

Overview

Karamoja, located in the northeast, is one of the poorest regions in Uganda, with income poverty at 61% and food poverty at 70% (UNHS, 2016/17). The population is mainly rural, with livelihoods based on livestock and crop production, and of recent, a growing range of diversified livelihood activities. The region continues to have the highest food insecurity and malnutrition levels in Uganda due to factors related to inadequate food, poor dietary diversity, structural poverty, limited livelihood options, poor hygiene and sanitation, and disease, with a recent overall improvement in safe water source access but low water use. The region also faces a predisposition to recurrent climate-related shocks such as extended mid-season dry spells/drought, erratic rainfall that often causes floods/waterlogging, and the COVID-19 pandemic.

Acute Food Insecurity (AFI)

About 30% of the analyzed population in the six districts of Karamoja (361,000 people) are experiencing high levels of food insecurity (IPC Phase 3 or above) between March and July 2021. In terms of magnitude, the districts with the highest number of people in IPC Phase 3 or above are Kotido (94,900), Kaabong (51,500), Napak (56,300) and Moroto (42,400). In terms of severity, the districts with the highest percentage in IPC Phase 3 or above are Kotido (45%), Kaabong (40%), Moroto (35%), Nabilatuk (35%) and Napak (35%); while Kaabong, Kotido, Moroto and Nabilatuk all have 10% in Emergency (IPC Phase 4). The key drivers of acute food insecurity include insecurity, the impact of the COVID-19 pandemic and high food prices. During the projection period (August 2021 – January 2022), the food security situation in the Karamoja region is expected to improve. Of the nine districts in the region, three districts are anticipated to be in IPC Phase 3 (Crisis), and six districts are anticipated to be in IPC Phase 2 (Stressed) during the projection period.

Acute Malnutrition (AMN)

During the lean season of 2021, February – July 2021, of the nine districts in the Karamoja region, one district has Critical levels of acute malnutrition (IPC AMN Phase 4), four districts have Serious levels of acute malnutrition (IPC AMN Phase 3), and four districts have Alert levels of acute malnutrition (IPC AMN Phase 2). About 56,600 children in these nine districts are affected by acute malnutrition and need treatment. Approximately 46,300 children are moderately malnourished, while over 10,200 children are severely malnourished. Around 10,200 pregnant or lactating women are also acutely malnourished. Kaabong district has Critical levels of acute malnutrition with a Global Acute Malnutrition (GAM) prevalence of 18.6%. Amudat, Kotido, Moroto and Napak districts have Serious levels of acute malnutrition, with GAM prevalences of 10.9%, 10.4%, 14.2% and 9.4%, respectively. The districts with Alert levels of acute malnutrition are Abim (GAMN 6.3%), Karenga (GAM 9.6%), Nabilatuk (GAM 8%) and Nakapiripirit (GAM 8.2%). Karenga has high levels of acute malnutrition, with a slight chance of slipping into IPC AMN Phase 3 during the projection period (August 2021 - January 2022).

Linkages between AFI and AMN

Based on both AFI and AMN analyses of Karamoja, the current results indicate a similar classification in Karenga, Nakapiripirit, Moroto, Kotido and Napak. The remaining districts of Kaabong, Nabilatuk, Amudat and Abim showed different classifications for AFI and AMN, with high levels of AMN but low levels of AFI in Kaabong and Amudat, while Nabilatuk and Abim had high levels of AFI and low levels of AMN. Notably, Kaabong and Amudat had different classifications, with severe AMN classifications mainly attributed to a combination of very poor quality and quantity of food, high food insecurity, poor sanitation / latrine coverage, low per capita water use and reduced child care and inadequate breastfeeding, exposing the children to recurrent infections leading to increased malnutrition incidences.



