatives from MAAIF, OPM, MoH, KCCA, Officers from urban municipalities and cities, and WFP, with technical support from IPC-GSU. The analysis was conducted by analysts with expertise in the areas of market analysis, statistics, agriculture, livelihoods, risk management, nutrition, as well as GIS.

Evidence on key outcome indicators was drawn from an mVAM conducted by WFP, while various reports were used for evidence on contributing factors.

Sources

UN- World Food Programme, March 2019; Kampala Comprehensive Food Security and Vulnerability Analysis
UN- World Food Programme, June 2020; Near Real-time Food Security Monitoring During COVID-19 (URBAN)
UN- World Food Programme, June 2020; Urban Vulnerability Analysis and Mapping (VAM) Food Security Analysis
KCCA, June 2020; Background information on the five municipalities of Kampala city
KCCA and OPM, August 2018; Multi-hazard risk and vulnerability profile for Kampala city
World Bank, September 2017; Role of city governments in economic development of greater Kampala
KCCA, September 2018; An urban agriculture value chain analysis
UNDP, April 2020; Socio-economic impact of COVID-19 in Uganda
Deloitte, May 2020; Economic impact of the COVID-19 pandemic on East African economies
Save the Children, May 2020; Kasese floods impact assessment

Limitations of the analysis

In some municipalities, there was not enough information on contributing factors such as food stocks, access to water, prices of staple commodities, etc. that could help analysts make strong and specific conclusions. Analysts had to use some more wide evidences and use their knowledge of the areas to contextualize the existing information to the local area. There was not enough assessment that could capture the impact of COVID-19 on food security in some municipalities, obliging analysts to get in touch with people who could provide more information on some specific municipalities. Regarding rainfall projection, there was no specific rainfall forecast for the municipalities, which led analysts to use a wider forecast and try to apply local experience in terms of rainfall patterns.

Some analysts would face power shortages and poor internet connection which affected the time taken to complete the analysis.

The analysis took longer as it was quite challenging to get analysts to complete tasks given that most work had to be done virtually through numerous Zoom meetings. Analysts had to get used to the new methods of working.

Limited funding to complete the analysis and report writing; which had forced some TWG members to stressfully engage in report writing without any logistical support, causing a delay in the whole process


UGANDA - REFUGEE HOST COMMUNITIES


OVERVIEW OF THE IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS OF REFUGEE HOST COMMUNITIES

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

JUNE - DECEMBER 2020

Issued October 2020

CURRENT JUNE – AUGUST 2020		
 995,400 23% of the population analysed People facing high acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	204,300 People in Emergency
	Phase 3	791,000 People in Crisis
	Phase 2	1,580,300 People Stressed
	Phase 1	1,735,000 People in food security

PROJECTED SEPTEMBER - DECEMBER 2020		
 714,200 17% of the population analysed People facing high acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	71,300 People in Emergency
	Phase 3	643,000 People in Crisis
	Phase 2	1,753,700 People Stressed
	Phase 1	1,842,900 People in food security

Overview

Refugees in Uganda are hosted in 12 districts, of which five are in West Nile, one in mid-North, four in Western and one in south Western; the other district being Kampala. The West Nile districts are Adjumani, Arua, Koboko, Obongi and Yumbe, whereas only Lamwo hosts refugees in the mid-north. In western Uganda, Kamwenge, Kikuube, Kiryandongo and Kyegegwa districts are hosts to refugees, and Isingiro district hosts refugees in South Western Uganda. This analysis includes all refugee hosting districts, except Kampala, that has been analysed under the Acute Food Insecurity analysis of urban areas (Cities and Municipalities). The main source of livelihood for the host communities is agriculture (crop & livestock) followed by trade (large & petty) and salaried employment.

A large part of the host community population gets food through own production, with only an estimated 28% accessing food through market purchases and about 5% from gifts, food aid and other assistance. There is no programmed general food assistance for any of the host community districts, as they have been relatively stable without civil or other conflict hinderances.

In the current period (June to August 2020), excluding Kampala, an estimated one million people in 11 hosting districts (23% of the population analysed) are experiencing high levels of acute food insecurity (IPC Phase 3 or above) and are in need of urgent action. Out of these, 204,000 are in Emergency (IPC Phase 4) while 791,000 are in Crisis (IPC Phase 3). The worst affected populations are in Lamwo, Obongi, Yumbe and Kikuube districts where 40%, 30%, 30% and 35% respectively are classified in Phases 3 and 4. In terms of population, the highest number of people in high acute food insecurity are in the Yumbe district (199,000), followed by Arua (183,000) and Kikuube (126,000). Overall, 5% of the analysed population in hosting districts is in Emergency (IPC Phase 4), 18% in Crisis (IPC Phase 3), 37% in Stressed (IPC Phase 2) and 40% in Minimal Acute Food Insecurity (IPC Phase 1). In the projection period (September-December 2020), the food security situation is most likely to improve with the first season harvests and easing of COVID-19 restrictions.

The most affected people are the poorest households characterized by a heavy reliance on the market to meet their daily food needs along with those who were unable to, or do not produce food through own cultivation. Those surviving on casual labour and hand-to-mouth activities are also affected as these sources of income were heavily affected by COVID-19 lockdown and restrictions.

Key Drivers


Poor harvest and post-harvest losses of 2019, and late start to first season of 2020.

Loss of employment due to COVID-19 restrictions and lockdown.

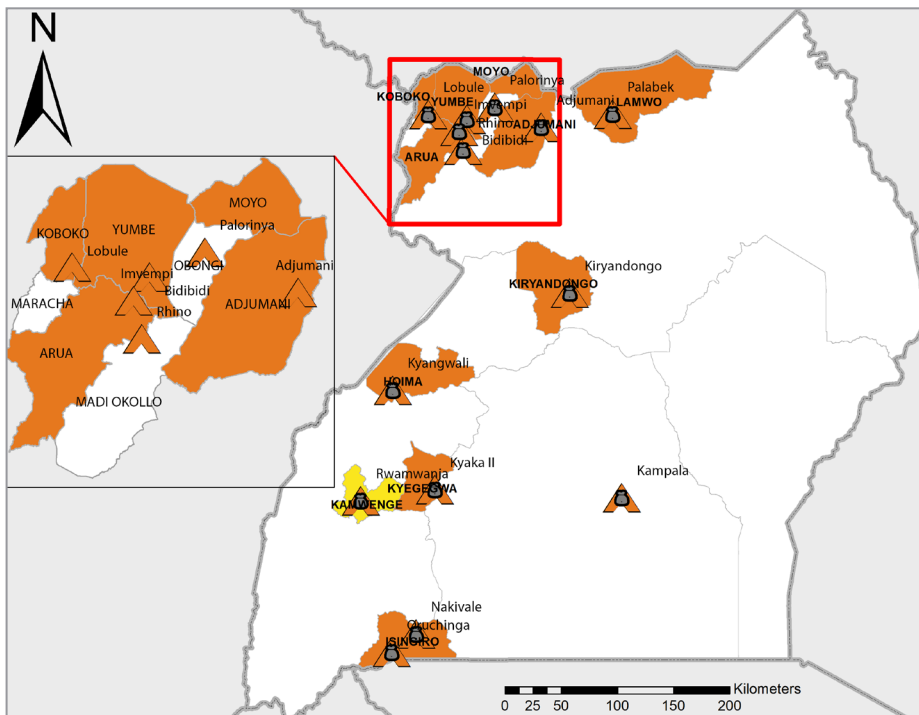
Above-normal rainfall in April 2020 leading to water logging and flash floods, resulting in the destruction of crop fields and road network breakdowns, affecting access.

Price increases, especially in West Nile districts, reducing access to food.

Human and livestock diseases, especially malaria, FMD, CBPP, PPR, ECF.

ACUTE MALNUTRITION FEBRUARY 2020 - JANUARY 2021		
 135,138 Number of 6-59 months children acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	11,591
	Moderate Acute Malnutrition (MAM)	123,547
	Global Acute Malnutrition (GAM)	135,138

REFUGEE HOST COMMUNITIES ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (JUNE – AUGUST 2020)



Key for the Map IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Refugee host districts population table for the current period: June – August 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Adjumani District	235,900	82,565	35	106,155	45	35,385	15	11,795	5	0	0	3	47,180	20
Arua / Madi Okollo/ Terego	915,200	366,080	40	366,080	40	137,280	15	45,760	5	0	0	3	183,040	20
Isingiro	596,400	208,740	35	268,380	45	119,280	20	0	0	0	0	3	119,280	20
Kamwenge	335,200	167,600	50	134,080	40	16,760	5	16,760	5	0	0	2	33,520	10
Kikuube (from Hoima)	358,700	125,545	35	107,610	30	89,675	25	35,870	10	0	0	3	125,545	35
Kiryandongo District	313,800	141,210	45	109,830	35	47,070	15	15,690	5	0	0	3	62,760	20
Koboko	258,000	77,400	30	116,100	45	64,500	25	0	0	0	0	3	64,500	25
Kyegegwa	441,000	242,550	55	110,250	25	88,200	20	0	0	0	0	3	88,200	20
Lamwo	143,800	43,140	30	43,140	30	50,330	35	7,190	5	0	0	3	57,520	40
Obongi	49,100	14,730	30	19,640	40	9,820	20	4,910	10	0	0	3	14,730	30
Yumbe	663,600	265,440	40	199,080	30	132,720	20	66,360	10	0	0	3	199,080	30
Total	4,310,700	1,735,000	40	1,580,345	37	791,020	18	204,335	5	0	0		995,355	23

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

REFUGEE HOST COMMUNITIES CURRENT ACUTE FOOD INSECURITY SITUATION OVERVIEW (JUNE - AUGUST 2020)

Refugees in Uganda are hosted in 12 districts of which five are in West Nile, one in mid-North, four in Western and one in south Western; the other district being Kampala. The West Nile districts are Adjumani, Arua, Koboko, Obongi and Yumbe, whereas only Lamwo hosts refugees in the mid-north. In western Uganda, Kamwenge, Kikuube, Kiryandongo and Kyegegwa districts are hosts to refugees, and Isingiro district hosts refugees in South Western Uganda. This analysis includes all refugee hosting districts, except Kampala that has been analysed under the Acute Food Insecurity analysis of urban areas (Cities and Municipalities). In the current period, June to August 2020, which coincides with the lean season for the unimodal districts, and the harvest season for bimodal districts, 11 out of 12 analysed host districts have been classified in Crisis (IPC Phase 3), with only Kamwenge district classified in Stressed (IPC Phase 2). It is estimated that around one million people, representing 23% of the refugee host district population analysed are classified in Crisis (IPC Phase 3) and Emergency (IPC Phase 4). Of the one million, 791,000 people are classified in Crisis (IPC Phase 3) and 200,000 in Emergency (IPC Phase 4). Additionally, 1.6 million people, representing 37% of the population of refugee hosting districts analysed, are experiencing Stressed (IPC Phase 2) levels of food insecurity, with the remaining 1.7 million people (40% of the analysed population) classified in Minimal Acute Food Insecurity (IPC Phase 1).

Based on the current analysis, June to August 2020, the most food insecure refugee hosting districts classified in Crisis (IPC Phase 3) are Yumbe, Arua, Kikuube, Isingiro, Kyegegwa, Koboko, Kiryandongo, Lamwo, Moyo/Obongi and Adjumani. Additionally, all these districts have populations in Emergency (IPC Phase 4), ranging from 5-10%, with the exception of Lamwo district, which has no population in Emergency (IPC Phase 4). The most food insecure districts are Yumbe, Kikuube and Moyo/Obongi, which all recorded 10% of the population analysed in Emergency (IPC Phase 4), while Arua, Kyegegwa, Kiryandongo, Lamwo, Adjumani and Kamwenge have 5% in Emergency (IPC Phase 4). Additionally, Kamwenge district is classified in Stressed (IPC Phase 2). Based on the analysis, the most affected people are casual laborers; especially agricultural laborers, semi-skilled laborers working in informal sectors, public and private sector workers and small business holders.

