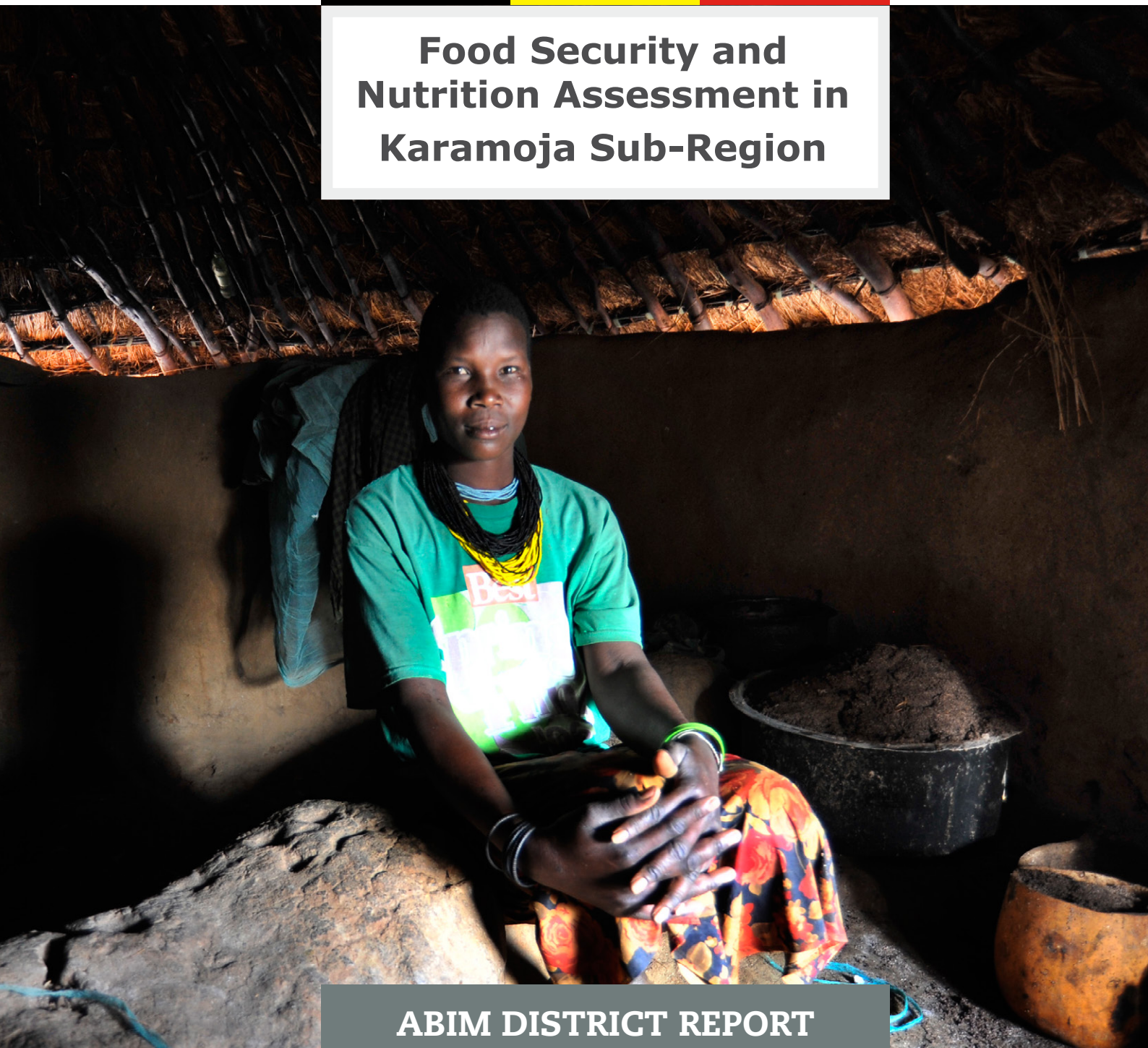




Food Security and Nutrition Assessment in Karamoja Sub-Region



ABIM DISTRICT REPORT





Department
for International
Development



IBFAN Uganda

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Abbreviations

ADHO	Assistant District Health Officer		Action Network
ADRA	Adventist Development Relief Agency	ITC	In-patient Therapeutic Care
CAFH	Community Action for Health	IYCF	Infant and Young Child Feeding
CAO	Chief Administrative Officer	LC	Local Council
CDO	Community Development Officer	MA	Monitoring Assistant
cIYCF	Community Infant and Young Child Feeding	MAD	Minimum Acceptable Diet
DCDO	District Community Development Officer	MCHN	Maternal Child Health Nutrition
DEO	District Education Officer	MDD	Minimum Dietary Diversity
DEWS	District Early Warning System	MMF	Minimum Meal frequency
DHI	District Health Inspector	NAADS	National Agriculture Advisory Services
DLG	District Local Government	NUSAF	Northern Uganda Social Action Fund
DPMO	District Production and Marketing Officer	OTC	Out-patient Therapeutic Care
DPT	Diphtheria	SAM	Severe Acute Malnutrition
FCS	Food Consumption Score	SC	Sub County
GAM	Global Acute Malnutrition	SCDO	Subcounty Community Development Officer
HDDS	Household Dietary Diversity Score	TA	Technical Assistance
HIV	Human Immune Virus	TLU	Tropical Livestock Unit
HOF	Head of Finance	UGX	Uganda Shillings
IAS	International Aid Services	UNICEF	United Nations Children's Fund
IBFAN	International Baby Food	UNWFP	United Nations World Food Programme
		WHO	World Health Organization

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Executive Summary

Abim is one of the districts in Karamoja sub-region faced with chronic food insecurity coupled with high levels of malnutrition that are of public health concern. The Food Security and Nutrition assessment was conducted in June 2017 covering all the 6 sub-counties of Abim Sub-county, Abim Town Council, Alerek, Lotuke, Morulem, Nyakwae reaching 773 households, 911 children below 5 years and 667 women of child bearing age.

Child Health Card retention was found to be a problem.

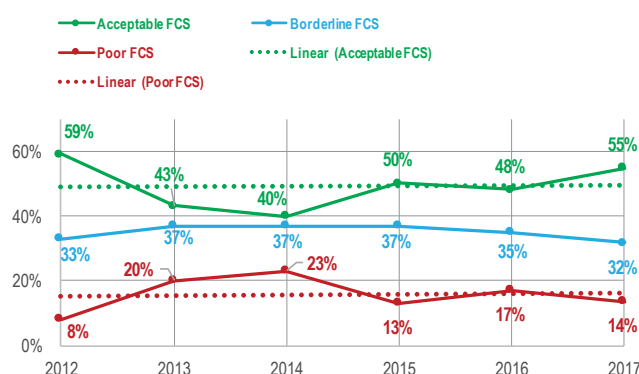
Whereas nearly half (48%) of households were food insecure, the trend in Food Consumption Score over the 6-year period showed a gradual decline in the acceptable FCS. The linear trend [adjust figure] depicts a decrease from 55% to 44% over the years.

The prevalence of Global Acute Malnutrition (GAM) was 11.1% in 2017 which according to WHO threshold is 'serious/high'.

