



Food Security and Nutrition Assessment in Karamoja Sub-Region

NAKAPIRIPIT DISTRICT REPORT





Department
for International
Development



IBFAN Uganda

Acknowledgements

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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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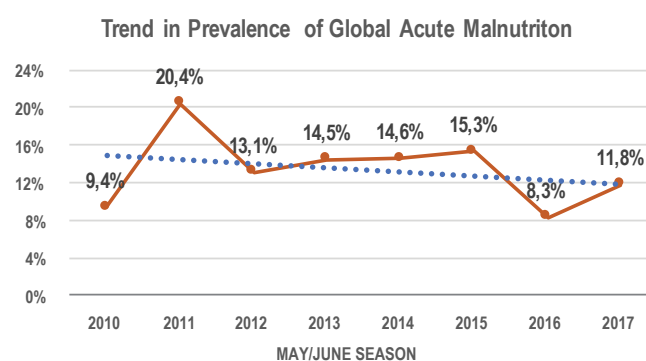
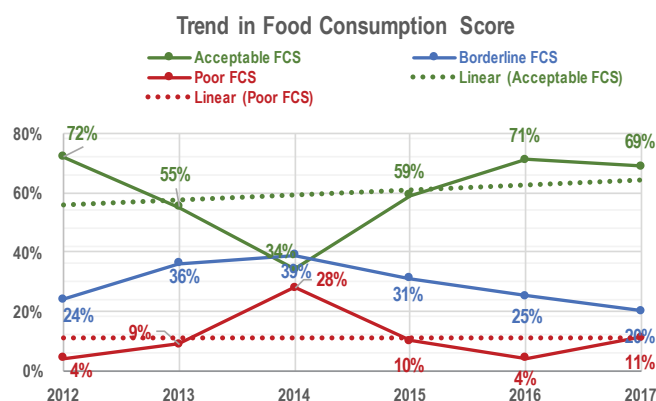
Executive Summary

Nakapiripirit is one of the districts in the 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 8 sub-counties of Lorengedwat, Nabilatuk, Lolachat, Moruita, Kakomongole, Nakapiripirit TC, Namalu and Loregae reaching 765 households, 896 children below 5 years and 721 women of child bearing age.

Key Findings

- Regular school attendance by 62% boys and 53% girls;
- Most households had access to land (94%) and 92% of these, reported having cultivated food;
- Only (62%) of households were registered under one or more Development Assistance Programmes such as MCHN (56%), Food Aid (26%), School Feeding (16%) and NUSAF (15%);
- Almost all households (83%) 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 98%, 98%, 85% and 82% respectively following the national

protocols/schedules; however, Child Health Card retention was found to be a problem.



Just less than half (42%) of households were food insecure. The adjacent figure shows Food Consumption Score over the 6-year period indicating stability in the trend of the acceptable FCS. The linear trend [adjacent figure] depicts stabilization within the range of 72% and 69% over the years.

Executive Summary

The prevalence of Global Acute Malnutrition (GAM) was 11.8% in 2017 which according to WHO threshold is 'serious/high'.

The linear trend [adjacent figure] shows a decrease from about 20.4% in 2011 to 11.8% 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 29% of households had food stocks and just less than half (47%) had no livestock;
- Low access to food as households had limited incomes amidst increasing food prices that had prompted high prevalence of debt (35%) borrowed primarily to buy food (52%);
- Poor Infant and Young Child Feeding (IYCF) practices with only 7% of children meeting the Minimum Acceptable Diet coupled with high prevalence of illnesses (85%) among children, affecting their ability to effectively utilize the food consumed;
- Poor water and sanitation practices with nearly 54% of households having no toilet facilities and only 17% using water at the recommended rate of 15 litres per person per day, all of which rendered gains in nutrition fragile; and

- The high proportion of female headed households (42%) coupled with low levels of formal education (25%) 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 **Kakomongole Moruita**, and **Lolachat** while food insecurity was mainly observed in **Lorengedwat**, **Namalu** and **Kakomongole**.

Recommendations

Agriculture:

Introduction of suitable cash and crop promotion, especially rice, simsim, G-nuts, watermelon; diversification of crops livestock [*drought resistant and short maturing, disease and pests tolerant and high yielding and palatable*]; and post-harvest handling and value addition;

Climate change:

Support and build irrigation structures;

Livestock:

Invest more in livestock development, especially in terms of breed development and value addition; and

Policies:

Disseminate/focus on food security By-laws and Ordinances.

Executive Summary**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, Nakapiripirit district had higher proportion of female-headed households (42%), extremely vulnerable households (21%), polygamous households (51%) and those headed by persons living with disability or with chronic illnesses (13%) compared to the sub-region's average. However, only 14% of the households were registered under the Northern Uganda Social Action Fund (NUSAF) compared to the sub-region's average of 25%.

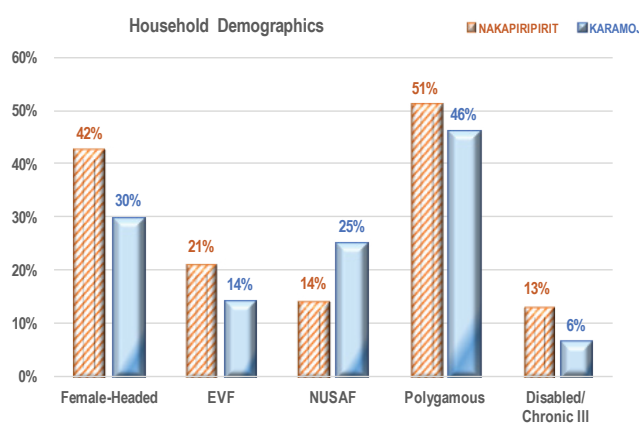


Figure 1: Household Demographics, Nakapiripirit, June 2017

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 between the highest education level attained by the mother and household malnutrition. As shown in Figure 2, three-quarters of mothers in Nakapiripirit had no formal education, 21% had attained primary level and only 3% had secondary level education. The proportions in Nakapiripirit district were not very different from the average for the sub-region, with 72% without any formal education and 22% having attained primary level education.