Availability

The major impact of COVID-19 on agriculture was in accessing inputs due to movement restrictions put in place to minimize the spread of COVID-19. The majority of households engaged in agriculture activities and a majority have access to land. However, due to the restriction on transport, some agricultural households may have used less preferred or lower quality inputs, which may be less productive. Additionally, above-normal rainfall in April 2020 caused water logging and flash floods of fields resulting in the destruction of crops, hence, decreasing crop production and reducing stocks at a household level.

Food stocks were available in host communities although previous season production was below the expected level due to unreliable weather and other hazards such as pests and diseases. Unexpected high rainfall in November 2019 led to pre- and post-harvest losses in a number of host communities. Livestock production in Western and South Western districts was negatively impacted by diseases, including FMD, CBPP, PPR, and ECF

Additionally, with restrictions in place, food exports were largely sold on local markets resulting in a generic increase and availability of food commodities.

Access

The lockdown and restrictions instituted by the government as a control measure on movement in and out of homes and settlements has eroded limited opportunities for informal income for many of the households. The loss of livelihoods and reduced employment in all sectors reduced purchasing power. This likely caused a severe decline in demand for agricultural products, hence, a drop in revenue as highlighted. Nationally, the COVID-19 lockdown affected access to markets.

Factors to monitor

Influx of refugees: In July there was an influx of approximately 3,000 refugees through the Zombo district into Uganda from DRC. They will be settled in Imvepi refugee settlement in Terego district. Terego district was previously part of Arua district of the West Nile region of Uganda. More refugees across different points of entry are expected to cross into Uganda once the government opens the borders. Refugee influx should be monitored as it is likely to add to the existing food security gaps in both the host community and refugee settlements. The COVID-19 pandemic only exacerbates the situation.

Prices need to be monitored in the projected period as borders are likely to open and the flow of goods will continue to other countries (South Sudan and DRC). At the same time the influx of refugees is likely to trigger an increased demand, pushing prices upward. Upward demand for food stuffs due to refugee influx (new arrivals), settled refugees, and hosts won't be offset by increased availability of food due to the harvest season.

Rainfall performance is expected to be normal-to-above-average. Floods, water logging, livestock and human diseases (such as malaria, AWD etc), as a result of rain, is likely to cause a further strain on livelihoods.

Resource-based Conflict between the refugee settlements and host communities

Loss of employment, salaries and drop in remittances may hamper recovery of livelihoods including access to credit services

Purchasing power was affected by loss of income and the effects could be worse if inflation increases. The most affected are those highly dependent on markets. With limited access to food via the market, and limited production for some households, food consumption and respective food security outcomes may start to deteriorate if no additional coping strategies are applied.

Physical and financial access has been severely affected and disrupted several livelihoods. Based on the current ongoing conditions there is a high shift to market dependency with around 75% of respondents being dependent on markets. The supply chain has been affected due to restriction of movement, which has also led to losses of most employment in several sectors, especially daily wage earners. Market functionality has reduced in some markets; with many functioning sub-optimally and a majority reporting reduced demand for their products and consumers shifting from fresh foods to dry cereals.

Utilization

Limited and distant sources of safe water in the host community has largely affected food utilization. Overall, about 68% of the host district households have access to water (both for drinking and other use) from safe and improved sources. Districts with recommendable access to safe improved water sources are Adjumani (99%), Kiryandongo (93%), Obongi (97%) and Yumbe (94%). However, some of the host districts are severely affected by limited access to improved water sources, with the worst affected being Isingiro (21%), Kikuube (48%) and Kyegegwa (37%). Across the host districts, an estimated 40% of households require 30 or more minutes to reach the water sources, with Arua (52%), Isingiro (62%), Kikuube (46%), Lamwo (53%) and Madi Okollo (52%) being the most affected. Surprisingly, Adjumani district has the highest proportion of households (78%) able to use 20 litres of water per person per day whereas Kyegegwa (30%) has the lowest. Households in districts with low access to safe improved water sources face challenges with maintaining proper levels of hygiene and controlling the transmission of water borne diseases, including diarrhoea infections. Indeed, the incidence of diarrhoea episodes is relatively high in some districts, including Lamwo (25%), Isingiro (19%), Kamwenge (20%) and Yumbe (17%).

Most of the available land that would provide for harvesting natural resources (i.e. wood fuel) has been cleared for cultivation and livestock rearing. Increased population in both the refugee settlements and host community has put much pressure on the available natural resources. Additionally, there are very limited alternative sources of cooking fuel and lighting at the household level. Across all host districts, about 73% of households use firewood as the main source of cooking energy, with the other 24% using charcoal as the main source.

Due to a high number of thefts of food from granaries, households are compelled to store food in spaces that are vulnerable to pests and vermin, contributing to post-harvest losses.

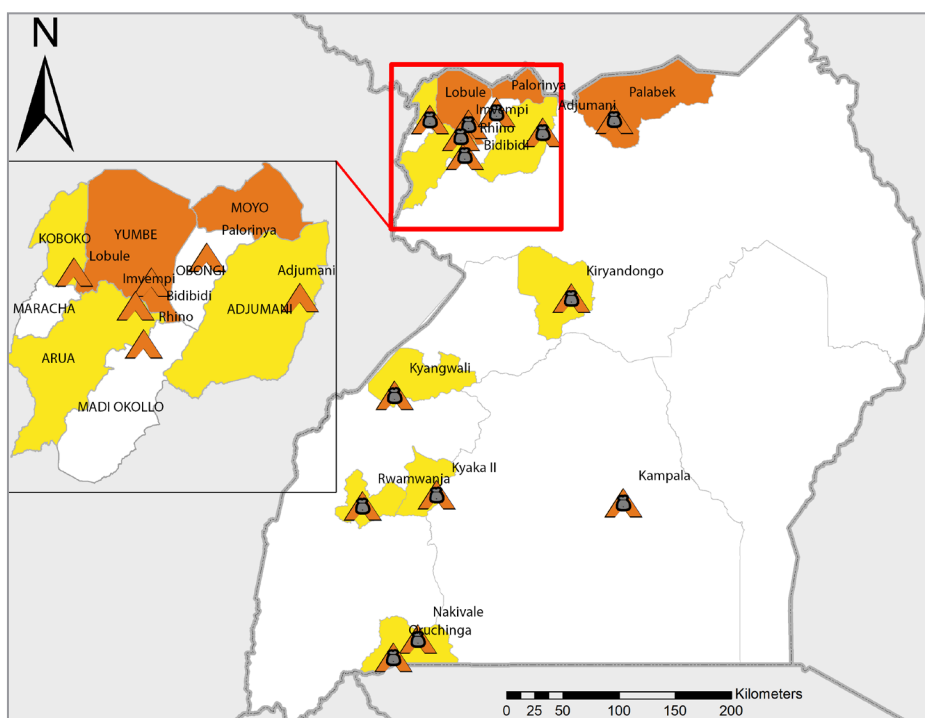
With restrictions on movement and closure of schools from COVID-19, households were unable to benefit from school feeding programs. This resulted in stretching household food assets further as children were now fully dependent on home meals, prolonging the use of or adaptation to more severe food based coping strategies.

Most affected groups

- Informal economy and daily laborers surviving on minimal resources
- Skilled and non-skilled laborers (salaried workers in sectors such as education, tourism, transportation, restaurants/business)
- Small-scale businesses impacted by COVID-19 restrictions and lack of credit options



REFUGEE HOST COMMUNITIES ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (SEPTEMBER - DECEMBER 2020)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Refugee host districts population table for the projection period: September - December 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Adjumani District	235,900	106,155	45	94,360	40	35,385	15	0	0	0	0	2	35,385	15
Arua / Madi Okollo/ Terego	915,200	366,080	40	457,600	50	91,520	10	0	0	0	0	2	91,520	10
Isingiro	596,400	268,380	45	238,560	40	89,460	15	0	0	0	0	2	89,460	15
Kamwenge	335,200	167,600	50	134,080	40	33,520	10	0	0	0	0	2	33,520	10
Kikuube (from Hoima)	358,700	125,545	35	179,350	50	53,805	15	0	0	0	0	2	53,805	15
Kiryandongo District	313,800	141,210	45	125,520	40	47,070	15	0	0	0	0	2	47,070	15
Koboko	258,000	90,300	35	129,000	50	38,700	15	0	0	0	0	2	38,700	15
Kyegegwa	441,000	308,700	70	88,200	20	44,100	10	0	0	0	0	2	44,100	10
Lamwo	143,800	57,520	40	57,520	40	28,760	20	0	0	0	0	3	28,760	20
Obongi	49,100	12,275	25	17,185	35	14,730	30	4,910	10	0	0	3	19,640	40
Yumbe	663,600	199,080	30	232,260	35	165,900	25	66,360	10	0	0	3	232,260	35
Total	4,310,700	1,842,845	43	1,753,635	41	642,950	15	71,270	2	0	0		714,220	17

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.



REFUGEE HOST COMMUNITIES PROJECTED ACUTE FOOD INSECURITY SITUATION OVERVIEW (SEPTEMBER - DECEMBER 2020)

Background:

In the projection period (September to December 2020), corresponding to the harvest period national wide, it is estimated that nine out of 12 host districts will be in Stressed (IPC Phase 2). The three districts projected to be in Crisis (IPC Phase 3) are Lamwo, Obongi and Yumbe. At total of 714,200 people, representing 17% of the analysed host population, are projected to be facing high levels of acute food insecurity (IPC Phase 3 or above) with 643,000 in Crisis (IPC Phase 3) and 71,300 in Emergency (IPC Phase 4). In addition, 1.8 million people, representing 41% of the population analysed in the host communities, are projected to be in Stressed (IPC Phase 2), whereas 1.8 million, representing 43% of the analysed population, are projected to be in Minimal Acute Food Insecurity (IPC Phase 1). Overall, the acute food security situation in host communities is projected to improve between September and December 2020.

In terms of severity of acute food insecurity, the most affected host districts are Obongi and Yumbe with 10% of the analysed population in Emergency (IPC Phase 4). Furthermore, the host districts projected to have the largest proportion of the population in IPC Phase 3 or IPC Phase 4 are Lamwo (20%), Obongi (40%) and Yumbe (35%). In terms of numbers, Yumbe district is projected to have the largest population in Crisis (IPC Phase 3) or worse acute food insecurity (232,260) followed by Arua (91,520) and Isingiro (89,460).

Key assumptions for the projection

COVID-19 lockdown will be lifted and movement restrictions relaxed, which will lead to the recovery of businesses, daily wage incomes and cross border labour movement. However, the recovery of livelihoods is expected to be slow. An influx of refugees could continue throughout the year causing a strain on the host communities, and, in turn, affecting food accessibility and utilization. Around 3,000 refugees from DRC have been allowed into Uganda despite closed borders. The new arrivals, though still quarantined at a reception center in Zombo district, will be eventually settled in Imvepi refugee settlement, which coexists with the surrounding host communities. Other refugees are expected to cross into Uganda once the government officially opens the land and water borders.

Majority of households are having a green harvest, and in anticipation of a good second season harvest, as a result of normal -to-above-normal rainfall (Northern and South West parts of Uganda), except for farmers who relied on less preferred/lower quality agricultural inputs (e.g. Koboko). Due to expected good crop production, food will be available in the markets.

Food prices may increase from October to December based on historical trends of staple food commodities. Income from agricultural labour wages and small businesses will improve due to COVID-19 restrictions affecting purchasing power of the households. As general food assistance rations in the refugee settlements are expected to remain at 70% or undergo further cuts throughout the months, the food basket prices are expected to slightly increase and stabilize due to competition for commodities between refugees and host commodities in the local markets. As a result of reduced purchasing power and loss of income in the context of COVID-19, food access will reduce among households that rely on markets for food.