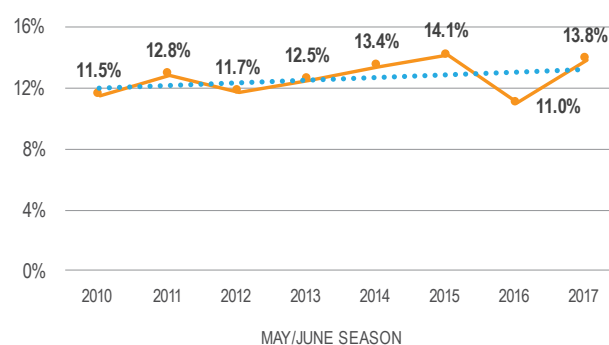
Key Findings

- Regular school attendance by 62% boys and 53% girls;
- Most households had access to land (92%) and 90% of these, reported having cultivated food;
- About two-thirds (67%) of households were registered under one or more Development Assistance Programmes such as MCHN (80%), Food Aid (43%) and School Feeding (33%);
- Almost all households (97%) had access to relatively safe water sources such as boreholes, piped water through taps, protected wells and springs;
- Measles and DPT3 Immunization, Vitamin A supplementation and Deworming coverages were high at 96%, 99%, 98% and 87% respectively following the national protocols/schedules; however,

Trend in Food Consumption Score



Trend in Prevalence of Global Acute Malnutrition



Executive Summary

The linear trend [adjacent figure] shows the steady increase from about 8.9% in 2010 to 11.1% in 2017.

According to analysis, the slow pace in improvement of food security and nutrition situation in the district could be attributed to:

- Diminished food availability as only 21% of households had food stocks and two-thirds (58%) had no livestock;
- Low access to food as households had limited incomes amidst increasing food prices that had prompted high prevalence of debt (37%) borrowed primarily to buy food (47%);
- Poor Infant and Young Child Feeding (IYCF) practices with only 3% of children meeting the Minimum Acceptable Diet coupled with high prevalence of illnesses (74%) among children, affecting their ability to effectively utilize the food consumed;

- Poor water and sanitation practices with 27% of households having no toilet facilities and only 56% using water at the recommended rate of 15 litres per person per day, all of which rendered gains in nutrition fragile; and
- The relatively high proportion of female headed households (15%) coupled with low levels of formal education (69%) among mothers were among the key underlying factors to the continued high levels of malnutrition.

The sub-counties worst affected by malnutrition (both women and children) included **Nyakwae** and **Abim Town Council** while food insecurity was mainly observed in **Nyakwae** and **Morulem**.

Executive Summary

Recommendations

Agriculture:

Introduction of more resistant crops like cassava and sweet potatoes to improve food security; Target post-harvest handling practices to reduce losses, especially proper storage; and Strengthen extension services.

Climate change:

Planting of quick-maturing and drought-resistant crops; Irrigation during prolonged drought; and Awareness raising on changes in season calendar and alternation sources of livelihoods for farmers.

Alcohol consumption:

Regulation of sales and consumption of alcohol to reduce dependency.

Association between Nutrition and Household Food Security Indicators

Category	Indicator	Wasting	Stunting	Underweight
Household and social demographics	Gender of household head	✓	✓	✓
	Mother's education level	✓	✓	✓
	Mother's nutritional status by MUAC	✓	✓	✓
	Disability or chronic illness of household head	✗	✗	✗
	Extremely Vulnerable Household	✗	✓	✓
Illness and health environment	Illness in the child	✓	✓	✓
	Fever/malaria in the child	✓	✗	✓
	Diarrhoea in the child	✓	✓	✓
	ARI/ cough in the child	✗	✗	✗
	Quantity of water per person per day	✓	✓	✓
	Access to toilets by the household	✓	✓	✓
Household Food Security	Household Food Consumption patterns	✓	✗	✓
	Household Dietary Diversity score	✗	✗	✗
	Livestock ownership	✗	✗	✗
	Food Expenditure Share	✗	✗	✓
	Household dependence on the market	✗	✗	✗
	Household Coping Strategy Index	✓	✓	✓
	Household Food Security situation	✓	✗	✓

1. Household Demographic & Related Factors

1.1: Household Demographics

Overall, based on the selected demographic factors in Figure 1, Abim district households had lower proportions than the sub-region's average. There were 15% female headed households, only 3% extremely vulnerable households and 5% constituted by persons living with disability and those with chronic illnesses. Only one in five households were polygamous and 19% were registered under the Northern Uganda Social Action Fund (NUSAF).

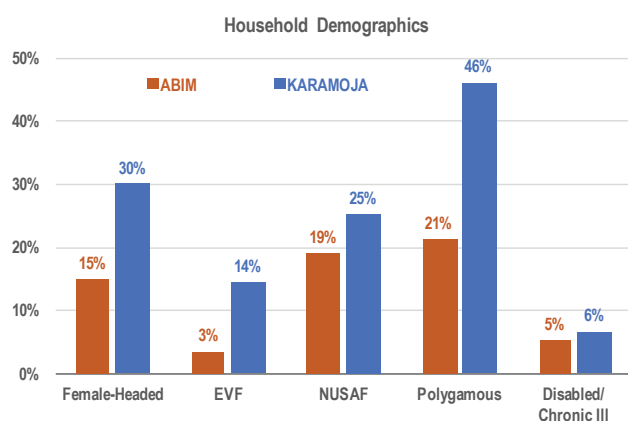


Figure 1: Household Demographics, Abim District, June 2017

1.2: Mothers' Level of Education

There is an association between level of education and household income, which could in-turn influence the household food security, thus positive nutrition outcomes. There is also a significant relationship

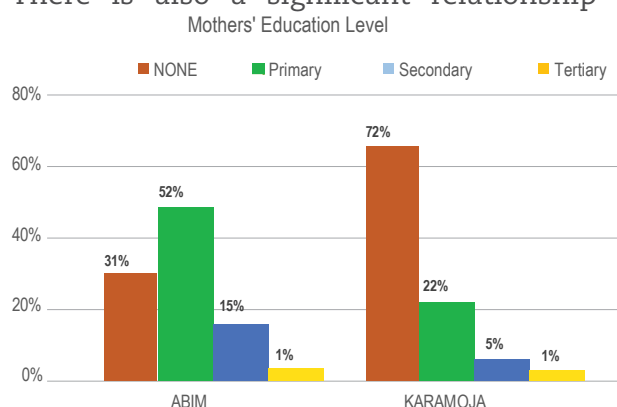


Figure 2: Household Demographics, Moroto District, June 2017

between the highest education level attained by the mother and household malnutrition. As shown in Figure 2, only 31% of mothers in Abim had no formal education, 52% had attained primary level and 15% had secondary level education. The proportions in Abim were much higher than the average for the sub-region, with exception of tertiary level education.

1. Household Demographic & Related Factors

1.3: School Attendance

There were 674 boys and 551 girls of primary school age selected from Abim district, with regular school attendance being reported for 92% and 89%, respectively. Regular school attendance in Abim district was much higher than the sub-regional average among boys and girls of 62% and 53%, respectively. As illustrated in Figure 3, inability to pay school fees, uniforms, textbooks were cited as main reason for irregular attendance among boys (61%) and girls (42%), followed by illnesses and handicap at 10% and 12%, respectively. Whereas lack of interest in education was cited by 12% of the girls, it was only mentioned by 3% of the boys. In addition, poor school facilities, absent teacher and poor-quality teaching was cited by 12% of girls but was not a constraint among the boys.

Reasons for Irregular School Attendance

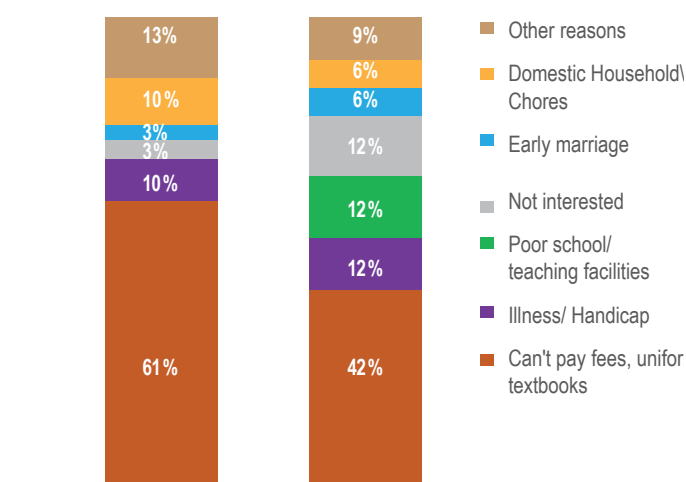


Figure 3: Reasons for Irregular School Attendance

2. Food Availability

2.1: Access to Land

Table 1: Access to Agricultural Land

SUB COUNTY	Agricultural Land Access (%)
Abim Sub-county	89%
Abim Town Council	88%
Alerek	96%
Lotuke	92%
Morulem	94%
Nyakwae	97%
ABIM	92%
KARAMOJA	87%

As summarized in Table 1, most households (92%) reported having access to land for agriculture production. The findings were above those of the sub-regional average of 87%. The sub-counties of Nyakwae (97%), Alerek (96%) and Morulem (94%) recorded the highest proportion of households having access to land while not surprisingly households from the Town Council had the lowest (88%), which could be attributed to its urban status. This was followed by households from Abim sub-county (89%).