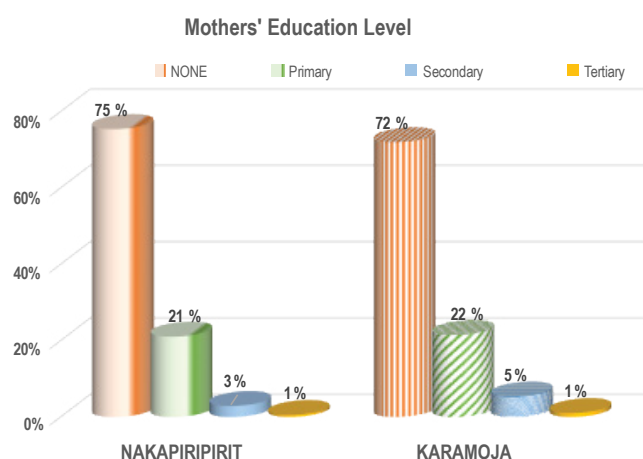


Figure 2: Mothers' Education Level, Nakapiripirit, June 2017

1. Household Demographic & Related Factors

1.3: School Attendance

There were 520 boys and 457 girls of primary school age selected from Nakapiripirit district, with regular school attendance being reported for 68% each. Regular school attendance in Nakapiripirit district was 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 and textbooks was cited as main reason for irregular attendance for half of the boys but was the second main reason among boys (35%), after domestic household chores that was mentioned by 37%. Illness and handicap was second main reason for boys (23%) and for 10% of the girls. Child work for cash was cited by 6% and 4% of the girls and boys, respectively. Lack of interest in education was cited by 4% of the boys but only 1% of the girls while early marriage was cited by 4% of the girls but was not an issue among the boys.

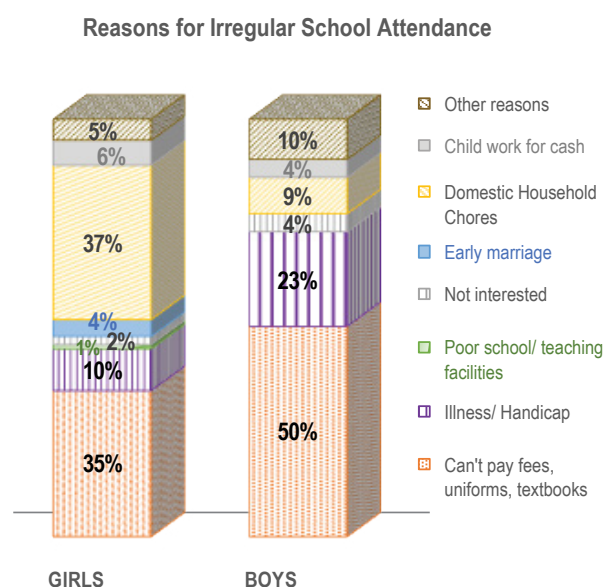


Figure 1: Household Demographics, Nakapiripirit, June 2017

2. Food Availability

2.1: Access to Land

Table 1: Access to Agricultural Land

SUB COUNTY	Agricultural Land Access (%)
Lorengedwat	97%
Nabilatuk	92%
Lolachat	99%
Kakomongole	95%
Nakapiripirit T/C	75%
Moruita	91%
Namalu	89%
Loregae	94%
NAKAPIRIPIRIT	94%
KARAMOJA	87%

Most households (94%) reported having access to land for agriculture production. The findings were below those of the sub-regional average of 87%. The sub-counties of Lolachat (99%), Lorengedwat (97%), Kakomongole (95%) and Loregae (91%) recorded the highest proportion of households having access to land while not surprisingly households from the Nakapiripirit T/C had the lowest (75%), which could be attributed to its urban status.

2.2: Livestock Ownership

Livestock ownership has been significantly associated malnutrition levels in the household. As illustrated in Figure 4, more than half of households in Nakapiripirit district (53%) reported ownership, which was comparable to the sub-regional average of 54%. However, in terms of density 28% of Nakapiripirit households owned more than 2 Tropical Livestock Units (TLU), which was only slightly higher than the sub-regional average of 23%. There was relatively higher density of livestock in the sub-counties of Lolachat (42%), Moruita (41%) and Lorengedwat (37%). Not surprising, 95% of households in Nakapiripirit Town Council did not own any livestock at all and 5% had negligible numbers.

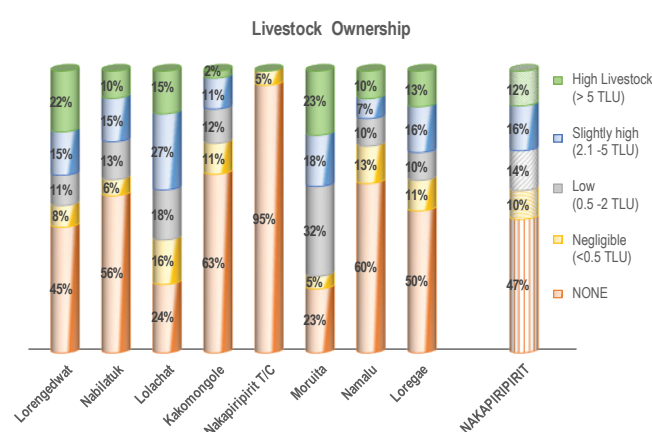


Figure 4: Livestock Ownership, Nakapiripirit District, June 2017

2. Food Availability

Overall, only 8% of the selected households reported having no constraints at all in relation to livestock production. The main constraint mentioned was parasites or diseases (57%), followed by shortage of pasture/ feeds (12%) and theft (11%) whilst 8% mentioned lack of veterinary services.

was planted by highest proportion of households in Nakapiripirit Town Council, followed by Namalu sub-county. The main constraint to crop production cited by 59% of households was the drought and low rainfall, followed by inadequate seeds and tools (16%), sickness or physical inability and land conflicts (5% each).

2.3: Cropping Practices

Overall, 92% of the selected households in Nakapiripirit district reported having cultivated staples and legumes with a range from 75% in Nakapiripirit Town Council to 98% in Lolachat sub-county. As illustrated in Figure 5, sorghum was the crop grown by most households (76%), followed by maize and beans. Agricultural production was comparatively higher in Nakapiripirit Town Council and Namalu sub-county. Lolachat sub-county had the highest proportion of households that planted sorghum (99%) whilst Nakapiripirit Town Council and Moruita sub-county had the lowest. However, maize was grown by most households in Nakapiripirit Town Council and the sub-counties of Moruita and Namalu. Beans as a source of protein

2.4: Household Food Stocks

- Only 29% of households in Nakapiripirit district reported food stocks at the time of assessment, slightly higher in Nakapiripirit Town Council (50%) but lower in Lorengedwat sub-county (18%);
- The main source of food stocks was own production for 31% of households and markets for 67%; gifts and distribution, each 1%;
- Of the households with stock, 1% had between 3 and 5 bags of 50 kilograms; 13% had between 1 and 2 bags; whilst 86% had less than 1 bag; and
- The estimated mean days of stock for households in Nakapiripirit district was only 4 days with a range from 2 days in Nakapiripirit Town Council to 5 days each in Lolachat, Kakomongole, Moruita and Namalu sub-counties.