Access to agricultural land for refugees is not sufficient to meet their consumption needs as their small livelihood plots for cultivation restrict their ability to complement general food assistance. The influx of new refugees expected in the projection period will further reduce the size of the farming plots/kitchen gardens available for allocation.

Post-harvest handling, storage facilities and crop losses. Due to improved harvest, food losses are likely to increase due to inadequate storage facilities and limited export of produce to South Sudan. Therefore, food utilization is expected to deteriorate.

Limited or no access to credit. Access to credit has been affected by COVID-19 restrictions and may continue until the government implements the recently announced stimulus package for small businesses holders.

Although there is food available in the markets, food stocks at household level are projected to last the households for one to three months. Good harvests are expected in the second harvest season (between October and December months) as a result of normal-to-above-normal rainfall (Northern and South West parts of Uganda) and with expected good crop production, food availability is projected to be within the acceptable cutoffs. Host communities will continue having access to land, but the influx of refugees is expected to impact the ever-reducing land availability in refugee receiving districts. Food production in the low lying (low elevation) parts of the districts might be affected by flooding, pests and other crop diseases.

Prices of food commodities are likely to decrease because of expected increases of food produced through the second season harvest. This is likely to improve food availability and accessibility to low income earners whose ability to purchase food has been lowered by reduced purchasing power. Lifting of COVID-19 movement restrictions is expected to improve market access and trade flow. However, expected inflation of 3.7% of Ugandan currency is also likely to downplay changes in prices and this may drastically affect low income earners' ability to purchase and diversify food stock from the markets.

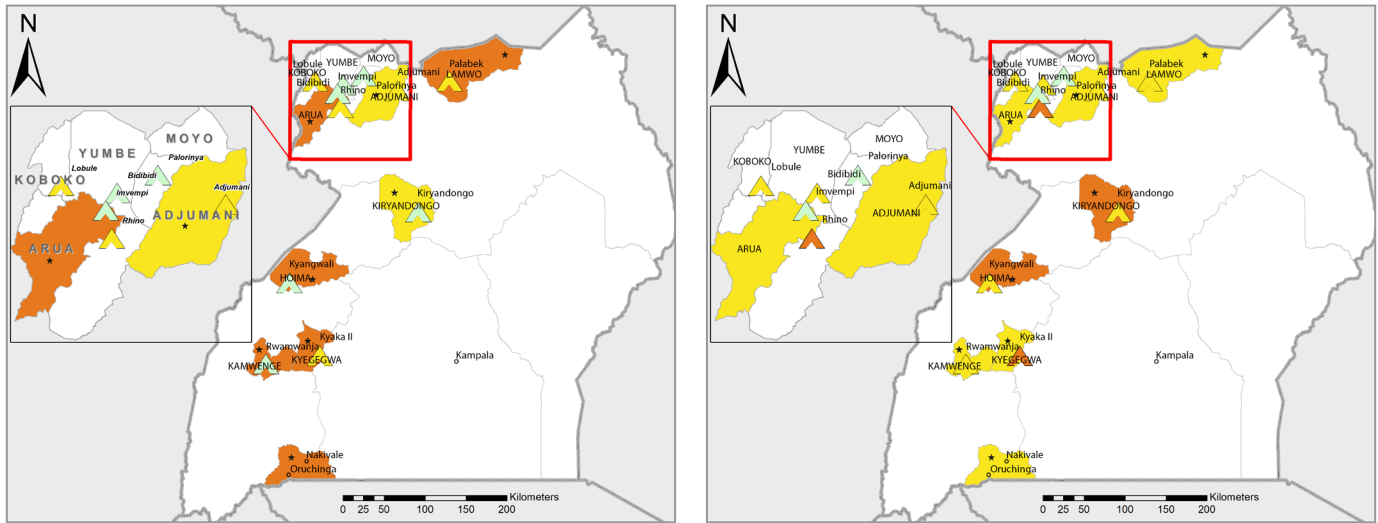


The tourism and hospitality sectors and small businesses that are heavily reliant on agricultural produce are beginning to steadily open. This will enable farmers to get good prices for their agricultural produce, casual laborers to work and earn and improve their food purchasing power. Recovery of businesses, daily wage incomes and cross-border labour is expected to resume. However, the recovery of livelihoods is expected to be slow. If COVID-19 restrictions continue, they will further affect small holder businesses which are under indefinite lockdown (saloons, bars, motorcycle (boda bodas)), and the entertainment sectors which employ many low-income earners. This strain on income is directly linked to food access for households highly dependent on markets for daily food needs.

Food utilization is not expected to change significantly in the projection period as there will remain a few households not accessing improved water sources for their daily use. However, we can anticipate some difficulty for those relying on purchased firewood or charcoal for cooking as household income continues to remain limited due to the effects of COVID-19. Improved harvest will result in food losses due to inadequate storage facilities and limited export of produce to South Sudan, therefore, food utilization is expected to deteriorate. Post-harvest handling technology remains poor and much of own production goes to waste through post-harvest handling losses. This is made worse by low uptake of produce since borders remain closed.

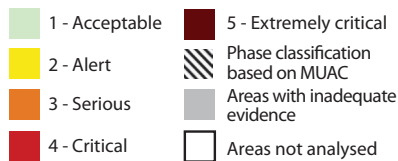
With the lifting of COVID-19 restrictions, it is expected that households will benefit from school feeding programs. This may also positively shift food consumption patterns in the households, while reducing or eliminating some food-based coping strategies.

REFUGEE HOST COMMUNITIES ACUTE MALNUTRITION CURRENT (FEB - AUG 2020) AND PROJECTION (SEPT 2020 - JAN 2021) MAPS AND POPULATION TABLE

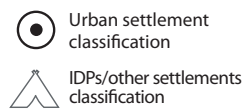


Key for the Map

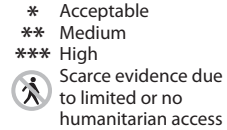
IPC Acute Malnutrition Phase Classification



Map Symbols



Evidence Level



Refugee host districts population table: February 2020 - January 2021

District	GAM (%)	No. of Children <5	GAM Treatment	MAM Treatment	SAM Treatment	Total GAM burden	Total MAM burden	Total SAM burden
Adjumani	4.7	46,160	5,641	4,201	1,440	Adjumani	4.7	46,160
Arua / Terego	10.8	129,130	36,260	33,910	2,350	Arua / Terego	10.8	129,130
Isingiro	8.1	108,100	22,766	21,642	1,124	Isingiro	8.1	108,100
Kamwenge	6.6	67,440	11,572	10,345	1,227	Kamwenge	6.6	67,440
Kikuube	7.3	71,380	13,548	12,249	1,299	Kikuube	7.3	71,380
Kiryandongo	7.0	58,320	10,614	9,098	1,516	Kiryandongo	7.0	58,320
Kyegegwa	8.5	90,110	19,914	18,274	1,640	Kyegegwa	8.5	90,110
Lamwo	10.0	25,550	6,643	6,178	465	Lamwo	10.0	25,550
Madi Okollo	10.8	29,130	8,180	7,650	530	Madi Okollo	10.8	29,130
Total	N/A	625,320	135,138	123,547	11,591	Total	N/A	625,320

Note: The IPC AMN maps for the periods of Feb-Aug 2020 and of Sept 2020 – Jan 2021 as well as the corresponding situation analysis depict the projected acute malnutrition situation based on the historical data. The IPC AMN analysis team reviewed the historical and current (where available) outcome data as well as information on contributing factors to arrive at these classifications. The estimated number of cases of acute malnutrition included in the table are derived from the highest acute malnutrition prevalence from available historical data in the last five years in each analysis area.



REFUGEE HOST COMMUNITIES CURRENT ACUTE MALNUTRITION SITUATION OVERVIEW (FEBRUARY – AUGUST 2020)

During the period of February-August 2020, of the nine host districts included in the analysis, two are in Alert (IPC AMN Phase 2) and seven districts are in Serious (IPC AMN Phase 3). Four host districts, namely Koboko, Obongi, Yumbe and Kampala, are not included in this analysis due to a lack of sufficient evidence to support an IPC AMN analysis.

IPC AMN Phase 3 calls for an urgent reduction of acute malnutrition through the scale-up of treatment programmes. The priority responsive objective for IPC AMN Phase 2 is to strengthen response capacity and resilience as well as addressing contributing factors to acute malnutrition.

A total of 135,138 children are estimated to be acutely malnourished and in need of treatment in the nine districts throughout 2020. The total number of children with moderate and severe acute malnutrition in the nine host districts is 123,547 and 11,591 respectively. The total burden of acute malnutrition is highest in the refugee hosting districts of Arua, Isingiro, and Kyegegwa. This is because the large populations as well as relatively high levels of acute malnutrition in these districts.

Although it was not the primary focus of this analysis, it is noted that anaemia among children aged between 6-59 months is a public health concern that needs immediate attention in all refugee hosting districts.

Three refugee hosting districts, namely Obongi, Koboko, and Yumbe, were not included in the analysis as there was insufficient evidence on acute malnutrition that meets the IPC Acute Malnutrition requirements.

Immediate causes of acute malnutrition

Both the quality and quantity of food consumed by children is largely inadequate. Only about a third of children are consuming food that is of adequate quality for their growth and development. In two districts, namely Lamwo and Isingiro, the percentage of children consuming adequate quality of food drops further to less than 15%. Although about two thirds of children are consuming enough quantities of food in the two districts, it is about 50% in other districts.

Among the common childhood illnesses, diarrhoea and malaria are the main contributing factors to acute malnutrition in the majority of the districts, notably in Lamwo, Arua, Isingiro, and Kamwenge, where they are at or above 20% of the total morbidities. In line with the seasonal trends, Acute Respiratory Infections (ARIs) are low in all districts (around 5%), except for Kamwenge where they are above 21%.

Underlying causes of acute malnutrition

The acute food insecurity situation is a major contributing factor to acute malnutrition in six of the eight districts which are, according to the IPC AFI scale, classified in Crisis (IPC Phase 3). The two districts classified Stressed (IPC Phase 2) of the IPC AFI scale are Kiryandongo and Kamwenge.

Child feeding and caring practices are generally low across all districts with around 60% of children receiving exclusive breastfeeding until six months of age, while over 90% are still breastfeeding at one year of age. Introduction to age-appropriate complimentary foods appears to be good in general with over 70% of children receiving appropriate complementary foods at 4-6 months, although the sample size that was used to generate this estimate might be inadequate to draw any conclusions.

Evidence of vaccination coverage is limited. However, available historical evidence suggests that it was around 60% in the previous years. Vitamin A supplementation, on the other hand, shows poor coverage at around 50%. Both vaccination and vitamin A coverage during the current analysis period could be reduced as a result of mobility restrictions, health service adaptations to limit community engagement activities, and lockdowns in the wake of the COVID-19 pandemic are likely of concern.

Households in most districts have an adequate quantity of water, except for the Isingiro district (35%), Kyegegwa district (30%), and Kiryandongo district (46%). Households with adequate water is particularly high in Kamwenge district at 83%. While sanitation coverage is around 50% in most districts, it is very poor in Lamwo (12%) and Arua (26%), making it one of the major contributing factors of acute malnutrition in these districts.

Although it is not part of the IPC AMN analysis, the prevalence of anaemia among children is a major public health problem in all districts.

Note : that the estimated number of children affected by acute malnutrition is only based on children with low weight for height index; the actual numbers could be higher or lower if children with low MUAC were also included. The number of cases has been estimated at an incident factor of 2.6.