2.2: Livestock Ownership

Livestock ownership has been significantly associated with malnutrition levels in the households. Figure 4 shows 58% of households in the district owned livestock compared to 54% for the sub-regional

average. Livestock ownership was higher in the sub-counties of Alerek (70%) and Lotuke (67%) but lowest in Abim Town Council (3%) compared to the sub-regional average of 9% with the highest proportion observed in Lotuke sub-county (6%). Overall, 7% of households that owned livestock cited no constraints but 61% reported parasites/diseases as the main one (Nyakwae and Alerek), followed by theft (18%) especially the sub-counties of Morulem and Alerek. Lack of pastures for their animals and lack of veterinary services were cited by 4% each.

Council (45%), which could be attributed its urban status. There were fewer households with TLU greater than 5 in Abim district (3%) compared to the sub-regional average of 9% with the highest proportion observed in Lotuke sub-county (6%). Overall, 7% of households that owned livestock cited no constraints but 61% reported parasites/diseases as the main one (Nyakwae and Alerek), followed by theft (18%) especially the sub-counties of Morulem and Alerek. Lack of pastures for their animals and lack of veterinary services were cited by 4% each.

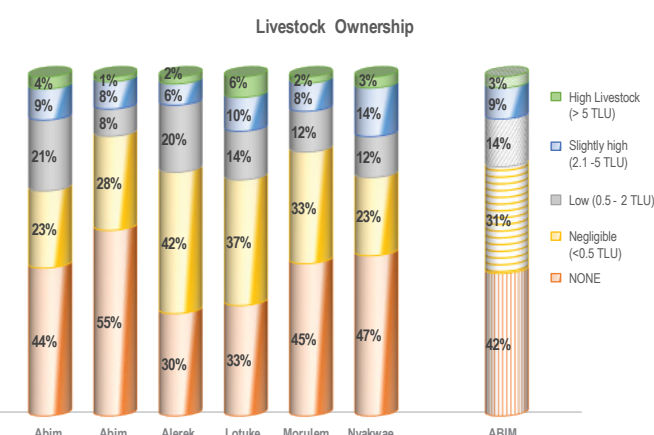


Figure 4: Livestock Ownership in Abim District, June 2017

2. Food Availability

2.3: Cropping Practices

Figure 5 shows that overall, 90% of the selected households in Abim district reported having cultivated staples and legumes, with a range from 86% each in Abim sub-county and Town Council to 94% in Morulem sub-county. Sorghum was the crop grown by most households (83%), followed by beans, millet, maize and cassava. Agricultural production was comparatively higher in Alerek, Abim and Lotuke sub-counties but lowest in Abim Town Council. Nyakwae sub-county had the highest proportion of households that planted sorghum whilst Abim Town had the lowest. Beans as a source of protein was planted by highest proportion of households in Alerek sub-county whilst Lotuke had the lowest. The main constraint to crop production cited by 57% of households was the drought and low rainfall, followed by insufficient labour (18%) and inadequate seeds and tools (8%).

2.4: Household Food Stocks

- Only 21% of households in Abim district reported food stocks at the time of assessment, slightly higher in Lotuke (24%) but lower in Morulem (16%);
- The main source of food stocks was own production for 81% of households and markets for the remaining 19%;
- Of the households with stock, 32% had between 3 and 5 bags of 50 kilograms; 30% had between 1 and 2 bags; whilst 19% each had either less than 1 bag or more than 5 bags;
- The estimated mean days of stock for households in Abim district was 40 days, with range from 18 days in Nyakwae sub-county to 65 days in Abim Town Council.

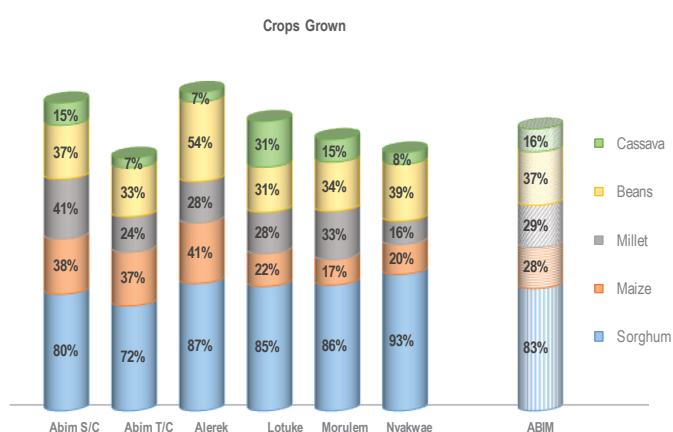


Figure 5: Main Crops Cultivated in Abim District, June 2017

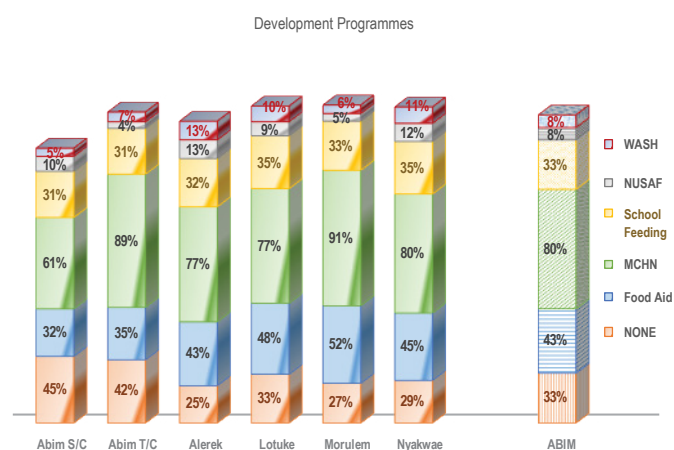


Figure 6: Food and Humanitarian Assistance, Abim District

2. Food Availability

2.5: Food and Humanitarian Assistance

Overall about one-third of households in Abim district were not registered under any Development Programmes. Overall, households in Abim sub-county received comparatively less assistance than the other sub-counties (Figure 6). The MCHN programme reached the highest proportion of households (80%), Food aid rations reached 43%, followed by School feeding program with 33%. Abim sub-county (45%) and the Town Council (42%) had comparatively more households that did not receive any assistance whilst Alerek sub-county had the fewest households (25%). Food aid and MCHN reached more households in Morulem sub-county, school feeding programme had more in Nyakwae and Lotuke sub-counties, while NUSAF and WASH had Alerek and Lotuke sub-counties.

The decision in relation to handling of the food was mainly made by the women at 90% of households, both women and men at 7% of households and by the men at 3% of households.