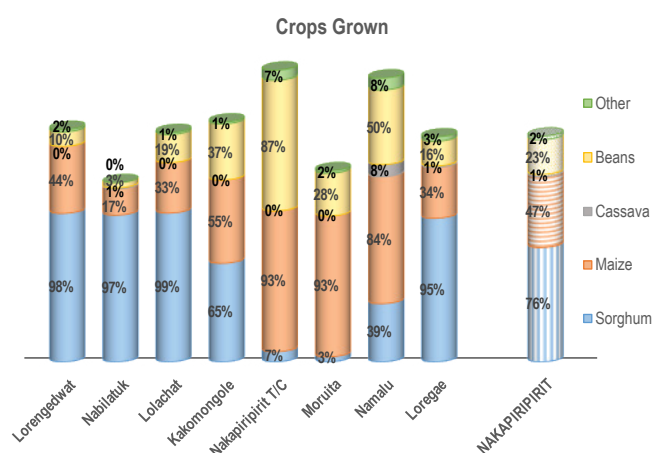


Figure 5: Main Crops Cultivated in Nakapiripirit District, June 2017

2.5: Food and Humanitarian Assistance

Overall more than one-third of households in Nakapiripirit district (38%) were not registered under any Development Programmes. MCHN reached 56% of households, followed by Food aid rations that reached 26%, School Feeding (16%),

2. Food Availability

WASH (15%) and NUSAF (15%). Nakapiripirit Town Council (55%) had comparatively more households that did not receive any assistance while Loregae sub-county had the fewest households (33%). Food Aid and WASH reached more households in Nabilatuk sub-county; MCHN and the School Feeding programme reached more in Nakapiripirit T/C, Lolachat, Nakapiripirit T/C, Namalu sub-county, while NUSAF reached comparatively more households in Moruita and Lorengedwat sub-county.

As illustrated in Figure 6, only 26% of the sampled households from Nakapiripirit district had received assistance from UNWFP in the 6 months prior to the assessment through Food Aid and only 5% households had received Cash. All sub-counties equally received Food Aid ranging from 21% in Moruita to 29% in Nabilatuk. Cash was received by households in Loregae, Nabilatuk and Lolachat sub-counties. The decision in relation to handling of the food was mainly made by the women at 91% of households, the women and men together took the decision at 2% of households whilst the decision in the remaining 7% was made by the men.

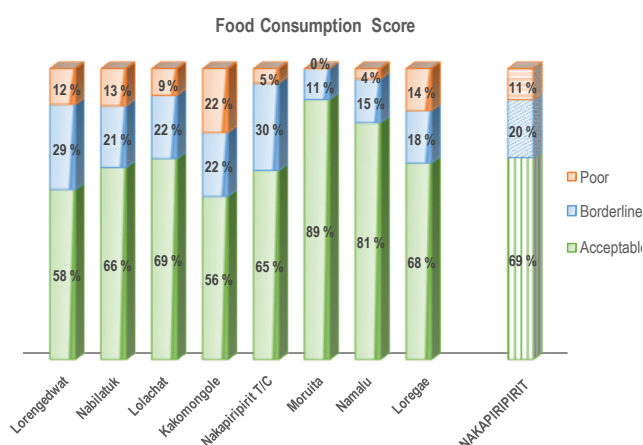


Figure 6: Food and Humanitarian Assistance, Nakapiripirit District

3. Access to Food

3.1: Income Earners and Sources

Overall only 19% of households in Nakapiripirit district did not have any income earner at all, which slightly higher than the average of 16% in the sub-region. As illustrated in Figure 7, Namalu sub-county (95%) and Nakapiripirit Town Council (90%) had comparatively more households with at least one income earner, whilst Lorengedwat sub-county (72%) had the lowest. The findings suggest relatively better economic access to food in Namalu sub-county and the Town Council due to the higher proportion of income earners.

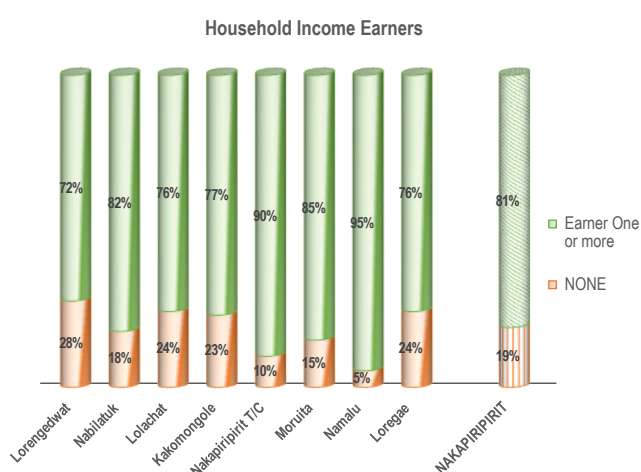


Figure 7: Income Earners in Nakapiripirit District, June 2017

- Out of all selected households in the district, the highest proportion of declared income sources were from Lolachat sub-county (23%), followed by Nabilatuk (18%),

Loregae (15%), Namalu (14%), Kakomongole (12%) while lowest were Lorengedwat, Moruita and Nakapiripirit Town Council at 9%, 6% and 2%, respectively;

- The most important source of income reported for 31% of the selected households in Nakapiripirit district was Agricultural wage labour, especially from Nabilatuk and Lolachat sub-counties;
- The next most important source of income was Food crop production/sales (25%), especially for sub-counties of Lolachat and Namalu; and
- The third most important source of income was sale of firewood/charcoal (24%), especially in the sub-counties of Nabilatuk and Lolachat.