REFUGEE HOST COMMUNITIES PROJECTED ACUTE MALNUTRITION SITUATION OVERVIEW (SEPTEMBER 2020 – JANUARY 2021)

Key assumptions for the projection period

The COVID-19 lockdown and movement restrictions are likely to be lifted in all areas. However, health-seeking behaviour may still be hampered as a result of fear of infection at health facilities and/or perceived reduction on the availability of staff at the health facilities. Access and utilization of health and nutrition services is likely to be lower compared to pre-COVID times due to limitations on community integrated health services, such as: vaccination and deworming campaigns, child health days (CHD), mass nutrition screening, care groups, VHT-led active case finding, referral and defaulter tracking, iCCM, pregnancy mapping, etc. Significant in-migration of plantation workers is expected as the COVID-19 lockdown eased. Refugee influxes from neighbouring countries is also expected as borders are opened.

Food availability and access is expected to improve as a result of improved harvests.

In-line with the seasonal changes, an outbreak of diarrhoeal diseases is expected. Malarial diseases are also expected to increase as per the historical trends for the projection season, at least during the beginning of the projection period.

Childcare practices continue to remain similar to the current levels, although they may deteriorate in some districts where women become busy with income-generating activities after the ease of lockdown measures.

Projected acute malnutrition situation for refugee hosting districts

Of the nine refugee hosting districts included in the analysis, two will likely be in Serious (IPC AMN Phase 3) while the other seven are likely in Alert (IPC AMN Phase 2) during the projected period (September 2020 to January 2021). In terms of the expected changes in the projection period as compared to the current, the acute malnutrition situation is expected to deteriorate further in one district (Kiryandongo) and is likely to remain similar in two districts (namely Adjumani and Kikuube). That is, the Kiryandongo district will move from Alert (IPC AMN Phase 2) to Serious (IPC AMN Phase 3) while Adjumani and Kikuube districts will remain in Alert (IPC AMN Phase 2) and Serious (IPC AMN Phase 3), respectively. All other six districts are expected to improve from the current Serious (IPC AMN Phase 3) situation to Alert (IPC AMN Phase 2).

The major risk factor during the projection period is the outbreak of diseases, such as diarrhoea and malaria, in line with the seasonal trends. Although documented evidence is scarce, expert opinion suggests health utilisation has reduced in the aftermath of the COVID-19. This is because of the temporary reduction in health services as a result of the lockdown measures and the fear of infection at the health facilities. Although the former is likely to improve in the projection period, the latter is likely to take time to improve, resulting in the vicious cycle of acute malnutrition and infection.

Although the food security situation is expected to improve as a result of the first season harvest, food consumption among children is likely to remain similar or slightly improve given that this is mostly related to knowledge and behavioural issues. In the same way, caring and feeding practices among children will most likely remain the same as they also depend on knowledge and behaviours among caregivers which take time to change. In some cases, breast feeding practices may deteriorate as mothers devote more time to harvesting crops from the gardens and also prepare for the second season. In some districts, childcare practices may generally deteriorate as women become busy with income-generating activities after the ease of lockdown measures.

The COVID-19 lockdown and movement restrictions are likely to be lifted in all areas. However, health-seeking behaviours may still be hampered as a result of the fear of infection at health facilities and/or perceived reduction of the availability of staff at the health facilities. Access and utilization of health and nutrition services is likely to be lower compared to pre-COVID times due to limitations on community integrated health services, such as: vaccination and deworming campaigns, child health days (CHD), mass nutrition screening, care groups, VHT-led active case finding, referral and defaulter tracking, iCCM, pregnancy mapping, etc. Significant in-migration of plantation workers is expected as the COVID-19 lockdown eased. Refugee influxes from neighbouring countries is also expected as borders are opened.


UGANDA - REFUGEE SETTLEMENTS


OVERVIEW OF THE IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS OF REFUGEE SETTLEMENTS

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

JUNE - DECEMBER 2020

Issued October 2020

CURRENT JUNE – AUGUST 2020		
 459,500 32% of the population analysed People facing high acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	108,000 People in Emergency
	Phase 3	351,500 People in Crisis
	Phase 2	505,200 People Stressed
	Phase 1	458,600 People in food security

PROJECTED SEPTEMBER - DECEMBER 2020		
 494,700 35% of the population analysed People facing high acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	91,200 People in Emergency
	Phase 3	403,500 People in Crisis
	Phase 2	486,400 People Stressed
	Phase 1	442,100 People in food security

Overview

Uganda hosts over 1.4 million refugees and asylum seekers, of whom 1.34 million are in 13 rural-based refugee settlements while the other 80,000 are in Kampala. The rural based refugee settlements are Bidibidi, Adjumani, Palorinya, Nakivale, Kyaka II, Rhino Camp, Lobule, Oruchinga, Palabek, Kyangwali, Kiryandongo, Rwamwanja and Imvepi. Of all these settlements, Bidibidi is the largest, hosting about 233,000 refugees while Lobule is the smallest, hosting about 5,500 refugees. Some settlements are still open to receiving new entrants while others have filled to capacity. The unending civil conflicts in South Sudan, DRC, Burundi, Somalia and Rwanda have been the main reason for citizens from those counties seeking asylum and to be hosted as refugees in Uganda.

The refugee policy in Uganda grants refugees the right to work, free access to primary health care, free access to education, among other privileges. General food assistance (GFA), both cash and in-kind, remains the main source of food and other livelihood for refugees in rural settlements; while urban refugees are, in most cases, deemed to be self-reliant and not considered for regular programmed assistance. Refugees in rural settlements also grow their own food, although this is affected by limited access to land, while some are engaged in the provision of labour as a source of income to buy food and other essential non-food items. In April 2020, the food rations to refugees were cut from 100% to 70% of the daily caloric requirement, with the current cash food assistance being 22,000 UGX per person per month.

From the current IPC analysis, all refugee settlements have been classified in Crisis (IPC Phase 3), with the worst affected being Bidibidi, Imvepi, Kyaka II, Kyangwali and Palabek, where 35% or more of the population is experiencing high levels of acute food insecurity (IPC Phase 3 or above). In absolute terms, Bidibidi remains the most affected with about 93,000 refugees in Crisis (IPC Phase 3) and Emergency (IPC Phase 4). Across all settlements, no population has been classified in Famine/Catastrophe (IPC Phase 5). In Kampala, 10% of the refuge population is in Minimal (PC Phase 1), 55% is in Stressed (IPC Phase 2), 30% in Crisis (IPC Phase 3) and 5% in Emergency (IPC Phase 4); with the situation expected to deteriorate in the projection period of September 2020 to December 2020. In the other settlements, 33% are classified in Minimal Acute Food Insecurity (IPC Phase 1), 36% in Stressed (IPC Phase 2), 24% in Stressed (IPC Phase 3) and 7% in Emergency (IPC Phase 4). With the highly anticipated further cut in food rations, the food security situation is expected to deteriorate. However, harvest from own production and the opening up of the economy after COVID-19 restrictions are gradually eased, will provide refugees with other opportunities, thus leveraging the imminent food security crisis. Overall, currently an estimated 460,000 refugees are experiencing high levels of acute food insecurity (IPC Phase 3 or above) and are in need of urgent action; with a projected increase to 490,000 in the period of September to December 2020.


Key Drivers

Food ration cuts from 100% to 70% of daily consumption (2100 Kcal/p/p/p/d).

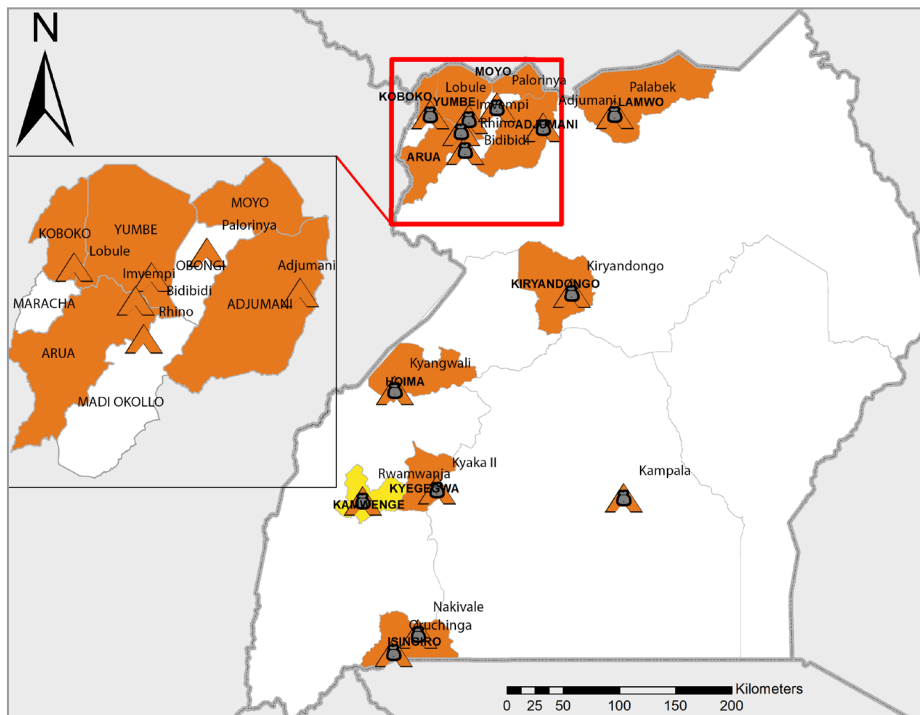
COVID-19 restrictions and other transient impacts.

Loss of casual employment opportunities.

Closure of schools, depriving children of access to school meals.

ACUTE MALNUTRITION FEBRUARY 2020 - JANUARY 2021		
 27,936 Number of 6-59 months children acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	5,457
	Moderate Acute Malnutrition (MAM)	22,479
	Global Acute Malnutrition (GAM)	27,936

REFUGEE SETTLEMENTS ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (JUNE – AUGUST 2020)



Key for the Map IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Refugee settlements population table for the current period: June – August 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Adjumani Refugee settlement	214,477	64,343	30	96,515	45	42,895	20	10,724	5	0	0	3	53,619	25
Bidibidi	232,722	81,453	35	58,181	25	69,817	30	23,272	10	0	0	3	93,089	40
Imvepi	66,110	19,833	30	23,139	35	16,528	25	6,611	10	0	0	3	23,139	35
Kampala refugees	80,248	8,025	10	44,136	55	24,074	30	4,012	5	0	0	3	28,086	35
Kiryandongo Refuge Settlement	67,712	20,314	30	27,085	40	13,542	20	6,771	10	0	0	3	20,313	30
Kyaka II	123,378	49,351	40	24,676	20	30,845	25	18,507	15	0	0	3	49,352	40
Kyangwali R/S	123,039	43,064	35	24,608	20	43,064	35	12,304	10	0	0	3	55,368	45
Lobule	5,511	1,653	30	2,204	40	1,378	25	276	5	0	0	3	1,654	30
Nakivale	132,700	46,445	35	53,080	40	26,540	20	6,635	5	0	0	3	33,175	25
Oruchinga	7,911	2,373	30	3,956	50	1,187	15	396	5	0	0	3	1,583	20
Palabek Refugee Settlement	53,806	16,142	30	18,832	35	16,142	30	2,690	5	0	0	3	18,832	35
Palorinya	122,811	36,843	30	55,265	45	24,562	20	6,141	5	0	0	3	30,703	25
Rhino Camp	120,164	36,049	30	48,066	40	30,041	25	6,008	5	0	0	3	36,049	30
Rwamwanja	72,666	32,700	45	25,433	35	10,900	15	3,633	5	0	0	3	14,533	20
Total	1,423,255	458,588	32	505,174	35	351,514	25	107,980	8	0	0		459,493	32

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

REFUGEE SETTLEMENTS CURRENT ACUTE FOOD INSECURITY SITUATION OVERVIEW (JUNE - AUGUST 2020)

In the current period (June to August 2020), coinciding with lean season for the unimodal districts, and the harvest season for bimodal districts, it is estimated that despite planned food assistance, 14 out of 14 refugee settlements have been classified in Crisis (IPC Phase 3). A total of 460,000 refugees, representing 32% of the analysed refugee population is facing high levels of acute food insecurity (IPC Phase 3 or above) with 350,000 in Crisis (IPC Phase 3) and 110,000 in Emergency (IPC Phase 4). In addition, 510,000 people, representing 35% of the refugee population, are in Stressed (IPC Phase 2), with some of them at risk of being in a more severe food insecurity situation should the current situation persist. An estimated 32% of the refugee population (460,000) are in Minimal Acute Food Insecurity (IPC Phase 1).