Current Acute Food Insecurity | March - July 2021

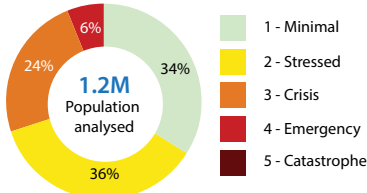


361,000

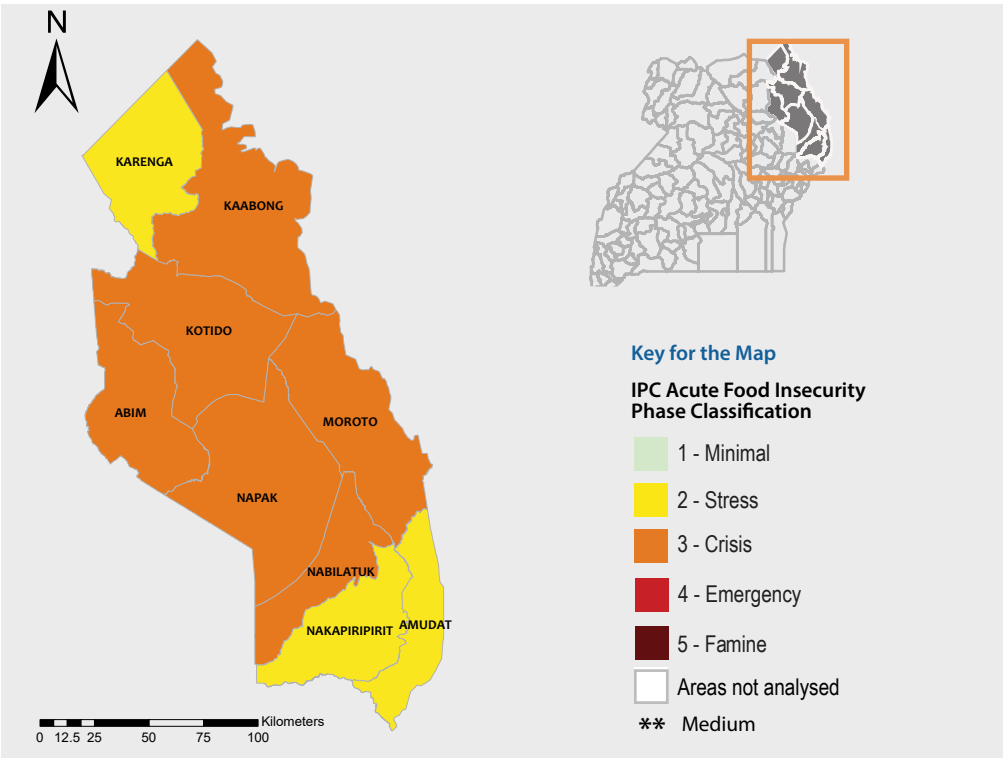
About 361,000 people in Uganda's Karamoja region are estimated to be experiencing high levels of acute food insecurity in Crisis or worse (IPC Phase 3 or above) between March and July 2021



30% of the analysed population of 1.2 million is experiencing high acute food insecurity (IPC Phase 3 or above).



Current Acute Food Insecurity Situation | March - July 2021



Key Drivers of Acute Food Insecurity



COVID-19

Movement restrictions, related insecurity, high agricultural input prices, crop/animal diseases and reduction of cultivated areas



Conflict & Insecurity

Cattle raids, theft and loss of productive assets.

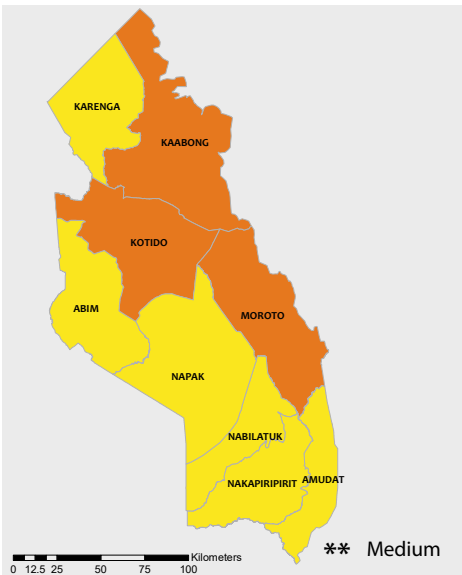


Price shocks

Above average prices for staples and reduction in purchasing power from declines in seasonal incomes.