3.2: Household Debt

- Household debt was declared by 35% of selected households in Nakapiripirit district, with a range from 17% in Moruita sub-county to 50% in Lolachat sub-county;
- Out of the households that had debts, 34% were required to pay interest, with none for all the households in Moruita sub-county and highest proportion of households in Lolachat and Kakomongole sub-counties (42% each);
- Main source of credit for all debts

3. Access to Food

and loans in the district included: Relatives (38%), Bank/ Credit Institution/ Micro-credit project (25%), Money lender (17%) and Traders/ Shop-keeper (13%); and

- Average amount of debt in Nakapiripirit was UGX 82,947, lowest in Lorengedwat sub-county (UGX 29,025) and highest in Loregae sub-county (UGX 130,821). Average interest was UGX 17,681, lowest in Lorengedwat sub-county and highest in Loregae sub-county.

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 more than half (52%) of households' debt in Nakapiripirit district was for buying food, followed by health expenses (21%), School/ Education costs (10%), Agricultural inputs (9%) and Investing for business (2%).

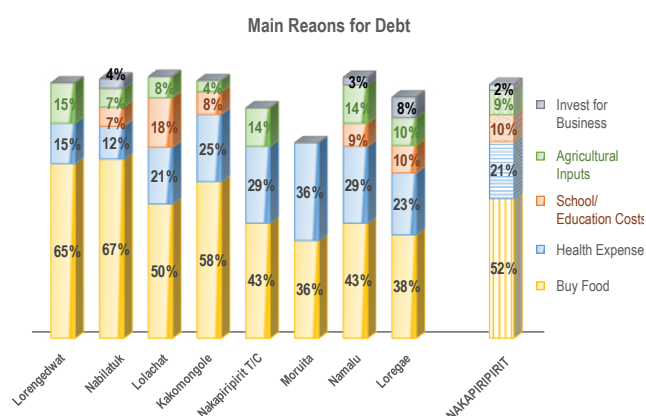


Figure 8: Main Reasons for Debt in Nakapiripirit District, June 2017

and Lorengedwat sub-counties (67% and 65%, respectively) whilst debt for health expenses was highest in Moruita sub-county (36%). It was mainly households from Lolachat 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. As illustrated in Figure 9, overall, 59% of households in the district were heavily dependent upon markets, especially from Nakapiripirit Town Council and Namalu sub-county. Dependence on markets for food was lowest in Lolachat sub-county (45%) and Loregae (53%).

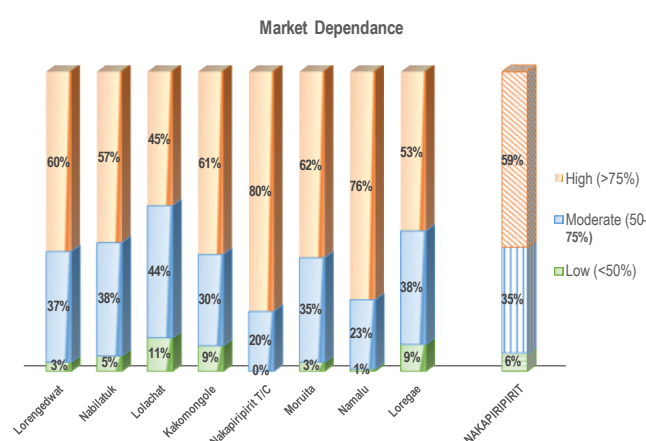


Figure 9: Dependence on Markets for Food Nakapiripirit, June 2017

3. Access to Food

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, one quarter (45%) of households in Nakapiripirit district had Food Expenditure Share >65%, especially from the sub-counties of Namalu (56%), Lolachat (47%) and Moruita (50%). The lowest proportion of households under the food insecure category was from Kakomongole sub-county (32%). The finding households spending proportionately more on food than the other essential non-food items indicated very high likelihood of food access challenges.

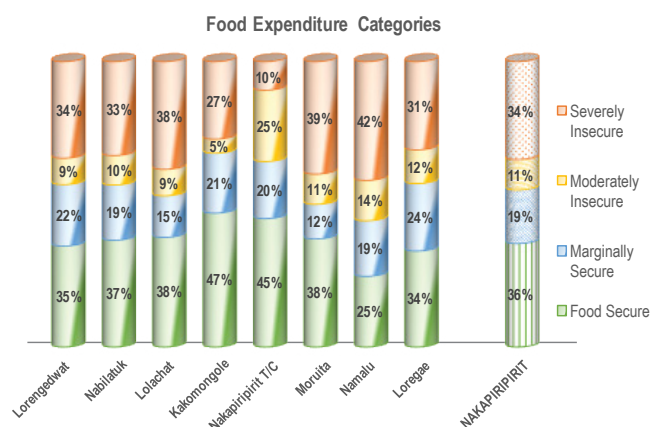


Figure 10: Food Expenditure Share in Nakapiripirit District, June 2017

4. Food Utilization

4.1: Food Consumption

As illustrated in Figure 11, out of the selected households in Nakapiripirit district, 69% had Food Consumption Score in the 'acceptable' category, with the highest proportion of households in Moruita and Namalu sub-counties (89% and 81%, respectively). Kakomongole sub-county registered the highest proportion of households under the category of 'poor' Food Consumption Score. Other sub-counties with higher than the district average of 'poor' category included Loregae, Nabilatuk and Lorengedwat.

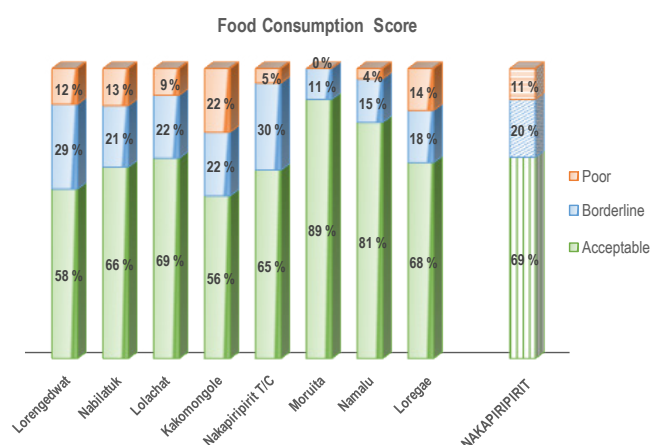


Figure 11: Food Consumption Scores Nakapiripirit, June 2017

4.2: Dietary Diversity

As illustrated in Figure 12, Only about one out of every ten households (11%) in the district were within the category of High Dietary Diversity Score (HDDS) above 6, especially within Nakapiripirit Town Council and the sub-counties of Lolachat and Namalu. In the Medium category of above 4.5 were 53% of the households, with more from Namalu and Moruita sub-counties. Diet with higher diversity was more common in Namalu and Moruita sub-counties, followed by Nakapiripirit Town Council. Lorengedwat sub-county registered the lowest proportion of households with medium and high categories of dietary diversity followed by Nabilatuk sub-county.