From the current analysis, the refugee settlements of Bidibidi, Imvepi, Kyaka II, Kyangwali and Palabek have an estimated 35% or more of their populations in IPC Phase 3 or above. Additionally, although Kiryandongo settlement has 30% of the population in IPC Phase 3 or above, an estimated 10% are in Emergency (IPC Phase 4) putting it on the same scale with other worse-off settlements. All the other settlements have registered 5% of the total analysed population facing Emergency (IPC Phase 4) levels of acute food insecurity. The Bidibidi refugee settlement has the largest population in urgent need of food and livelihood support (93,100 people) followed by Kyangwali (55,400 people), Adjumani (53,600 people) and Kyaka II settlement (49,300 people). The most affected refugees are those who were heavily reliant on GFA, and not producing through own cultivation, who suffered due to the cut in food rations to 70%, poor refugees in rural settlements that earn additional livelihood through provision of casual labour to both refugee and host community populations, and Kampala refugees who were reliant on remittances, small scale businesses, casual labour and other hand-to-mouth activities that greatly suffered from the effects of COVID-19 lockdown and movement restrictions. Refugee households heavily reliant on markets for food are unable to meet daily food needs as market prices for the food basket have gradually increased over and above the GFA transfer value, especially in West Nile).

Impact of COVID -19 on refugees' settlements

The movement restrictions put in place to minimize the spread of COVID-19 affected the access of households to agricultural inputs as markets became inaccessible and transportation costs increased.

Border closures, paired with movement restrictions greatly affected exports as major trading hubs and routes were closed, notably with South Sudan. Closures resulted in an increase of food availability in local markets as food meant for exports was sold domestically. The significant increase of available food stocks helped to reduce / stabilize the market prices.

COVID-19 lockdown measures had significant impacts on non-agricultural livelihoods as previously accessible incomes, including remittances, daily labor and small holder businesses, reduced. Loss of employment resulting from business closures greatly limited and reduced sources of income as livelihood diversification is low and alternative livelihood options are limited. Higher transportation costs are projected to affect the remaining accessible livelihood options in refugee settlements.

Key drivers and contributing factors (availability / access / utilization)

Major hazards and shocks

The impact of COVID-19 is significantly affecting the lives and livelihoods of already vulnerable households who are dependent on relief aid, food production, small businesses and livestock rearing. With border closures since March 23, 2020, and restrictions to movement of public and private transport across the country, there is reduced access to food via markets as seen through irregular food availability due to disruptions in food production chains. Limited or no access to credit, irregular rains and unusually high food commodity prices are the main challenges and shocks reported by the refugee populations.

Besides the high poverty rates, there are also hazards such as floods, pests and diseases and hailstorms that occurred in the settlements. Sustained humanitarian assistance of food and cash, delivery of health and nutrition services and WASH in the refugee settlements have contributed greatly to the minimization of disastrous health and nutrition outcomes linked to the COVID-19 pandemic.

Availability

According to several assessments and reports, COVID-19 had no major impact on agricultural production (both crop and livestock) as no direct restrictions were placed on this sector. Refugee households engaged in own production benefited from the favourable rains in the first season of the year and planted early with expectations of a good early green harvest in July 2020. The majority of households in the settlements that have access to agricultural land were able to plant in the second season of 2019 which contributed to food stock availability for the first months of 2020. The ongoing green harvest of 2020 is also contributing to daily food needs. However, some settlements, especially the over-capacity and receiving settlements, still face challenges of low access to agricultural land which severely impacts own agricultural production. In these settlements, several households reported an inability to cultivate last season and during the 2020 season. Even with access to farmland, farmers faced challenges in accessing agricultural inputs due to restrictions on public and private transport, and there is a likelihood that some farmers resorted to planting inferior varieties that are less productive.

The monthly food assistance given by WFP and UNHCR was reduced to 70% of the daily food rations (100% = 2100 kcal) leaving some refugees with no other option but to adopt Stressed and Crisis coping strategies by; reducing meal quantities, skipping meals, borrowing food and money, engaging in illegal activities to cope, etc.

Markets were not easily accessible as a result of the prohibited use of public and private means of transport, including restrictions on commonly used means like motorcycles. The only option left for the refugees to reach the markets was either by bicycle, which are widely unavailable, or on foot despite the long distances. Because of movement restrictions, mobility of agricultural labor, agricultural inputs were affected, and this has posed critical challenges to food production.

Access

Refugees mostly access food through GFA, own subsistence production and purchase from the food markets using the income gained from other sources like sale of food aid and hired labour, among others. During the lockdown, the provision of casual labour (both agricultural and non-agricultural) was negatively impacted which reduced access to income and consequently access to market purchases. Prices of agricultural outputs and other food items declined due to lost demand and the shift from consumption of fresh agricultural produce to dry rations. Although price reductions increased purchasing power, they also negatively affected households that sell their produce and food aid for income to cater for other essential non-food items and food items that improve dietary diversity. Disruptions in global supply chains led to a shortage in trading goods; and as a result, traders were forced to outsource from more costly sources, resulting in increased strain on livelihoods, unemployment and slower recovery.

Most households living in the refugee settlements are extremely poor and partly rely on remittances from their relatives abroad which have been reduced or cut due to COVID-19. Refugee incomes from small businesses and casual labour were significantly reduced or removed. Loss of income or increased livelihood strain is particularly concerning as most settlement residents had on average a very high food expenditure share. All these factors have had negative impacts on the purchasing power of refugees. Even with the ease of restrictions in late May and June 2020, livelihoods have taken longer to recover putting further strain on refugee populations.

For some refugee settlements, COVID-19 restrictions made them highly dependent on humanitarian assistance for their essential needs as markets were difficult to access. Furthermore, restrictions on movement also greatly limited or prevented households in settlements to access government food assistance outside settlements.

The bid to search for fuel wood from the host community has resulted in conflicts between the host and the refugee communities. In order to avoid conflicts, some refugees have resorted to purchasing fuel wood which reduces their purchasing power towards food.

COVID-19 related restrictions and other implications had a major negative impact on the livelihoods of about 89% of Kampala refugees. Most refugee households suffered reduced income levels, negatively affecting their purchasing power. Moreover, restrictions reduced physical access to markets with around 40% of refugees reporting lack of access to markets mainly due to lack of public transport. Two mitigating factors, however, prevented the situation from deteriorating into a full-blown emergency. Firstly, food prices remained relatively stable across all markets in Kampala due to on-going harvest in some rural communities and reduced levels of food exports from Uganda to neighboring countries. Secondly, the UNHCR and other partners provided food assistance to Kampala refugees covering around 70% of their daily food needs, and this was expected to continue for the three months of June to August.

Closure of schools affected children's access to school feeding programmes, putting stress on refugee households both in Kampala and rural based settlements.

Utilization

Over 93% of the refugee households have access to water (both for drinking and other use) from safe and improved sources. Only Nakivale (80%), Rwamwanja (88%) and Kyaka II (86%) have lower access to safe water. Across the settlements (excluding Kampala where refugees are scattered and living within a host community), only 25% of refugee households require 30 or more minutes to reach the water sources, with Nakivale (32%), Oruchinga (35%), Rwamwanja (36%) and Kiryandongo (35%) being the most affected. Imvepi settlement has the highest number of households (69%) able to use 20 litres of water per person per day and Kyaka II (26%) has the lowest. Availability of water from safe and improved sources helps refugees maintain proper levels of hygiene and control the transmission of water borne diseases, including diarrhoea infections. Save for Kyangwali (19%), Palorinya (20%), Palabek (14%) and Kyaka II (13%), the incidence of diarrhoea episodes is still relatively low across the other settlements.

Access to improved sanitation and toilet facilities is on average around 61% across all settlements (except for Kampala where evidence is not readily available). Bidibidi and Imvepi (both at 79%) have the highest proportion of households with access to improved sanitation facilities, with Rhino Camp (at 50%) having the lowest. However, even with the availability of toilet facilities, open defecation is still relatively high in the settlements of Adjumani (14%), Kyangwali (15%), Lobule (15%) and Kyaka II (15%); which exposes children and other household members to hygiene-related diseases, thus limiting food utilization.

72% of the refugee households use firewood as the main source of cooking fuel ,with another 25% using charcoal as the main source. Palorinya settlement (96%) has the highest proportion of households using firewood as the main source of energy for cooking while Kyangwali (at 40%) has the lowest. On the other hand, Kyangwali settlement (48%) has the highest proportion of households using charcoal as main source of energy for cooking, whereas Palorinya (4%) has the lowest proportion. Except in situations of open cooking places, both types of fuel expose the household members to respiratory infections and are also a source of environmental degradation as people clear trees in search of firewood and other wood for charcoal burning. Recent evidence suggests that wood fuel within the refugee settlements has become scarce and options to alternative sources are limited. This has forced refugees to sell off food aid and other resources to be able to buy wood from the host communities. There is no evidence of any refugee populations using clean sources of energy for cooking that include electricity, biogas and natural gas.

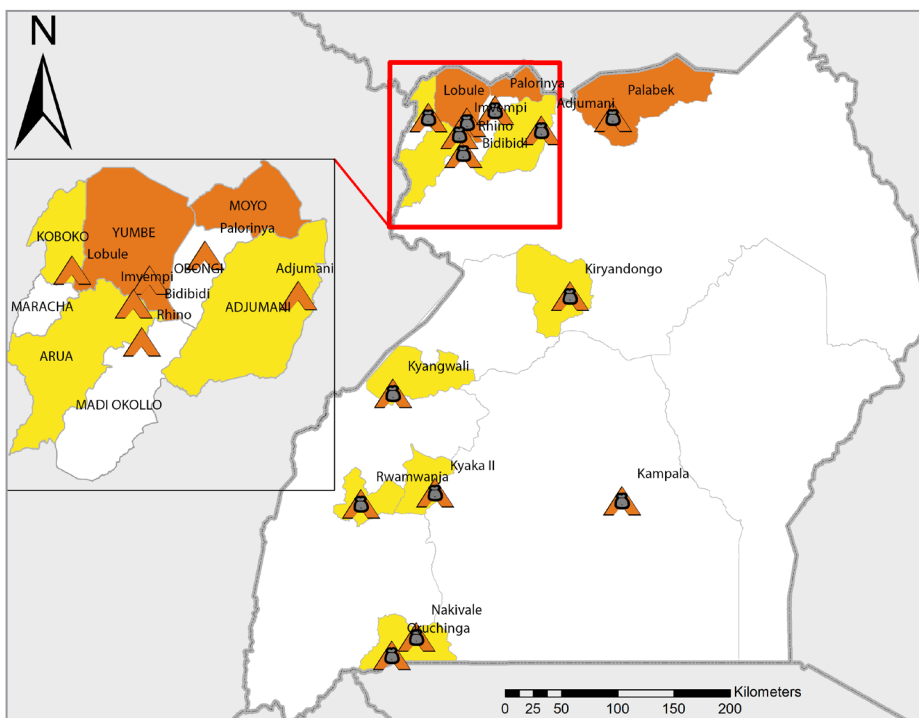
Food preparation practices among the refugee population vary from boiling to food roasting. Evidence used for this IPC analysis did not clearly indicate the practice for various food types which is an essential way of classifying loss of food nutrients at the time of preparation. Food preferences among the refugee population are limited by the type of food available in the host markets and not generally as per their natural or cultural preferences. There, however, seems to be more food varieties in the markets accessed by the refugees in South Western and Western Uganda than in the West Nile settlements.