Karamoja

Projected Acute Food Insecurity August 2021 - January 2022



Acute Malnutrition | February 2021 - January 2022



56,560

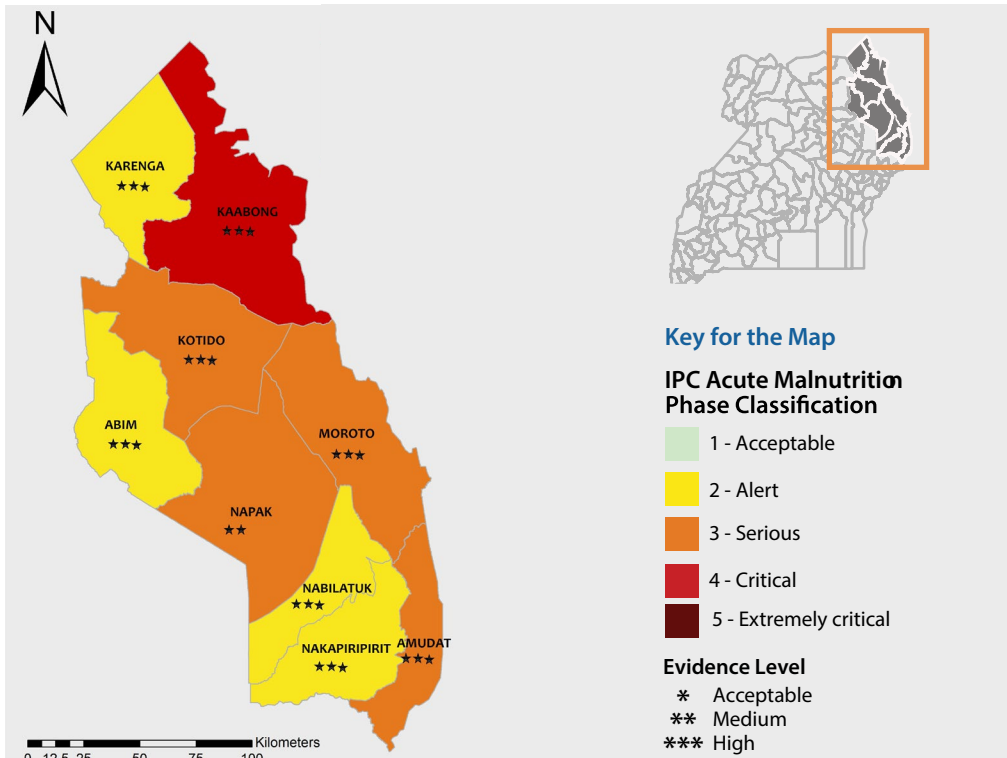
About 56,650 children under the age of five in nine districts of Uganda's Karamoja regions will likely suffer from acute malnutrition over the course of 2021 and are in need of treatment.



10,200

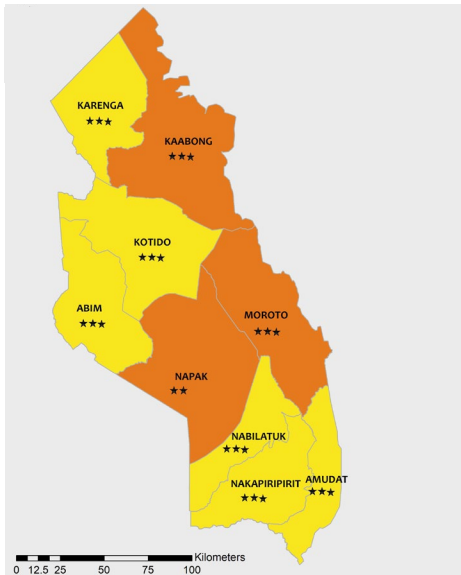
About 10,200 women pregnant or lactating women are acutely malnourished and in need of treatment.

Current Acute Malnutrition Situation | February - July 2021



Karamoja

Projected Acute Malnutrition August 2021 - January 2022



Contributing Factors Acute Malnutrition



Poor Food Consumption

Inadequate food consumption, which is manifested in low Minimum Dietary Diversity (MDD), and Minimum Acceptable Diet (MAD) for children, is a significant factor of acute malnutrition among under-fives in this region.



Diseases

Malaria and diarrhoea cases are still high in some districts, which places a strenuous disease burden on the children, eventually leading to malnutrition.



High Levels of Anaemia

High levels of anaemia (both among children and women) are significant public health concerns that call for urgent attention in all districts. Across the entire region, 59% of the children under five are estimated to be anaemic.