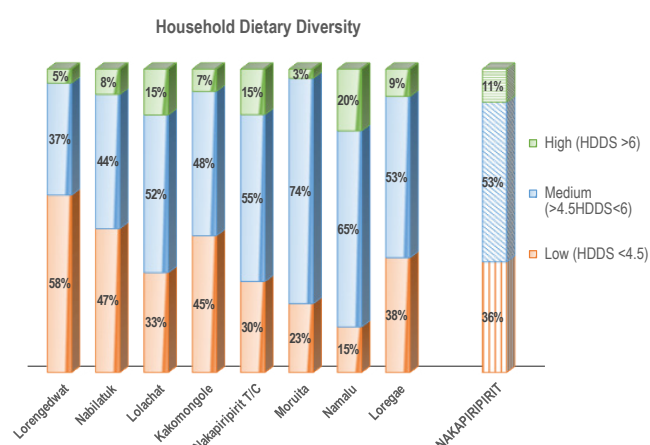


Figure 12: Household Dietary Diversity Nakapiripirit, June 2017

4. Food Utilization

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 67% of infants 6 – 8 months of age in Nakapiripirit district received solid, semi-solid or soft foods during the day prior to the assessment, which was lower than the sub-regional average of 74%. As illustrated in Figure 14, feeding of infants and young children aged 6 – 23 months was far below the recommended infant and young child feeding (IYCF) practices. The findings also showed feeding practices for children aged 12 – 17 months were relatively better than for those aged 6 – 11 months, but much better than those 18 – 23 months:

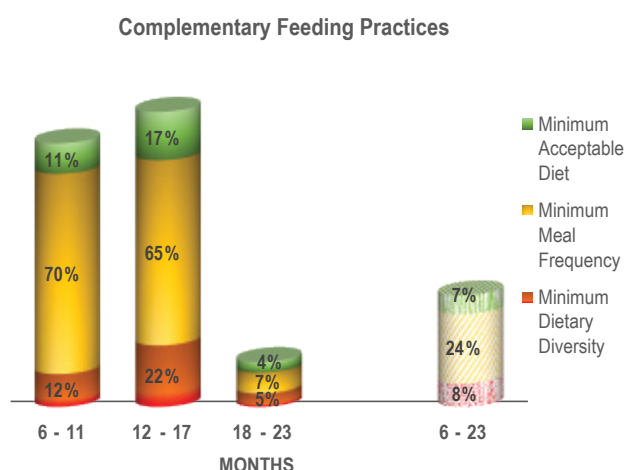


Figure 13: Complementary Feeding Practices in Nakapiripirit

- Only 8% of children 6 – 23 months met the Minimum Dietary Diversity (MDD), but higher in the age category 12 – 17 months (22%);
- Only 24% of children 6 – 23 months met the Minimum Meal Frequency

(MMF), much higher in the age categories 6 – 11 months and 12 – 17 months (70% and 65%, respectively); and

Only 7% of children met the Minimum Acceptable Diet (MAD), higher in the age category of 12 – 17 months (17%).

4.4: Disease Prevalence

Only about 15% of all the selected households in Nakapiripirit district reported no childhood illness within 2 weeks preceding the assessment (Figure 14). Fever/ malaria was the most common illness (68%), followed by acute respiratory tract infections/ cough (50%), diarrhoea (39%) and skin diseases (10%), whilst only 6% reported eye disease. Overall, the highest prevalence of illness was reported by the households from Nakapiripirit Town Council, where Fever/ malaria, ARI/ cough and diarrhoea were most reported. Skin disease was comparatively more common in Loregae sub-county whilst eye disease was more of a problem to Lolachat sub-county and Nakapiripirit Town Council.

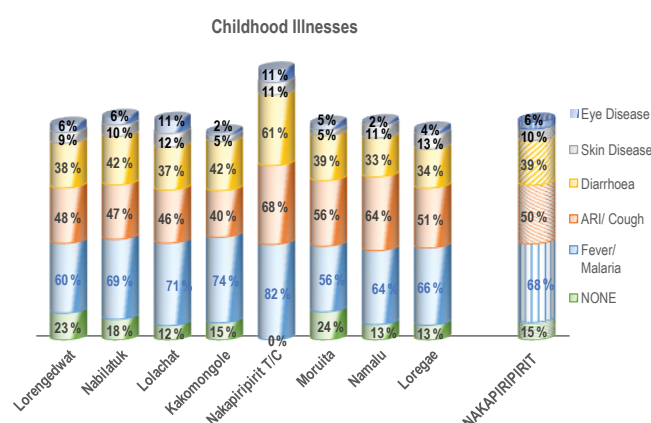


Figure 14: Prevalence of Disease, Nakapiripirit District, June 2017

4. Food Utilization

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 98% of the children had received DPT3 with verifiable evidence from the Child Health Card available for 61% but for 37% being based on the mother's or caretaker's report. The highest proportions of children were in Lolachat and Namalu sub-counties where virtually all children had been immunized, whilst the lowest was in Moruita sub-county (92%).