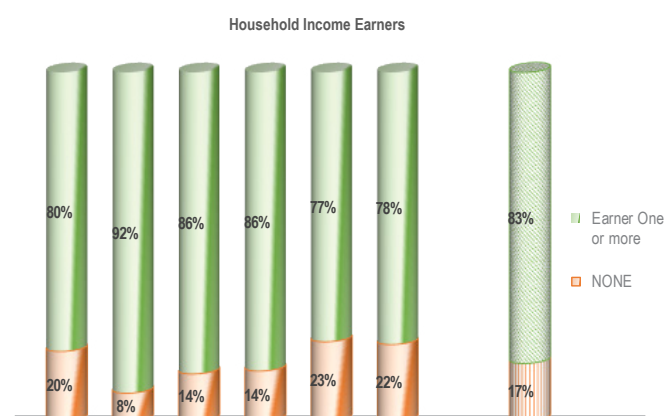


Figure 7: Income Earners in Abim District, June 2017

3. Access to Food

3.1: Income Earners and Sources

Overall only 17% of households in Abim district did not have any income earner at all, which was comparable to 16% in the sub-region. As illustrated in Figure 7, Abim Town Council (92%) had comparatively more households with at least one income earner, whilst Morulem sub-county (77%) had the lowest. The findings suggest relatively better economic access to food in Abim Town Council due to the higher proportion of income earners.

- Out of all selected households in the district, the highest proportion of declared income sources were from Lotuke sub-county (22%), followed by Morulem (21%), Abim Town Council (16%), Abim sub-county (15%), Alerek and Nyakwae at 13% each;
- The most important source of income reported for 30% of the selected households in Abim was Agricultural wage labour, especially from Lotuke and Morulem sub-counties;
- The next most important source of income was Food crop production/sales (22%), especially for sub-counties of Lotuke and Morulem;
- The third most important source of income was brewing (12%), especially in the sub-counties of Morulem and Lotuke.

3.2: Household Debt

- Household debt was declared by 37% of selected households in Abim district, with a range from 28% in Abim Town Council to 49% in Alerek sub-county;
- Out of the households that had debts, 84% were required to pay interest, with lowest proportion of households in Abim Town Council and Nyakwae sub-county (79% each) and highest in Alerek sub-county (91%);
- Main source of credit for all debts and loans in the district included: Bank/ Credit Institution/ Micro-credit project (68%), Money lender (18%), Traders/ Shop-keeper (7%) and Relatives (6%).
- Average amount of debt in Abim was UGX 116,548, lowest in Morulem sub-county (UGX 87,962) and highest in Abim sub-county (UGX 188,061). Average interest was UGX 25,836, lowest in Morulem sub-county and highest in Abim sub-county.

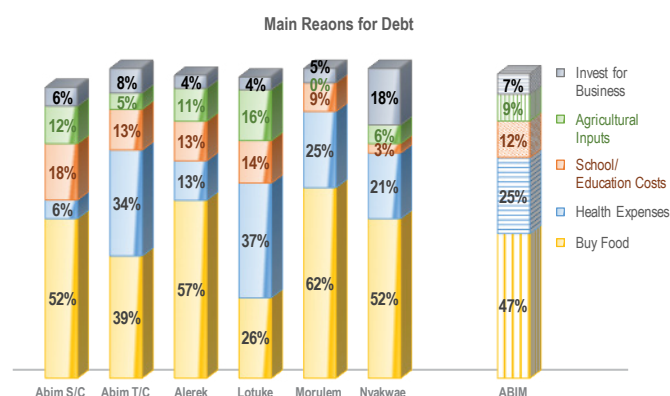


Figure 8: Main Reasons for Debt in Abim District, June 2017

3. Access to Food

Whereas debt is not necessarily bad for households since it can potentially be used to augment agricultural production and other income generating activities, it is indicative of stress when used to meet essential household needs, including for purchase of food.

As illustrated in Figure 8, the main reason put forward by 47% of households' debt in Abim was for buying food, followed by health expenses (25%) and school/ education costs (12%). Incurring debt by households for purchase of food was highest in Morulem and Alerek sub-counties (62% and 57%, respectively) whilst debt for health expenses was highest in Lotuke sub-county (37%).

It was mainly households from Abim sub-county that incurred debt to cater for school/ education costs.

3.3: Dependence on Markets for Food

High dependence on markets for food imply high vulnerability to food insecurity due to exposure to price fluctuations that are typically high during the lean season, given the limited incomes and earning potential among the households. Figure 9

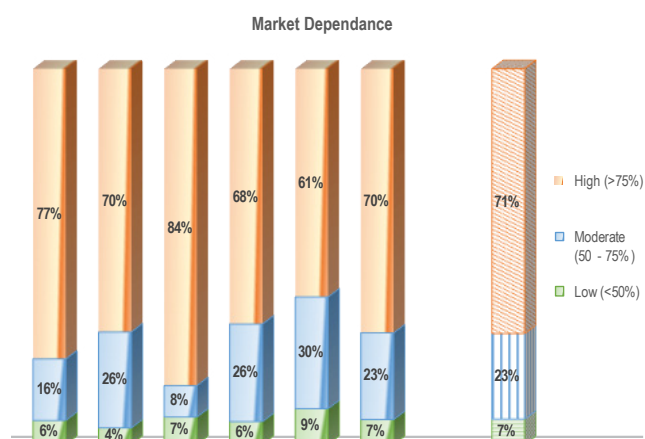


Figure 9: Dependence on Markets for Food in Abim, June 2017

shows that overall, 71% of households in the district were heavily dependent upon markets, especially in the sub-counties of Alerek (84%) and Abim (77%). Dependence on markets for food was lowest in Morulem sub-county (61%).

3.4: Food Expenditure Share

The Food Expenditure Share refers to the percentage of total household expenditure that is allocated to food. The higher the percentage of total expenditure allocated by the household to food, the greater the food insecurity. For instance, households that spent <50% of total household expenditure on food were regarded as food secure; 50 - <65% as marginally food secure; 65 - <75% as moderately food insecure; and >75% as severely food insecure. As illustrated in Figure 10, only 27% of households in Abim district had Food Expenditure Share >65%, especially from Abim Town Council (34% of households) and sub-counties of Nyakwae, and Morulem (33% and 31%, respectively), whilst the lowest proportion was from Alerek sub-county (13%). The finding of households spending proportionately more on food than the other essential non-food items indicated higher likelihood of food access challenges.

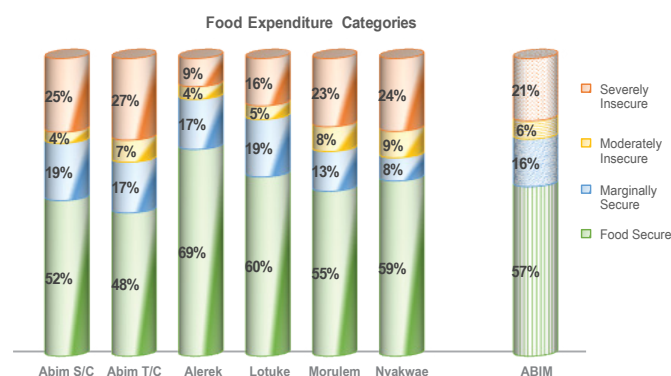


Figure 10: Food Expenditure Share in Abim District, June 2017

4. Food Utilization

4.1: Food Consumption Score

As illustrated in Figure 11, out of the selected households in Abim district, 44% had Food Consumption Score in the 'acceptable' category, with highest proportion of households from Abim Town Council (55%). Nyakwae sub-county registered the highest proportion of households under the category of 'poor' Food Consumption Score. Other sub-counties with higher than district average of 'poor' category score included Abim and Alerek (16% each).