Exclusive breastfeeding among all refugee settlements stands at 65%, continued breastfeeding at one year stands at 95% while continued breastfeeding at two years stands at 62%.

Most affected groups

- New arrivals, especially in the context of reduced general food assistance, limited land and other pre-existing vulnerabilities
- Non-agricultural household's dependent on HFA/Markets
- Households who couldn't cultivate or those unable to meet current income/food consumption gaps with available land

REFUGEE SETTLEMENTS ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (SEPTEMBER - DECEMBER 2020)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Refugee settlements population table for the projection period: September - December 2020

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Adjumani Refugee settlement	214,477	64,343	30	85,791	40	53,619	25	10,724	5	0	0	3	64,343	30
Bidibidi	232,722	58,181	25	69,817	30	81,453	35	23,272	10	0	0	3	104,725	45
Imvepi	66,110	16,528	25	23,139	35	19,833	30	6,611	10	0	0	3	26,444	40
Kampala refugees	80,248	8,025	10	40,124	50	28,087	35	4,012	5	0	0	3	32,099	40
Kiryandongo Refuge Settlement	67,712	27,085	40	23,699	35	16,928	25	0	0	0	0	3	16,928	25
Kyaka II	123,378	55,520	45	30,845	25	30,845	25	6,169	5	0	0	3	37,014	30
Kyangwali R/S	123,039	55,368	45	36,912	30	24,608	20	6,152	5	0	0	3	30,760	25
Lobule	5,511	1,929	35	2,480	45	1,102	20	0	0	0	0	3	1,102	20
Nakivale	132,700	46,445	35	39,810	30	33,175	25	13,270	10	0	0	3	46,445	35
Oruchinga	7,911	2,769	35	3,560	45	1,582	20	0	0	0	0	3	1,582	20
Palabek Refugee Settlement	53,806	16,142	30	16,142	30	18,832	35	2,690	5	0	0	3	21,522	40
Palorinya	122,811	30,703	25	42,984	35	36,843	30	12,281	10	0	0	3	49,124	40
Rhino Camp	120,164	30,041	25	42,057	35	42,057	35	6,008	5	0	0	3	48,065	40
Rwamwanja	72,666	29,066	40	29,066	40	14,533	20	0	0	0	0	3	14,533	20
Total	1,423,255	442,143	31	486,425	34	403,497	28	91,190	6	0	0		494,687	35

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

REFUGEE SETTLEMENTS PROJECTED ACUTE FOOD INSECURITY SITUATION OVERVIEW (SEPTEMBER - DECEMBER 2020)

Background:

In the projected period (September to December 2020) corresponding to the harvest period national wide, it is estimated that despite planned food assistance, all 14 refugee settlements have been classified in Crisis (IPC Phase). A total of 494,000 people, representing 35% of the analysed refugee population, are classified in Crisis (IPC Phase 3) or higher, with 403,000 in Crisis (IPC Phase 3) and 91,000 in Emergency (IPC Phase 4). In addition, 486,000 people, representing 34% of the population analysed, living in refugee settlements are in Stressed (IPC Phase 2), whereas 442,000 representing 31% of the analysed population, are projected to be in Minimal Acute Food Insecurity (IPC Phase 1).

In terms of severity of acute food insecurity, the most affected refugee settlements are Bidibidi, Imvepi, Nakivale and Palorinya with 10% of the analyzed population in Emergency (IPC Phase 4) followed by Adjumani, Kampala, Kyaka II, Kyangwali, Palabek and Rhino Camp with 5% of the analysed population in Emergency (IPC Phase 4). Furthermore, the settlements projected to have the biggest proportion of the population in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) are Bidibidi (45%), Imvepi (40%), Kampala (40%), Palabek (40%), Palorinya (40%) and Rhino Camp (40%). In terms of numbers, Bidibidi settlement is projected to have the biggest population in Crisis or worse levels of acute food insecurity (104,725) followed by Adjumani (64,343), Palorinya (49,142) and then Rhino Camp (48,066).

Key assumptions for the projection

General Food Assistance: Reduction of existing humanitarian food assistance from 100% to 70% of general food assistance, which is expected to be reduced further to 60% in October 2020. This, coupled with current loss of livelihood, is projected to jeopardize further the state of food security.

COVID-19 containment measures lifted: In the coming months, COVID-19 associated lockdown measures will be lifted, movement restrictions relaxed to enable the recovery of businesses, daily wage incomes and cross border labour. Regardless, the recovery of livelihoods is expected to be slow. Restrictions on the entry of refugees in Uganda are currently in place, while the future measures at points of entry will greatly depend on how the COVID-19 situation at border districts and neighboring countries evolves. Around 3,000 refugees from DRC have been allowed to cross into Uganda through a point of entry in Zombo district, this influx is restricted to reception centers where they are tested and quarantined as they await transfer to Imvepi refugee settlement.

Influx of refugees: Restrictions on the entry of refugees in Uganda is currently in place, while the future measures at points of entry will greatly depend on how the COVID-19 situation at border districts and neighboring countries evolves. Around 3,000 refugees from DRC have been allowed to cross into Uganda through a point of entry in Zombo district, and this influx is restricted to reception centers where they are tested and quarantined as they await transfer to Imvepi refugee settlement.

Upcoming green harvest: In the coming months, a majority of households reliant on agriculture will have a green harvest followed by an expected good second harvest as a result of normal-to above-normal rainfall (Northern and South West parts of Uganda). Food availability is expected to improve except for farmers who did not cultivate using good quality agricultural inputs (ex. Lobule settlement -Koboko). Due to poor quality post-harvest handling and storage facilities, food losses are expected, which will impact households' food utilization through the early onset of negative coping mechanisms to accommodate few food reserves.

Increased food access: Based on historical trends to inform the coming months, food prices for staple food commodities are expected to increase from October to December. Due to sales of agricultural exports on the domestic market, prices are expected to reduce or remain stable. Income from agricultural wages, casual labour and small businesses will increase with the lifting of COVID-19 restrictions, which would in turn strengthen the purchasing power of households. Given that general food assistance rations in the refugee settlements are expected to remain at 70%, with a possibility of reducing further, the food basket prices are expected to slightly increase and stabilize mostly because of competition on commodity markets between refugees and host commodities in the local markets. Food access will therefore be a challenge, especially for households relying on humanitarian food assistance.

Reduce land access: Refugee livelihood plot sizes continue to shrink with increasing refugee numbers and limited land resources. Limited livelihood plot sizes will limit the capacity of refugees to produce food enough to complement general food assistance (GFA) and optimally meet their daily consumption needs. The influx of new refugees expected in the projection period will further reduce the size of the livelihood plots they are allocated on arrival in receiving settlements.

Challenges accessing credit: Access to credit has been affected by COVID-19 restrictions and may continue until the Government implements the recent announced stimulus package for small businesses holders

Key drivers for the projection period for refugee settlements

Due to COVID-19 restrictions, refugee settlements have increasingly difficult access to markets for food and non-food items. Closure of markets and inability to access specialized markets in distant urban areas also contributed to the reduced availability of agricultural inputs, and hence, limiting the ability of many households to cultivate. Many households who managed to cultivate did so with poor quality seeds or varieties that could result in lower yields and reduced production overall.

While access to agricultural land is relatively high, the size of livelihood plots greatly varies from standard sizes to small plots, i.e. kitchen plots, that are not enough to boost dietary diversity and to meet basic consumption needs. The ability to meet the minimum expenditure basket (MEB) without humanitarian assistance remains very low. This is especially concerning as reductions in humanitarian food assistance from 100% to 70% food rations affected all refugee settlements in the current analysis period and a further projected decrease to 60% in November coincides with the projection period.

Loss of employment led to a reduction in purchasing power as many formal and informal sectors were impacted by movement restrictions. With limited non-agricultural livelihoods in most settlements, dependence on humanitarian food assistance and dependence on markets is high. A reduction in remittances and low prices of staple foods and exports (coffee, tea, etc.) further affected purchasing power for many households.

Due to COVID-19 restrictions many children that previously relied on school feeding programmes have added pressure to their respective households, limiting their ability to achieve optimum food accessibility.

Availability

Food is expected to be widely available on the market with more normalized food transportation services or coverage. In the projected period, food availability is expected to improve due to harvest and some households will be able to replenish their food stocks from own production. The first season harvest is expected to be good as a result of normal -to-above normal rainfall, hence, the good crop output is expected to drive up the household food availability. However, access to agricultural land by refugees, who have small plots for cultivation, will reduce further as an additional influx of refugees grows, reducing the size of land further. This is expected to reduce crop production of refugees in settlements.

Although there will be food available in the markets, food stocks at a household level for those with small land sizes are projected to last the households less than the projection period.

Access

Income from agricultural and non-agricultural labour is expected to increase as COVID-19 restrictions are relaxed and labour opportunities open again. This is expected to increase the purchasing power of refugee communities and the major shock of high food prices is expected to reduce; though recovery is expected to be slow. The change from in-kind food assistance to cash-based food assistance is expected to improve access to food for refugee households. It is anticipated the food rations provided by WFP and UNHCR will be reduced further from the current 70% to 60% in November 2020, further increasing the strain on households to meet daily food needs.

With the high dependence on markets and humanitarian assistance, food insecure households will be more vulnerable to market fluctuations and their vulnerabilities will be exacerbated by further reductions in assistance. Nearly a quarter of households depend on remittances and have limited options for livelihood diversification. The resumption of remittances and recovery of livelihoods will help restore previous purchasing power, though food expenditure share is expected to remain high. In the projected period, overall food access is expected to improve since movement restrictions are expected to be eased and businesses opened, which will improve incomes from casual labor and remittances.

In Kampala, COVID-19 -related restrictions and other implications have had a major negative impact on the livelihoods of 89% of Kampala refugees. Most refugee households currently have reduced income levels, negatively affecting their purchasing power. Albeit it is likely that restrictions will be eased in the coming months, the impacts of the shock on livelihoods are likely to continue for several months to come, extending to the projection period. Moreover, currently there is no guarantee of levels of assistance for Kampala refugees in the projection period. At least some assistance is likely to be provided, but given the funding constraints the assistance is not likely to reach the current level (i.e. 70% of kcal needs). Market prices are, however, expected to remain stable, facilitating food access to those with continuing income source(s). Overall, food access is expected to remain approximately at the same level as in the current analysis period. Reduced assistance is likely to be offset with somewhat better access to income, but the effects of the COVID-19 pandemic and associated restrictions are likely to be felt also in the projection period.



Utilization

Food Utilization is expected to remain the same, as a segment of households continue failing to utilize enough water for domestic use due to the long time it takes them to access the water. Additionally, households will still have access to improved water sources because they draw water from permanent structures, such as boreholes, tube wells, public taps and protected wells. There are no major changes in the preferred foods or even the source of cooking fuel.

With the lifting of COVID-19 restrictions, it is expected that households will benefit from school feeding programmes. This may also positively shift food consumption patterns in the household while reducing or eliminating negative food-based coping strategies.