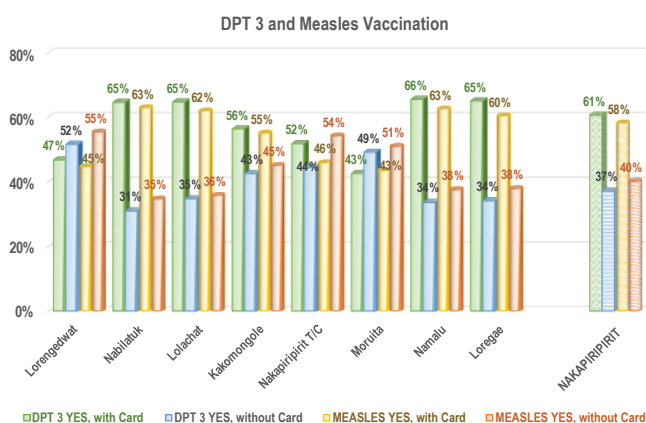


Figure 15: Measles and DPT3 Immunisation Coverage, June 2017

Measles vaccination is carried out at 9 months of age and overall 98% of children in the district had been immunised, 58% of them with verifiable evidence on the Child Health cards and 40% based on the mother's or caretaker's report. The range was from 94% in Moruita sub-county to 100% each in Nakapiripirit Town Council and sub-counties of Lorengedwat and Kakomongole. Nakapiripirit district registered a proportion slightly higher than the sub-regional average of 96%. The proportion of children without evidence

from Child Health Cards was higher in the sub-counties of Lorengedwat and Moruita, and Nakapiripirit Town Council.

4.6: 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, 85% of the children aged 6 to 59 months had received vitamin A supplements within the previous six months, 53% had Child Health Cards for verification while 32% was based on mother's or caretaker's report (Figure 16). The highest was the sub-counties of Lorengedwat and Kakomongole (94% and 91%, respectively) whilst those below the district average included Moruita, Loregae and Namalu (84, 80% and 77%, respectively).

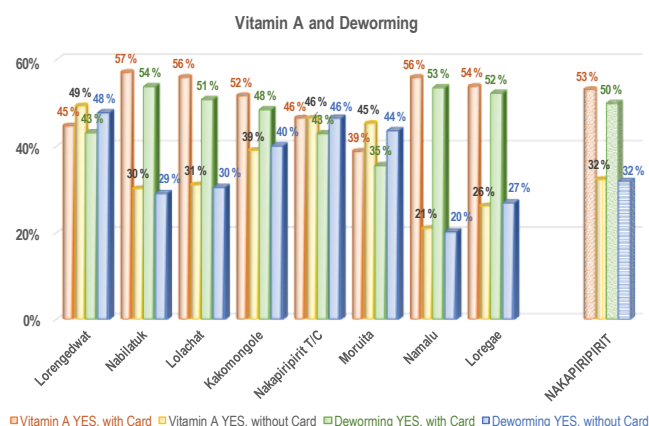


Figure 16: Vitamin A and Deworming Coverage, June 2017

Medicines for treatment of intestinal worms is provided every 6 months to children aged between 12 and 59 months. Overall, 82% of the sampled children aged 12 to 59 months had received de-worming medicines within the 6 months preceding

4. Food Utilization

the assessment with verifiable evidence for 50%. The highest was in Nakapiripirit Town Council (94%) and those below the district average included the sub-counties of Lolachat (81%), Namalu (73%), Moruita and Loregae (79% each). Lack of Child Health Cards was most marked in Nakapiripirit Town Council, Lorengedwat and Moruita sub-counties.

4.7: Household Water

As illustrated in Figure 17, about 83% of households in Nakapiripirit district obtained water from relatively safe sources comprising of boreholes, piped water and protected wells/ springs, which was lower than the sub-region's average of 90%. Safe water sources was utilized by comparatively more households especially in Nakapiripirit Town Council and the sub-counties of Loregae, Lolachat and Nabilatuk. Namalu sub-county (40%), Lorengedwat (33%) and Moruita (31%) had the highest proportion of households that obtained water from less safe sources such as open well/ spring and surface water. Only 6% of the selected households reported treatment of their

drinking water. Of those who treated their water, the majority (95%) boiled while 2% used chlorination method.

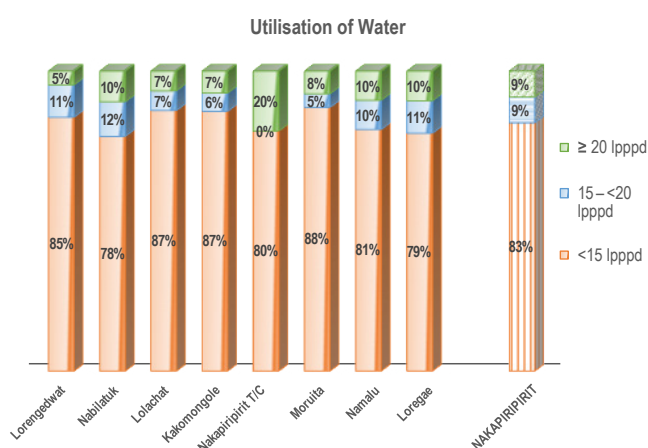


Figure 18: Amount of Water used in Households, June 2017

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 83% of households in Abim district reported use of less than 15 litres of water per person per day that was much higher than 76% average in the sub-region. The sub-counties of Nabilatuk and Loregae (79% each) 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 Nakapiripirit Town Council (20%).

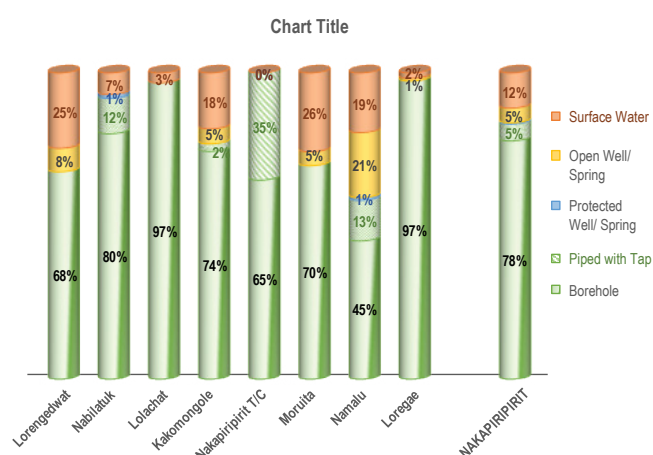


Figure 17: Sources of Household Water in Nakapiripirit, June 2017

4. Food Utilization

4.8: Household Sanitation and Hygiene

There were more than half (54%) of households in Nakapiripirit district that did not have any toilet facilities, which was slightly lower than the sub-region's average of 58%. As illustrated in Figure 19, among the selected households in the district that had toilet facilities, 13% were being shared with other households. The lack of toilet facilities was more prominent in the sub-counties of Moruita (91%), Lorengedwat (77%) and Lolachat (67%) but lowest in Kakomongole sub-county (29%).