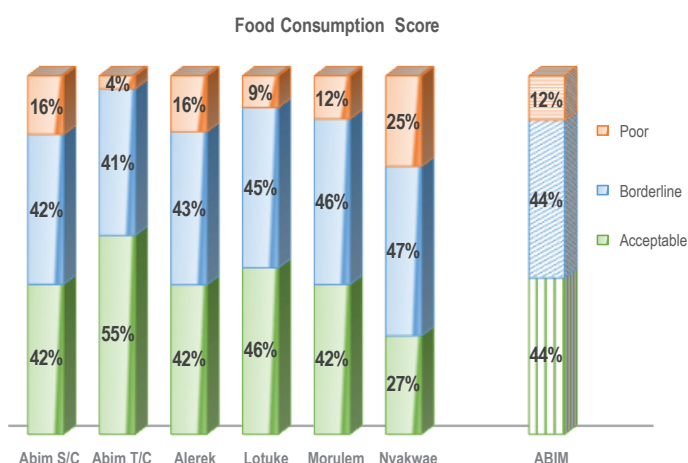


Figure 11: Food Consumption Scores in Abim, June 2017

4.2: Dietary Diversity

As illustrated in Figure 12, Only 10% of all households in the district were within the category of High Dietary Diversity Score (HDDS) above 6, especially within Abim sub-county and Town Council. In the Medium category of above 4.5 were 51% of the households, with more from Lotuke sub-county and Abim Town Council. Diet

with higher diversity was more common in Abim Town Council and Lutuke sub-county. Nyakwae sub-county registered the lowest proportion of households with medium and high categories of dietary diversity followed by Alerek sub-county.

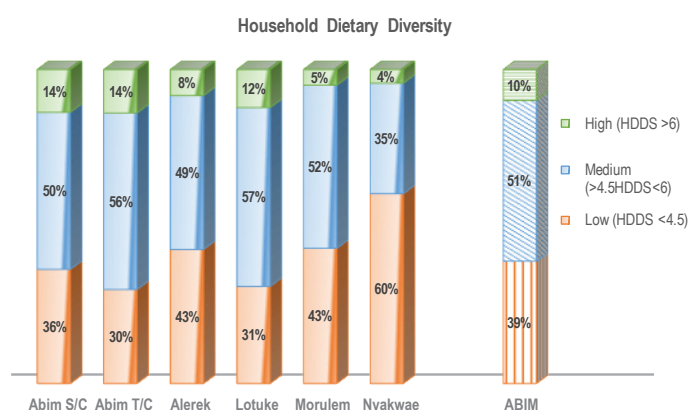


Figure 12: Household Dietary Diversity in Abim District, June 2017

4.3: Complementary Feeding Practices

Around the age of 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk. Complementary foods are necessary to meet energy and nutrient requirements to promote adequate growth. Overall, only 70% of infants 6 – 8 months of age in Abim district received solid, semi-solid or soft foods during the day prior to the assessment, which was slightly lower than the sub-regional average of 74%. As illustrated in Figure 13, feeding of infants and young children aged 6 – 23 months was far below the recommended infant

4. Food Utilization

and young child feeding (IYCF) practices. The findings also showed feeding practices for children aged 6 – 11 months were much better than those aged 12 – 17 and 18 – 23 months:

- Only 4% of children 6 – 23 months met the Minimum Dietary Diversity (MDD), but only slightly higher in the age category 6 – 11 months (5%);
- Only 20% of children 6 – 23 months met the Minimum Meal Frequency (MMF), higher in the age categories 6 – 11 months and 12 – 17 months (59% and 48%, respectively); and
- Only 3% of children met the Minimum Acceptable Diet (MAD), higher in the age category of 12 – 17 months (11%).

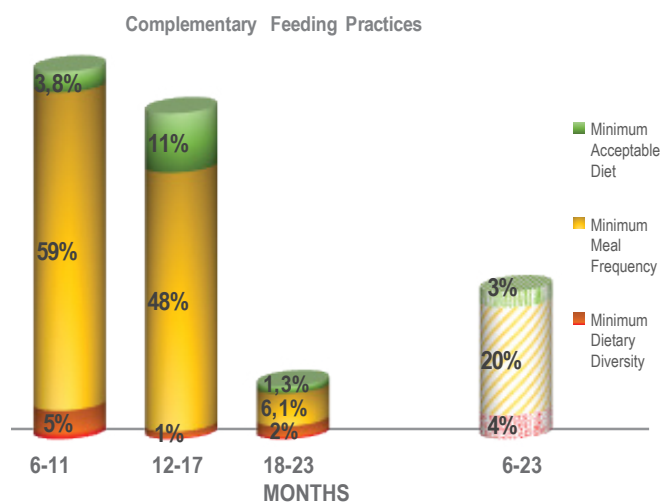


Figure 13: Complementary Feeding Practices in Abim, June 2017

4.4: Disease Prevalence

About one-quarter of all the selected households in Abim district (26%) reported no childhood illness within 2 weeks preceding the assessment (Figure 14).

Fever/ malaria was the most common illness (57%), followed by acute respiratory tract infections/ cough (28%), diarrhoea (22%) and skin diseases (6%). Fever/ malaria was more prevalent in Alerek and Abim sub-counties, whilst ARI/ cough was more uniformly spread across all the sub-counties though slightly higher in Alerek. Reports of diarrhoea was highest in Abim and Nyakwae sub-counties.

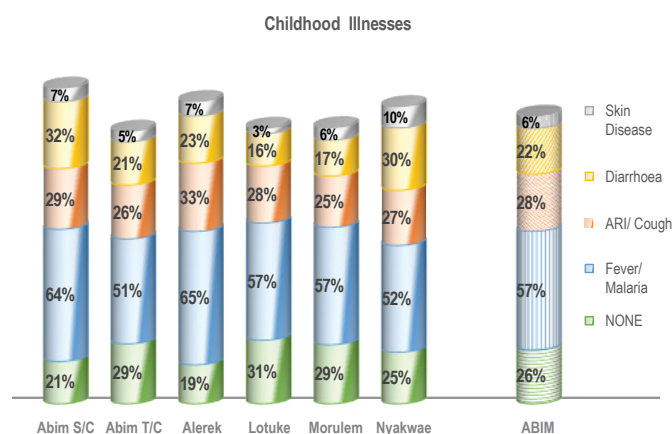


Figure 14: Prevalence of Diseases in Abim District, June 2017

4.5: Immunization

The third dose of Pentavalent/ DPT vaccine is given at 14 weeks of age and its coverage reflects effectiveness of the immunisation programme. As summarised in Figure 15, overall 99% of the children had received DPT3 with verifiable evidence from the Child Health Card available for 81% but for 18% being based on the mother's or caretaker's report. The highest proportion of children was in Lotuke and Nyakwae sub-counties where virtually all children had been immunized.

Measles vaccination is carried out at 9 months of age and overall 96% of children

4. Food Utilization

in the district had been immunised, 78% of them with verifiable evidence on the Child Health cards and 18% based on the mother's or caretaker's report. The range was from 91% in Alerek sub-county to 98% in Abim Town Council. Abim district registered a proportion similar to the sub-regional average of 96%. The proportion of children without evidence from Child Health Cards was higher in Nyakwae and Lotuke sub-counties.

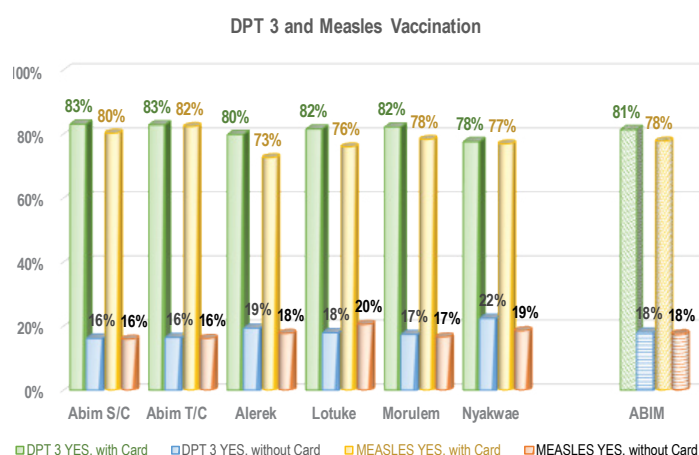


Figure 15: Measles and DPT3 Uptake in Abim District, June 2017

4.6: Vitamin A Supplementation and Deworming

Vitamin A supplements is provided every 6 months to children between the age of 6 and 59 months. Out of the selected households, 98% of the children aged 6 to 59 months had received vitamin A supplements within the previous six months, 80% had Child Health Cards for verification while 18% was based on mother's or caretaker's report (Figure 16). The highest was the sub-counties of Abim, Lotuke and Morulem (99% each) whilst those below the district average included Abim Town Council and Alerek sub-county (97% and 93%, respectively).