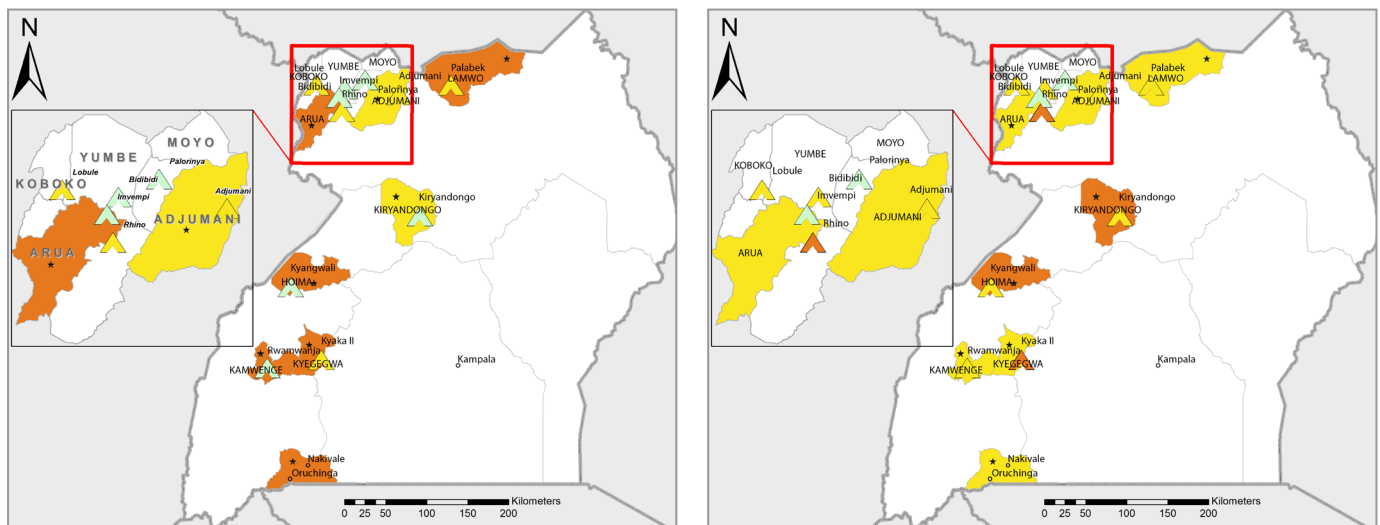
IMPACT OF COVID-19

The movement restrictions put in place to minimize the spread of COVID-19 affected the access of households to agricultural inputs as markets became inaccessible and transportation costs increased. Reduced economic access to agricultural inputs was especially problematic in settlements like Kyaka II where over 20% of households reliant on own food production listed unaffordability of agriculture inputs as the main constraint to planting this season.

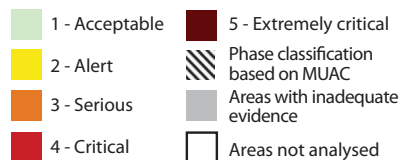
Border closures and movement restrictions greatly affected the export market as major trading hubs and routes were closed, notably, with South Sudan. Closures resulted in an increase of food availability on the local markets as food meant for exports was sold domestically. The significant increase of available food stocks helped to reduce/stabilize the market prices.

COVID-19 lockdown measures had significant impacts on non-agricultural livelihoods as previously accessible incomes, including significantly reduced remittances, daily labor and small holder businesses. Loss of employment, resulting from business closures, greatly limited and reduced sources of income as livelihood diversification reduced. Higher transportation costs are projected to affect the remaining accessible livelihood options in refugee settlements.

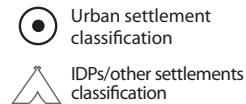
REFUGEE SETTLEMENTS ACUTE MALNUTRITION CURRENT (FEB - AUG 2020) AND PROJECTION (SEPT 2020 - JAN 2021) MAPS AND POPULATION TABLE



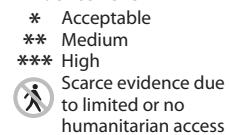
Key for the Map IPC Acute Malnutrition Phase Classification



Map Symbols



Evidence Level



Refugee settlements population table: February 2020 - January 2021

District	No. of Children <5	GAM (%)	MAM (%)	SAM (%)	Total GAM burden	Total MAM burden	Total SAM burden
Adjumani	214,477	28,585	6.2	4.9	1.3	4,608	3,642
Bidibidi	232,722	36,595	4.4	3.2	1.2	4,187	3,045
Imvepi	66,110	11,513	3.3	2.6	0.7	988	778
Kiryandongo	67,712	9,918	7.5	7.0	0.5	1,934	1,805
Kyaka II	123,378	22,470	6.8	6.3	0.5	3,973	3,681
Kyangwali	123,039	24,742	5.5	3.5	2.0	3,539	2,252
Lobule	5,511	824	8.2	7.4	0.8	176	159
Palabek	53,806	9,329	12.1	9.3	2.8	2,935	2,256
Palorinya	122,811	17,236	3.0	2.3	0.7	1,345	1,031
Rhino Camp	120,164	17,376	5.7	5.2	0.5	2,575	2,349
Rwamwanja	72,666	14,987	4.3	3.8	0.5	1,676	1,481
Total	1,202,396	193,575	N/A	N/A	N/A	27,936	22,479

Note: The IPC AMN maps for the periods of Feb-Aug 2020 and of Sept 2020 – Jan 2021 as well as the corresponding situation analysis depict the projected acute malnutrition situation based on the historical data. The IPC AMN analysis team reviewed the historical and current (where available) outcome data as well as information on contributing factors to arrive at these classifications. The estimated number of cases of acute malnutrition included in the table are derived from the highest acute malnutrition prevalence from available historical data in the last 5 years in each analysis area.



REFUGEE SETTLEMENTS CURRENT ACUTE MALNUTRITION SITUATION OVERVIEW (FEBRUARY – AUGUST 2020)

Current situation overview

As per the survey data and mass screening data collected during the lean season of 2020 (February / March 2020), several settlements have over 5 percent of children affected by acute malnutrition. Of the eleven refugee settlements included in the IPC Acute Malnutrition analysis, acute malnutrition is at Alert (Phase 2) in 5 refugee settlements and at Acceptable (Phase 1) in 6 settlements according to the Integrated food security Phase Classification (IPC) Acute Malnutrition Scale (IPC AMN). Major disparities exist within the refugee settlements where some settlements are more affected by acute malnutrition than the others. A total of 16,283 children 6-59 months are expected to suffer from acute malnutrition in 2020.

Key contributing factors

Immediate causes

The major contributing factors to acute malnutrition in all the refugees' settlements include very poor food consumption (both quantity and quality) and high prevalence of diarrhoea and malaria. Lack of access to a diversified diet and poor meal frequency resulting from low food availability and access.

Generally, there is a food scarcity as most HH will have exhausted what they harvested and food prices will increase and because of reliance on the same foods that are consumed the Minimum Dietary Diversity (MDD) and Minimum Acceptable Diet (MAD) are very low respectively in majority of the refugees settlements.

Malaria and diarrhoea cases are high in some refugee settlements, which places a strenuous disease burden on the children, eventually leading to malnutrition. In the majority of refugee settlements (classified in IPC AMN phase 2), prevalence of acute watery diarrhea (AWD) is more than 15% and malaria prevalence above 20%.

Underlying causes

Inadequate breastfeeding practices, particularly, low exclusive breastfeeding, are of concern in several settlements. The exclusive breastfeeding being is below 70% in Lobule, Adjumani, Rhino Camp, Rwamwanja, Kyaka II, Imvepi Bidibidi, Kiryandongo, and Kyangwali. Inadequate breastfeeding deprives the children of essential nutrients leading to reduced immunity that then exposes children to infections.

Although it was not the primary focus of the analysis, the high level of anemia (both among children as well as among women) are of major public health concern that calls urgent attention in all the refugee settlements.

Other contributing factors to acute malnutrition in the settlements include a poor vitamin A supplementation coverage (50-60%), inadequate access to sufficient quantity of water, low coverage of sanitation facilities, and sub-optimal hygiene practices across settlements expose the children to acute watery diarrhoea and other skin infections resulting into malnutrition.

In addition, the COVID-19 lockdown measures had significant negative impact on acute malnutrition situation in general. Apart from the economic burden, the lockdown affected the access and utilization of health and nutrition services due to limitations on community integrated health services e.g. vaccination and deworming campaigns, child health days (CHD), mass nutrition screening, care groups, VHT-led active case finding, referral and defaulter tracking, iCCM, pregnancy mapping etc.



REFUGEE SETTLEMENTS PROJECTED ACUTE MALNUTRITION SITUATION OVERVIEW (SEPTEMBER 2020 – JANUARY 2021)

Projected situation overview

The acute malnutrition situation is likely to remain worse in a majority of settlements throughout the projection period of September 2020 to February 2021. Based on the available historical data (where applicable) and contextualization through the expert opinion among the stakeholders involved in the analysis, most contributing factors to acute malnutrition are either expected to remain at the current levels (poor) or deteriorate in some settlement during the projection period.

During the projection period (September 2020 – February 2021), two Refugees Settlements are expected to be in Serious (IPC AMN Phase 3) whereas seven settlements will be in Alert (IPC AMN Phase 2). Rhino Camp and Kyaka II Refugee settlements that are currently in Alert (IPC AMN Phase 2) are expected to deteriorate to Serious (IPC Phase 3), while Bidibidi, Kiryandongo, Kyangwali and Rwamwanja that are currently in Acceptable (IPC AMN Phase 1) are expected to deteriorate to Alert (IPC AMN Phase 2). The magnitude of the acute malnutrition and contributing factors of acute malnutrition vary from settlement to settlement.

According to the IPC AMN classification, Phase 3 indicates “Serious” acute malnutrition, which requires scaling up of treatment and prevention of affected population. Phase 2 indicates “Alert:” the situation is progressively deteriorating with increased levels of acute malnutrition and requires strengthening of existing response, capacity and resilience.

The major contributing factors to acute malnutrition, particularly in the two refugees settlements deteriorating from IPC AMN Phase 2 to 3 are: the seasonality changes in food availability and accessibility, which are characterized by reduced food accessibility (increase in food prices and unavailability of diverse foods); increased prevalence of some diseases (e.g. acute watery diarrhoea and fever/malaria) and other preventable diseases affecting nutrition status are expected to increase. The childcare practices will be worse as mother/caregivers will focus mainly on planting, weeding, or looking for food. Insufficient access to potable water for drinking and cooking is among the major contributing factors. All these factors significantly contribute to the deterioration of the acute malnutrition situation.

Health access and utilization is not likely to immediately improve in the projection period due to the slow return to normalcy in the delivery of community integrated health and nutrition services, and the reluctance by refugees due to COVID-19 to seek health and nutrition services at health facilities.

The breast-feeding practices will most likely remain the same or slightly deteriorate as mothers devote more time to harvesting crops from the gardens, where they usually spend a lot of time.

The anemia prevalence and vitamin A supplementation coverage will also most likely remain the same during the projection period.



HUMANITARIAN ASSISTANCE TO REFUGEES IN UGANDA

Uganda provides protection to over 1.4 million refugees that sought asylum because of threats to life, physical integrity or freedom resulting from generalized violence or events seriously disturbing public order in their home countries. The desired outcome of refugee protection in Uganda is the attainment of one of the three durable solutions: i.e. voluntary repatriation, local integration, or resettlement. To enhance their stability and self-reliance, refugees are provided with humanitarian assistance in the form of health and nutrition services, food assistance, non-food items (NFIs), education, WASH, energy, livelihoods, and legal services. While some of these services are open to both refugees and nationals, general food assistance is only provided to persons of concern (refugees, asylum seekers) because of protection vulnerabilities that render them unable to self-sustain the minimum dietary requirements. All refugees apart from urban registered refugees are eligible to receive general food assistance (GFA) and monthly food assistance either as cash or in-kind

All registered refugees in Kampala have benefited from a three-month assistance programme by WFP and UNHCR running from June to August 2020. During this period refugees are given a monthly food allowance of 22,000 UGX, as well as additional cash for rent and non-food expenses. The food allowance is calculated to over 70% of monthly food needs of a beneficiary household.