More than half of the households (52%) 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 44% of the selected households in the district. Open pits were more common in Loregae and Lolachat sub-counties, reported by 57% and 54% respectively, of the households with toilet facilities.

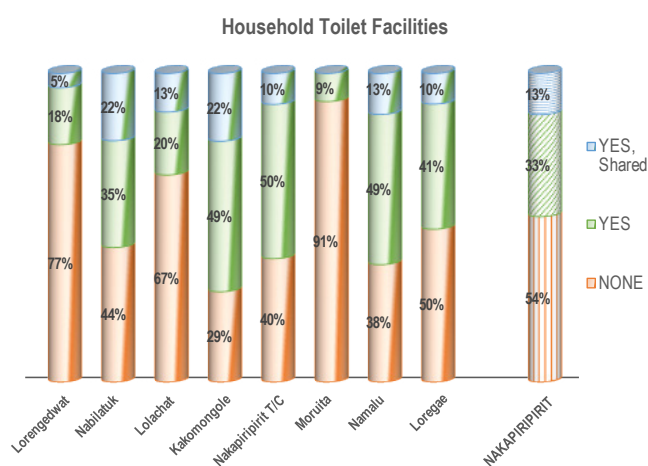


Figure 19: Amount of Water used in Households, June 2017

5. Stability

5.1: Main Household Shocks

As illustrated in Figure 20, only 3% of the selected households in Nakapiripirit district reported having experienced no difficulty or shock within the 30 days preceding the assessment. Sickness/ Disease was cited by the largest proportion of households (41%), followed by high food prices (32%) and floods/ drought (14%). Nakapiripirit Town Council had the largest proportion of households affected by high food prices (55%) whilst Moruita sub-county had the highest proportion of households that mentioned floods/ drought (30%) and sickness/ diseases was the main problem cited by largest proportion of households in Namalu sub-county (46%). Loss of crops due to rodents was a problem mentioned by most households from Moruita sub-county.

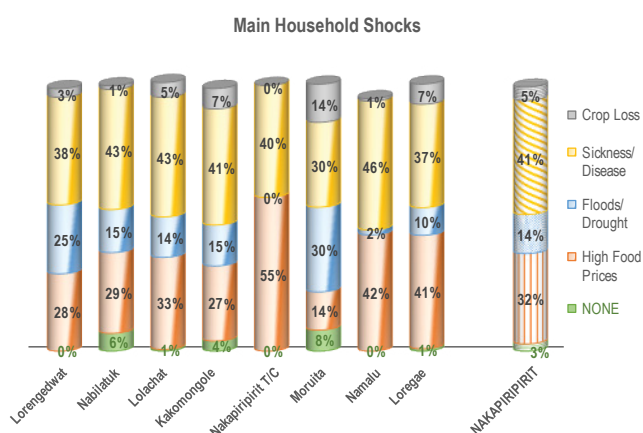


Figure 20: Main Households Household Shocks in Nakapiripirit, June 2017

5.2: Livelihood Coping Strategies

As illustrated in Figure 21, about one out of five households in Nakapiripirit district (19%) did not apply any coping strategies, more especially from Nakapiripirit Town Council (30%) and Nabilatuk sub-county (29%). More than half of households (57%) were in emergency coping mode, especially those from Namalu sub-county (73%). Emergency coping was lowest in Nakapiripirit Town Council (50%), where none of the households reported was reported under the crisis coping mode.

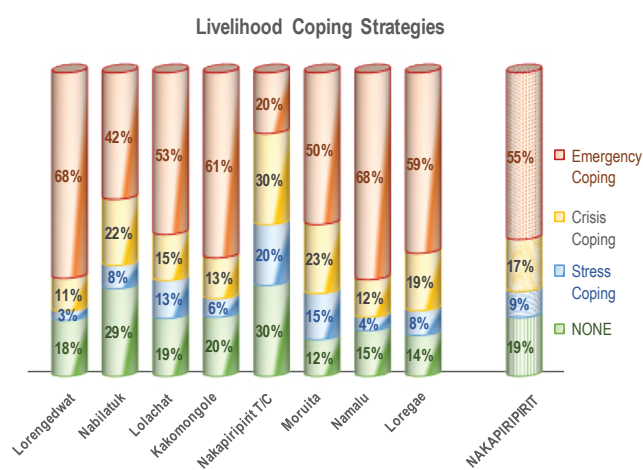


Figure 21: Livelihood Coping Strategy in Nakapiripirit, June 2017

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, 47% of sampled women in Nakapiripirit district were underweight, which was higher than the sub-regional average of 39%. **Lorengedwat** and **Loregae** sub-counties registered the highest proportions of underweight women (57% and 49%, respectively), with **Nabilatuk** and **Lolachat** among those above the district average. **Moruita** sub-county had the lowest proportion of underweight women (30%). On the other hand, **Nakapiripirit Town Council** registered the highest proportion of overweight and obese women (12%). Other sub-counties

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

b) Under-five Children

The severe acute and global acute malnutrition outcomes for under-five children are summarized and illustrated in Figure 23, key findings were as follows:

Severe Acute Malnutrition (SAM) for Nakapiripirit district was at 2.0%, with highest proportion in **Kakomongole** sub-county (7.1%) but lowest in **Lorengedwat** sub-county and **Nakapiripirit Town Council** (0%). Only **Kakomongole** sub-county was above the critical level of 2%, whilst **Nabilatuk** sub-county registered 2.4%;