Medicines for treatment of intestinal worms is provided every 6 months to children aged between 12 and 59 months. Overall, 87% of the sampled children aged 12 to 59 months had received de-worming medicines within the 6 months preceding the assessment with verifiable evidence for 71%. The highest was in Nyakwae sub-county (93%) and those below the district level included Abim Town Council (86%) and sub-counties of Lotuke (85%) and Alerek (84%). Lack of Child Health Cards was most marked in Nyakwae sub-county.

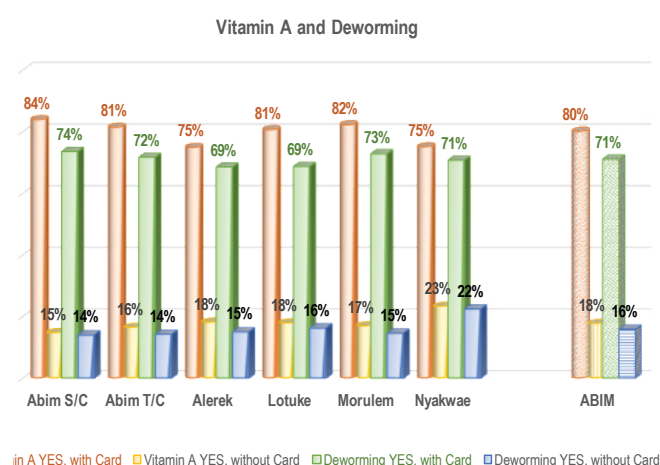


Figure 16: Vitamin A and Deworming Uptake in Abim, June 2017

4.7: Household Water

As illustrated in Figure 17, majority of households in Abim district (97%) obtained water from relatively safe sources comprising of boreholes, piped water and protected wells/ springs, which was higher than the sub-region's average of 90%. Safe water sources was utilized by comparatively more households especially in Nyakwae, Morulem and Alerek sub-counties. Lotuke sub-county (7%) and Abim Town Council (6%) had the highest proportion of households that obtained water from less safe sources such as open

4. Food Utilization

well/ spring and surface water. Only 17% of the selected households reported treatment of their drinking water. Of those who treated their water, the majority (92%) boiled while 8% used chlorination method.

The recommended amount of water for basic household hygiene and sanitation is at least 15 litres per person per day. As illustrated in Figure 18, about 44% of households in Abim district reported use of less than 15 litres of water per person per day that was much lower than 76% in the sub-region. Abim Town Council (35%) and Alerek sub-county (38%) registered

the lowest proportion of households that utilised little quantities of water. The highest water use of more than 20 litres per person per day was registered mainly by the households in Alerek sub-county (45%).

4.8: Household Sanitation and Hygiene

Figure 19 shows that there were only 27% of households in Abim district that did not have any toilet facilities, much lower than the sub-region's average of 58%. Among the selected households in the district that had toilet facilities, 6% were being shared with other households. The lack of toilet facilities was more prominent in the sub-counties of Nyakwae (31%) and Alerek (31%) but lowest in Abim Town Council (21%).

The majority of households (60%) had pit latrines but the open pit without a super structure, which is of a lower quality constituted the main type of toilet facility for 40% of the selected households in the district. Open pits were more common in Morulem sub-county, reported by 46% of the households with toilet facilities.

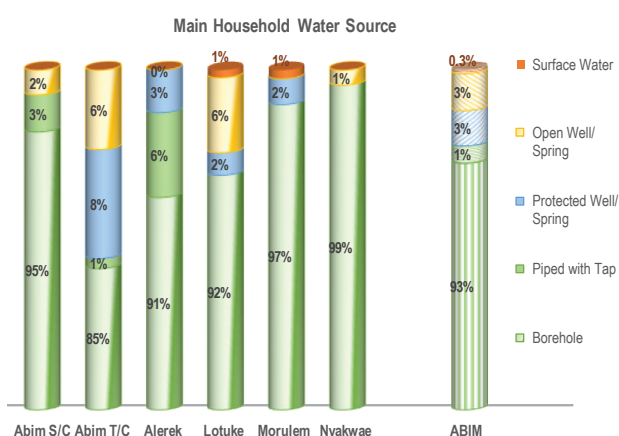


Figure 17: Sources of Household Water in Abim District, June 2017

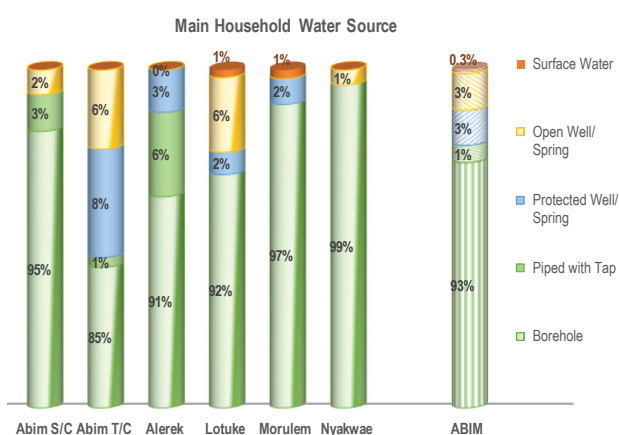


Figure 18: Sources of Household Water in Abim District, June 2017

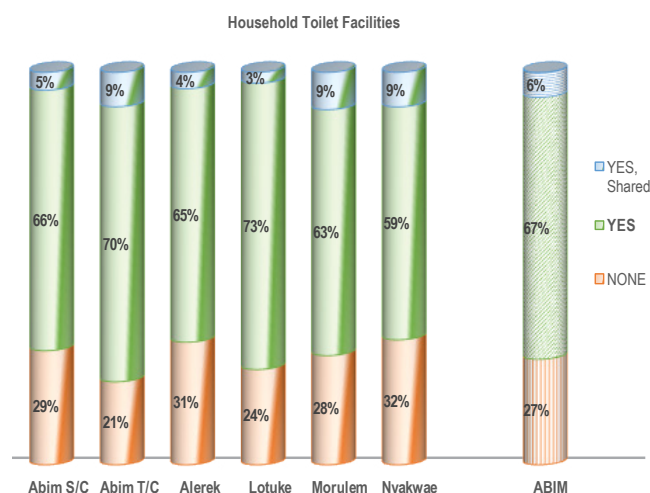


Figure 19: Availability of Toilet Facilities in Abim District, June 2017

5. Stability

5.1: Main Household Shocks

As illustrated in Figure 20, only 7% of the selected households in Abim district reported having experienced no difficulty or shock within the 30 days preceding the assessment. High food prices was cited by 43% of the households, followed by floods/ drought (22%) and sickness or diseases (12%). Alerek sub-county had the highest proportion of households affected by high food prices (53%) and sickness or diseases (18%) whilst Nyakwae sub-county had the highest proportion of households that mentioned floods/ drought (33%). Loss of crops due to rodents was a problem mentioned by most households from Abim sub-county.

5.2: Livelihood Coping Strategies

As illustrated in Figure 21, about one out of five households in Abim district (19%) did not apply any coping strategies, more especially from Lotuke sub-county (23%) and Abim Town Council (21%). Just under half of households (43%) were in emergency coping mode, particularly those from Nyakwae sub-county (52%). Emergency coping was lowest in Morulem sub-county (37%). However, the sub-county recorded the largest proportion of households in the 'crisis coping' mode (40%).