Kampala refugees also access remittances from relatives in home countries, though this has significantly reduced due to the COVID-19 restrictions and employment losses in home countries. All refugees apart from urban registered refugees are eligible to receive general food assistance (GFA) and monthly food assistance either as cash or in-kind. A reduction of general food assistance across all refugee settlements was due to humanitarian funding shortfalls. New arrivals (less than three months of settlement), persons of concern resident at reception centers (not yet settled) and special protection cases were prioritized at 100% general food assistance. The reduction of GFA from 100% to 70%, and the projected cuts to 60% in November, are projected to have sizeable impacts on the most vulnerable households characterized by heavy reliance on GFA to meet daily food consumption needs.

Refugees receive both preventive and curative health and nutrition services at both the facility and community level with objectives to: 1) improve health status through enhancement of primary health care; 2) enhance nutrition wellbeing; 3) enhance optimal access to reproductive health and HIV services. Because Uganda is a signatory to the Comprehensive Refugee Response Framework (CRRF) and due to the operational Government-led Health Sector Integrated Refugee Response Plan (HSIRRP), access of health and nutrition services within the refugee settlements is open to both refugees and nationals, and access to health and nutrition services in health facilities outside refugee settlements is also open to refugees. With the overall leadership of the Ministry of Health, health and nutrition services in refugee settlements are delivered by a number of key stakeholders namely; UNHCR, WFP, UNICEF, UNFPA, District Local Governments (DLGs), partners (IRC, MTI, ACF, FH, LWF, SCI, AFOD, CAFOMI, ADRA etc.) Nutrition services available to refugees (and nationals) include; treatment services (in-patient therapeutic care (ITC), outpatient therapeutic care (OTC), targeted supplementary feeding programme (TSFP), ART-nutrition services; preventive programmes (maternal child health and nutrition (MCHN), IYCF (facility, community care groups, food and cooking demonstrations, community and backyard gardening), YCC, ANC & PNC, Child Health Days, Vitamin A and Deworming. During the COVID-19 pandemic, the Ministry of Health (MoH) developed and instituted the MoH Guidelines on the Continuity of Essential Health Services (CEHS); which put in place health service adaptations in the COVID-19 context to minimize movements and the spread of COVID-19. These adaptations included limitations and scale-down of community-integrated health and nutrition services.



RECOMMENDATIONS FOR ACTION FOR REFUGEES IN UGANDA

Acute Food Insecurity

- Urgent action is needed to save lives and livelihoods for critically food insecure populations in Emergency (IPC Phase 4).
- Urgent action is needed to protect livelihoods and reduce food consumption gaps for populations in Crisis (IPC Phase 3).
- Protect vulnerable agricultural production systems disrupted by COVID-19 restrictions (ex: farmers using inferior or less productive seed varieties)
- Increase or protect access to food through appropriate modalities (reducing food expenditure share, improving purchasing power or other livelihood support)
- Support the most vulnerable households within host communities with livelihood support programs
- Providing food relief and stimulus packages to the most vulnerable and food insecure households, particularly those currently in and also projected to be in Phases 3 and 4.
- Strengthen social protection systems for nutrition and food security. Currently, the food insecurity is being primarily driven by COVID-19 lockdown restrictions and control measures. Enhanced social protection systems will be key to reducing malnutrition and food insecurity both in refugee settlements and host communities.
- Strengthen the health systems and healthcare services to respond to population disease burden, such as waterborne and malnutritional related diseases to improve food utilization and stability.
- Gradually but strategically ease COVID-19 control restrictions on the informal sector, businesses and work in informal sectors of the economy to rejuvenate employment, enhance household incomes and, hence, improve food access and stability.

In the long-term, the government, with the support of development partners and civil society organizations, should invest in a sustainable future for food production and supply with the aim to attain immediate impacts to sustain and improve livelihoods, while also preparing for a more inclusive, environmentally-sustainable and resilient food system. Protecting jobs within all sectors of the economy is crucial and should be a medium-to-long-term priority of the government.

Acute Malnutrition

- Ensure continuity of appropriate nutritional care and treatment for all children affected by acute malnutrition while respecting the care protocols and the restrictive measures against COVID-19.
- Ensure early detection of children with acute malnutrition through health promotion at the community level, including novel approaches, such as mother/family MUAC, mobile phones, etc.
- Strengthen the promotion of IYCF practices with a focus on increasing the proportion of children receiving Minimum Dietary Diversity (MDD) and Minimum Acceptable Diet (MAD), including potentially linking with livelihood interventions as appropriate.
- Strengthen the promotion of early initiation of breastfeeding, exclusive breastfeeding, age-appropriate complementary feeding, and providing necessary support to caregivers who are breastfeeding.
- Improve the coverage of Vitamin A supplementation, deworming, and Micronutrient powders as well as other routine vaccination.
- Support the most vulnerable households within host communities with livelihood support programs
- Improve WASH programme activities and coverage, particularly hygiene programme activities.
- Use nutrition surveillance systems to identify pockets of malnutrition and specifically target the areas in need of intervention programmes.

Situation Monitoring and Update

1. Organize a response analysis with refugee and host community authorities to design appropriate interventions to reduce food and nutrition insecurity.

2. Update the projection after October 2020 when most of the COVID-19 restrictions will have been eased and first season harvest will have been completed in most settlements and host communities

1) Refugee Settlements

- a. Monitor the situation of new arrivals/influx of new refugees as the country opens the borders
- b. The effect of reduced general food assistance (GFA) rations both in-kind and cash, that was cut in April 2020 from 100% to 70%, and projected further cuts to 60% in November 2020.



2) Refugees Host districts

- a. Above-normal rainfall: normal-to-above-normal rainfall is predicted. If the rainfall is above-normal, this may affect crop production because of the effects of flooding on road infrastructure and mobility, crop destruction and output, post-harvest handling and storage, etc., which will all have direct effects on food availability in the markets. During the elections campaign period, it is expected that cash will be injected in the markets and some companies will increase their incomes. Also, it is expected that some populations will get money from candidates and hence give them more access to food for a short period. It would be good to monitor how money injected affects the economy. Elections can also have serious implications on the political economy which positively or negatively impacts lives and livelihood.

Risk factors to monitor

- a) COVID-19 pandemic: It is recommended to continue monitoring the COVID-19 pandemic and its impacts on food security and livelihoods of most vulnerable communities. Continue monitoring how the pandemic affects employment, businesses, education, tourism, etc. to better understand its consequences macro-economically at the household level.
- b) Rainfall performance and disease: With the projected above-normal rains, floods are projected to increase in communities in lowlands, valleys and wetlands, and communities along the Lake Victoria lake shores. This is most likely to affect water sanitation and hygiene (WASH) and increase WASH-related diseases, such as: acute watery diarrhea (AWD), cholera, typhoid, and diseases that are not WASH-related but linked to seasonal rains such as malaria. There is a need to closely monitor and enhance optimal WASH practices, malaria control and treatment and general public health. If the rainfall is above normal, this may affect crop production, post-harvest handling and storage, roads infrastructure and mobility, and hence, affect food availability on the markets.
- c) Loss of employment and informal sector: The livelihoods of those working in informal sectors have been the most affected. Decision makers should continue to closely monitor the recovery of the informal sector from the impact/effects of COVID-19 measures and restrictions. They should strengthen advocacy for policies that support the enhancement of the informal sector and livelihoods of the most vulnerable households.
- d) Corporate transformation: Since the establishment of COVID-19 measures and restrictions, many companies have switched to virtual and online working modalities while others have switched sectors as a coping strategy and adaptation for the continuity of work. It is recommended to closely monitor the impact of these adaptations (home-based employment, reduced offices, reduction of workers) on employment and local economy.
- e) Influx of refugees: In July there was an influx of approximately 3,000 refugees through the Zombo district into Uganda from the DRC. They were to be settled in the Imvepi refugee settlement in Terego district. More refugees across different points of entry are expected to cross into Uganda once the government opens the borders. Refugee influx should be monitored as it is likely to add to the existing food security gaps in both the host community and refugee settlements.
- f) Prices: There is a need to monitor prices in the projected period as borders are likely to open and the flow of goods will continue to other countries (South Sudan and DRC). At the same time, the influx of refugees may trigger an increase in demand, pushing prices upward.
- g) Reduction of HFA: Impact on households' ability to access food and stability of household food security following the expected reductions in humanitarian food assistance.
- h) Rainfall performance is expected to be normal-to-above-average in Western and South Western Uganda. Floods, water logging, livestock and human diseases (such as Malaria, AWD, etc.), as a result of rain, is likely to cause further strain on livelihoods.
- i) Resource-based conflicts between the refugees' settlements and host communities.
- j) Loss of employment, salaries and a drop in remittances may hinder the recovery of livelihoods, including access to credit service.
- k) Due to COVID-19 restrictions, 89% of refugee households reported having felt a major negative impact on their livelihoods. There is a risk that this situation will continue during the projection period.



PROCESS AND METHODOLOGY

The hybrid (virtual and physical) IPC AFI training for urban centers, refugee settlements and refugees host community, took place from June 22 to 24, 2020 and was immediately followed by analysis. The analysis was delayed due to logistical reasons and data preparation, and the analysis was officially conducted from June 29 to July 10, 2020. All the analyses were done in the IPC Information Support System (ISS) which was instrumental, especially for facilitators who supported the analysis remotely, as the platform allowed room for further discussions with the team on several issues.

Around 60 participants participated in the analysis with a very good representation from different sectors and institutions such as; Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), Office of the Prime Minister (OPM), Kampala Capital City Authority (KCCA), Ministry of Health (MoH), Uganda Bureau of Statistics (UBOS), United Nations World Food Programme (WFP), Food and Agriculture Organization of the United Nations (FAO), Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Famine Early Warning System (FEWSNET), National Planning Authority (NPA), Save the Children (both local and headquarters), Action Against Hunger (ACF), OXFAM and World Vision (WVI) with virtual support from IPC GSU.

A hybrid (virtual and physical) one-day refresher training on IPC AMN training took place on July 20, 2020. This was followed by a four-day analysis between July 21-24, 2020. All analysis worksheets were uploaded online for the analysts to work on but, where internet connectivity was interrupted, analysts worked on the worksheets offline and uploaded them online when they could. A total of 45 analysts from various organizations (including the UN, NGOs, and government) took part in the analysis.

Sources

UN- World Food Programme, March 2020, Refugees host and settlements Vulnerability Analysis and Mapping (mVAM) Food Security Analysis

UN- World Food Programme, Refugees host and settlements Vulnerability Analysis and Mapping (mVAM) mVAM, June 2020

UNDP, April 2020; Socio-economic impact of Covid-19 in Uganda

Deloitte, May 2020; Economic impact of the Covid-19 pandemic on East African economies

Uganda Bureau of Statistics (UBOS), Food and Nutrition Solutions Ltd (FONUS) and UNICEF 2020. Food Security and Nutrition Assessment.

UNHCR. Food Security and Nutrition Assessments. 2017

UNHCR. Expanded Nutrition Survey Report Uganda Host Communities. 2015.

Nutrition screening reports, HMIS, and programme coverage reports.

Limitations of the analysis

The data used for the analysis was mostly collected before the COVID-19 pandemic was declared. The mVAM data collected in June in some settlements and host districts did not meet the minimum sample requirements. There was generally a lack of contributing information, especially on the effect of COVID-19 measures on livelihoods and market information was very scarce.

There was a limited number of analysts available which also affected the analysis process. Additionally, some analysts would face power shortages and poor internet connection, which affected the time taken to complete the analysis.

There was also a lack of district-specific data, mainly on contributing factors. Several of the refugee hosting districts and refugee settlements were also left out of the analysis due to the lack of outcome data that met IPC AMN criteria.