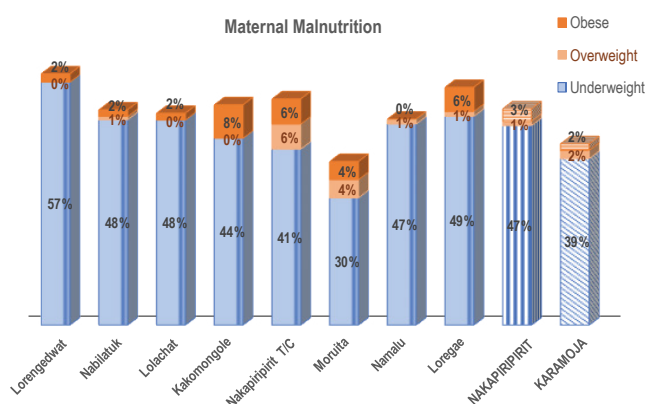


Figure 22: Malnutrition Level among Mothers in Nakapiripirit District

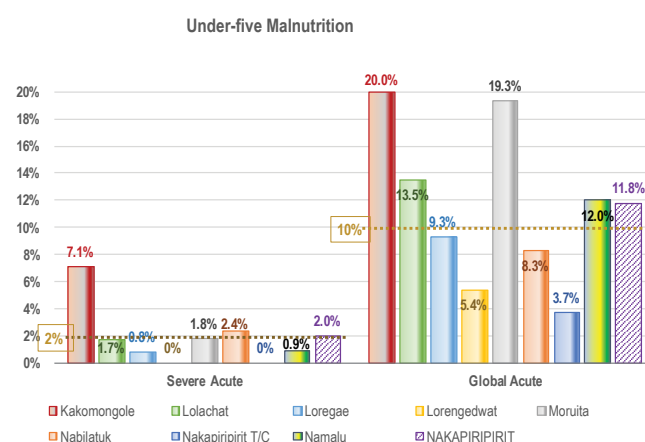


Figure 23: Prevalence of Acute Malnutrition in Nakapiripirit, June 2017

6. Food Security and Nutrition Outcomes

Global Acute Malnutrition (GAM) for Nakapiripirit district was at 11.8%, with highest proportion in the sub-counties of **Kakomongole** (20.0%) and **Moruita** (19.3%) but lowest in Nakapiripirit Town Council (3.7%). The sub-counties of Kakomongole, Lolachat, Moruita and Namalu were above the critical level of 10%.

The stunting and underweight outcomes for under-five children has been summarized and illustrated in Figure 24, key findings were as follows:

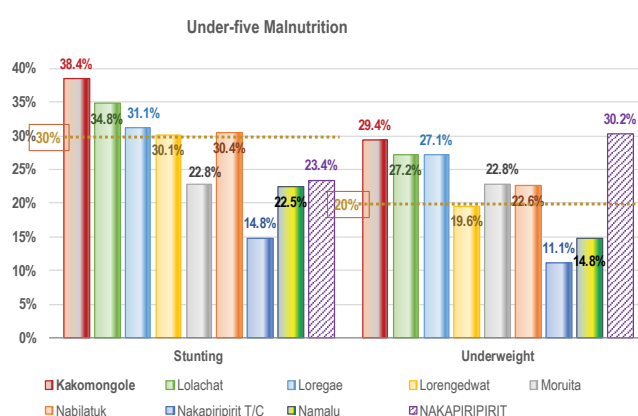


Figure 24: Prevalence of Stunting and Underweight in Nakapiripirit

- Stunting for Nakapiripirit district was at 23.4%, with the highest proportion in **Kakomongole** sub-county (38.4%) and lowest in Nakapiripirit Town Council (14.8%). The sub-counties of Kakomongole, Lolachat and Loregae were above the critical level of 30%, whilst Lorengedwat and Nabilatuk were at 30.1% and 30.4%, respectively;
- Underweight for Nakapiripirit district was at 30.2%, with the highest proportion in **Kakomongole** sub-county (29.4%) and lowest in Nakapiripirit Town Council (11.1%). The sub-counties above the critical level of 20% included

Kakomongole, Lolachat, Loregae, Moruita and Nabilatuk.

6.2: Food Security Classification

The Food Security Index that combines the Food Expenditure, Food Consumption Score and Livelihood coping strategies showed that only 58% of households in Nakapiripirit district were food secure (Food secure + Marginally food secure categories) whilst 42% were Food Insecure. The findings showed that Nakapiripirit 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 **Lorengedwat** (57%), **Namalu** (41%) and **Kakomongole** (50%). On the other hand, lowest proportion of food insecure households were registered in Nakapiripirit Town Council (40%). Nevertheless, Nakapiripirit Town Council had the highest proportion of households in the district within the category of 'severely food insecure' (20%).

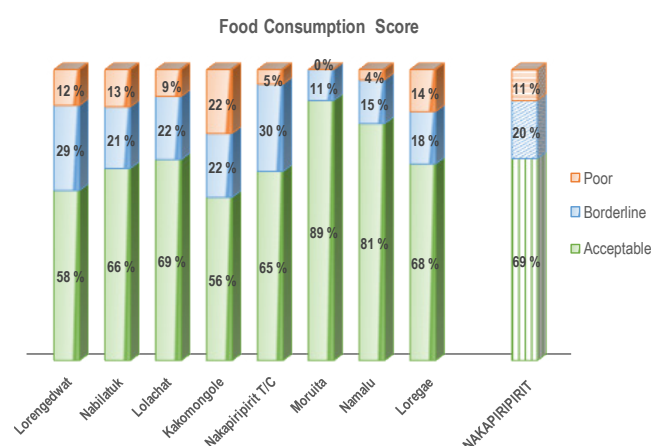


Figure 25: Final Food Security Classification for Nakapiripirit, June 2017

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

7. Recommendations

- Early Warning Systems (DEWS);
6. Put in place a clear land ownership policy and advocate for dialogue among communities to settle land conflicts;
 7. 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.

7. 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;
 6. 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.
 7. 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;
 9. Increase access to health and nutrition services through mobile clinics and sustainable

7. Recommendations

integrated outreaches to:

- Improve disease prevention and management;
 - Strengthen and scale-up nutrition screening; and
 - Improve the Community Based Supplementary Feeding Programme.
10. 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.

7. Recommendations**Attendance at Nakapiripirit FSNA Validation Workshop**

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5	Aleper Yohannes Sagal	S/C Chief	Nabilatuk	0777002430
6	Oswan Odeke Damascus	For Rdc	D/Diso	0782425658
7	Dr. Anguzu John	Dho	Ndgl	0772595048
8	Korobe Raymond	Deo	Ndgl	0775025222
9	Waiswa Peter	Biostatistician	Ndgl	0782424191
10	Malingat Constance	Sno	Ndgl	0782750972
11	Lorika Ronnie	Sas	Moruita	0783141483
12	Nayor Teddy Grace	Sas	Lorengodwat	0783293097
13	Joseph Ndawula	Ma	Un Wfp- Nakaps	0782678004
14	Onyona Marion	Nutrition Officer	Cwamm- Nakaps	0779252534
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16	Irene Birabwa	Nutritionist	Afi- Nakaps	0703165848
17	Dr. Kaltuya Dominic Lokeris	Dpo	Production/ Marketing	0772335483
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