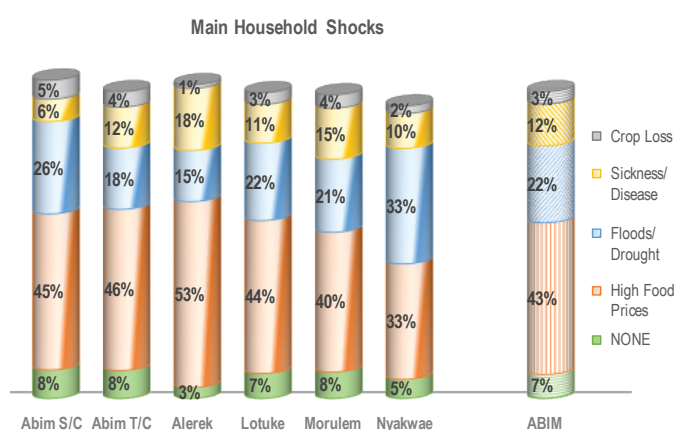


Figure 20: Main Household Shocks in Abim District, June 2017

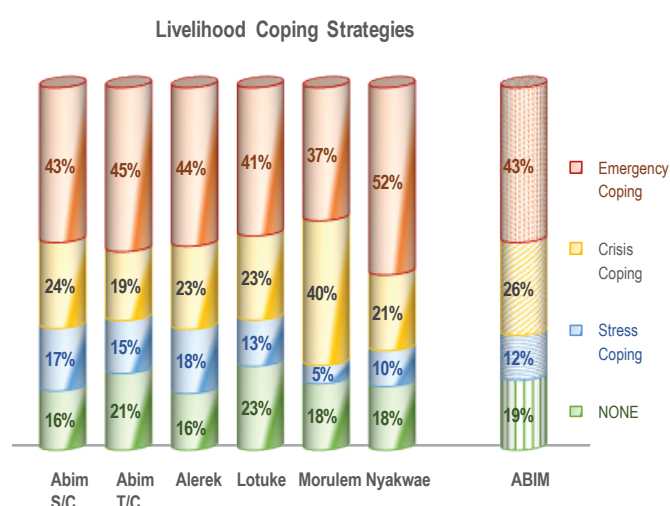


Figure 21: Livelihood Coping Strategy in Abim District, June 2017

6. Food Security and Nutrition Outcomes

6.1: Nutritional Status of Women and Children

a) Women of Child-bearing Age

There is an association between malnutrition of the mother and the nutritional status of under-five children. As illustrated in Figure 22, 27% of sampled women in Abim district were underweight, which was lower than the sub-regional average of 39%. **Nyakwae** and **Morulem** sub-counties registered the highest proportions of underweight women (35% and 31%, respectively). Lotuke sub-county had the lowest proportion of underweight women (23%). On the hand other side, **Morulem** and **Abim** sub-counties registered the highest proportion of overweight and obese women (6% each). Other sub-counties

with higher prevalence of overweight and obesity included **Kakomongole**, **Moruita** and **Loregae**. It is noteworthy that **Morulem** sub-county had the double burden of underweight and overweight among the women.

b) Under-five Children

The nutrition outcome for under-five children has been summarized and illustrated in Figure 23, key findings were as follows:

- Severe Acute Malnutrition (SAM) for Abim district was at 2.9%, with highest proportion in **Abim** sub-county (4.4%) and **Nyakwae** sub-county (4.3%) but lowest in Abim Town Council (1.5%). All sub-counties were above the critical level of 2%, only exception being Abim Town Council;
- Global Acute Malnutrition (GAM) for Abim district was at 11.1%, with highest proportion in **Nyakwae** sub-county (17.2%) and lowest in Abim Town Council (7.6%). The sub-counties of Nyakwae and Alerek were above the critical level of 10%;
- Stunting for Abim district was at 23.7%, with the highest proportion in **Abim Town Council** (28.7%) and lowest in Lotuke sub-county (19.7%). None of the sub-counties was above the critical level of 30% but those above the district average included: Abim, Nyakwae and Morulem sub-counties;

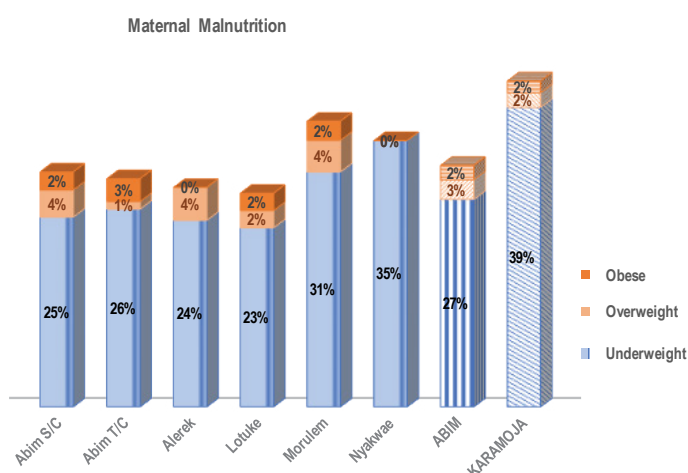


Figure 22: Malnutrition Level among Mothers in Abim, June 2017

6. Food Security and Nutrition Outcomes

- Underweight for Abim district was at 21.7%, with the highest proportion in **Nyakwae** sub-county (26.7%) and lowest in Abim Town Council (14.4%). The sub-counties above the critical level of 20% included Nyakwae, Abim and Morulem.

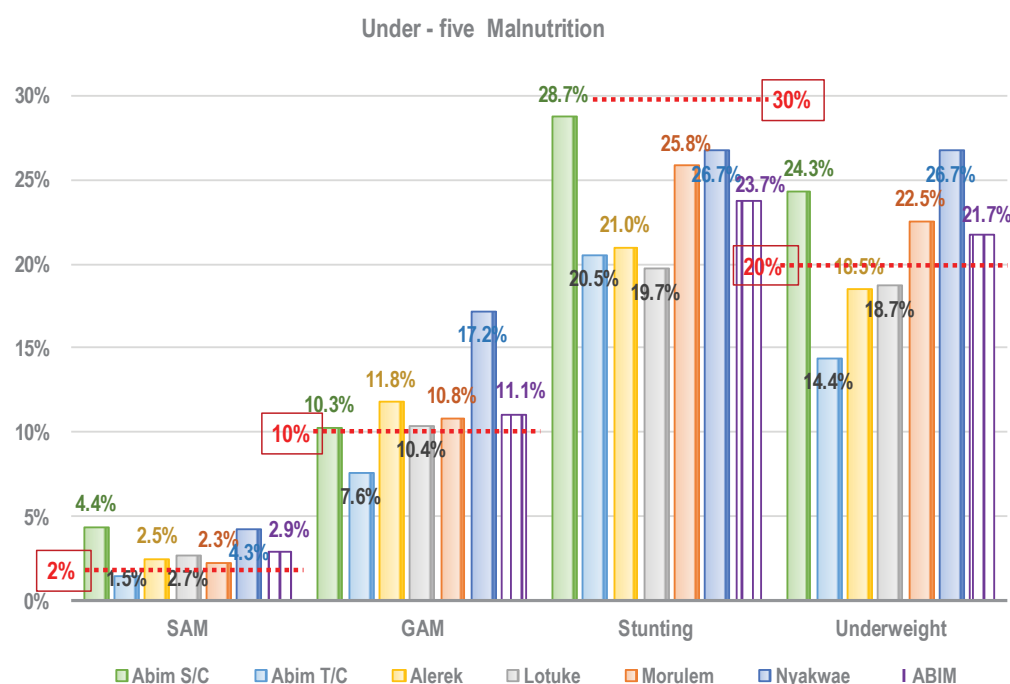


Figure 23: Malnutrition Level among Mothers in Abim, June 2017

6.2: Food Security Classification

As illustrated in Figure 24, the Food Security Index that combines the Food Expenditure, Food Consumption Score and Livelihood coping strategies showed that only 48% of households in Abim district were food secure (Food secure + Marginally food secure categories) whilst 53% were Food Insecure. The findings showed that Abim district had slightly less food insecure households than their counterparts in the sub-region recorded at 57%. There were more food insecure households registered in the sub-counties of **Nyakwae** (72%) and **Morulem** (57%). On the other hand, lowest proportion of food insecure households were registered in Abim Town Council (51%).

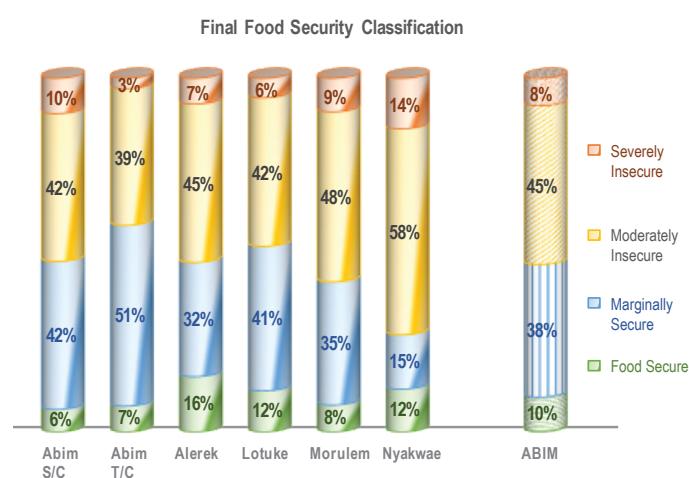


Figure 24: Final Food Security Classification for Abim District, June 2017

Recommendations

Food Availability

1. Strengthen effective extension services to cover all villages in the district that include promotion of two planting seasons in wet belt zones and the following:
 - Improving knowledge and skills among farmers on growing of disease/drought resistant and high yielding crops;
 - Setting up demonstration centres for farmers, supplying genuine farming inputs such as seeds and ensuring quality assessment of the seeds distributed;
 - Diversification of production through mixed farming with focus on legumes, locally available fruits and vegetables;
 - Control of pests and diseases such as army worms;
 - Post-harvest handling practices such as proper use of foods during harvest season, storage technologies and preservation; and
 - Use of more efficient agricultural equipment.
2. Support re-stocking of animals in communities where cultivation has failed, create a data-base for monitoring the re-stocking activities and strengthen veterinary services, including monitoring of animal diseases;
3. Construct water catchment areas in all villages for the households to obtain water for cultivation and feeding their animals especially during the dry seasons, and advocate for establishment or strengthening of irrigation to supplement rainfall;
4. Sensitize the communities and influence their practices on:
 - Growing fast maturing crops such as pumpkins, sweet potatoes and pawpaw;
 - Food storage for future consumption and better storage technologies;
 - Proper use of foods during the harvest season and reduced selling so that some is left to take households through to the next harvest season;
 - Value addition to the commonly grown crops;
 - Role of gender in crop production; and
 - Use of modern family planning methods to reduce the household size and thus contribute towards food security in the households.
5. Promote research to support the district obtain other high yielding crop varieties, educate the communities on climate change and seasons, and strengthen the District Early Warning Systems (DEWS);

Recommendations

6. Put in place a clear land ownership policy and advocate for dialogue among communities to settle land conflicts;
6. Set up District Land Board to address the challenges related to land ownership, promote dialogue to address the on-going land conflicts and put in place interventions to increase effective land utilization;
8. Educate and support the communities on:
 - Introduction of weather resistant variety of crops and improved seeds with high yields;
 - Good storage methods and post-harvest handling;
 - Group marketing concepts; and
 - Diversification of foods grown and consumed.
- 9 Advocate for By-laws or ordinances to limit the indiscriminate sale of food;
- 10 Sensitize and involve men as the land-owners and key decision-makers, on the following:
 - Production and storage of food at the household level;
 - Joint participation in decision-making; and
 - Joint ownership of household assets e.g. land, livestock etc.
- 11 Advocate for the establishment of granaries at household and silos at community levels to ensure food security and sensitize the communities on their importance, including cereal bulking;
- 12 Reduce sell of food crops by advocating for introduction of cash crops as alternative crops for sale to generate income; and
13. Advocate for the initiation or strengthening of NAADS pilot project in the district.

Recommendations for Accessibility

1. Advocate to the ministry/department responsible for road construction and maintenance to improve the road networks in the district;
2. Improve food accessibility the following, among others:
 - Establish community markets at each sub-county to support diversification of household incomes;
 - Educate and support communities on Income Generation Activities;
 - Build community level business competence and skills;
 - Advocate for commercialization of agriculture;
 - Introduce Community/ Village Savings and Loans Associations to facilitate agriculture loans for farmers;
 - Scale up the food/cash for work programmes; and
 - Advocate for the formation of cooperatives to support storage and purchase of food at fair prices.

Recommendations

3. Encourage households to have separate gardens of food and cash crops;
4. Advocate for support from the UNWFP to provide food assistance to persons living with HIV; and
5. Strengthen livelihood programs such as Income Generation Activities at community level and advocate for increased funding to promote agriculture mechanization.

Recommendations for Utilization

1. Encourage health workers to strengthen integrated child days' activities, improve documentation and make use of child health cards for every service provided to children below age of 5 years;
2. Strengthen the functionality of Out Patient Therapeutic Care (OTC) and In-patient Therapeutic Care (ITC) sites so that all malnourished children are efficiently and effectively managed;
3. Mobilize support in the form of grants to establish model sanitation villages such as the initiative started in 2 villages of Loroo sub-county, Amudat district and in addition:
 - Strengthen community sensitization and education on hygiene and toilet usage;
 - Repair all broken-down boreholes to enable access to clean water; and
 - Promote water harvesting during the wet season.
4. Establish By-laws to facilitate reduction on alcohol consumption

and strengthen community sensitization and education on the following among others:

- Different foods and their functions in the body;
 - Proper child caring and health seeking behaviours;
 - Good feeding practices among children and women; and
 - Utilization of safe water in the households.
5. Intensify supervision of the implementing partners as well as strengthen coordination and reporting among development partners like UNICEF, WFP, Save the Children etc. for improved health and nutrition situation;
 - Advocate for support from the district leadership on:
 - Population growth control; and
 - Prevention and control of diseases at community level including those related to HIV.
 6. Educate the community and train VHTs as well as peer mothers on nutrition, sanitation and hygiene, dietary diversification and monitoring of the immunization schedules;
 8. Strengthen the nutrition programmes e.g. Community Infant and Young Child Feeding (ciYCF) by the District Health Department with support from partners like UNICEF, Save the children and WFP, to specifically address poor feeding habits;
 - Increase access to health and nutrition services through mobile clinics and sustainable

Recommendations

integrated outreaches to:

- Improve disease prevention and management;
- Strengthen and scale-up nutrition screening; and
- Improve the Community Based Supplementary Feeding Programme.
- Advocate for support from the UNWFP to continue the MCHN programme for improved maternal and child nutrition outcomes.

Recommendations on Stability

1. Support the communities to correctly predict the cultivation periods, encourage relocation to more productive areas and put in place rapid response to disasters;

Recommendations on Demographic Factors

1. Improve regular school attendance of children by:
 - Advocating for establishment community schools and posting of teachers to such schools;
 - Provide sanitary pads to school girls to reduce of absenteeism;
 - Strengthening the school feeding programmes;
 - Holding dialogue with caregivers at village level to emphasize the importance of education;
 - Development of a tool to track absent pupils and teachers by the District Education department;
 - Strengthening supervision in schools; and
 - Advocating for By-laws on education ordinance.
2. Include nutrition education in the Adult Literacy Classes.

Recommendations**Attendance at Abim FSNA Validation Workshop**

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