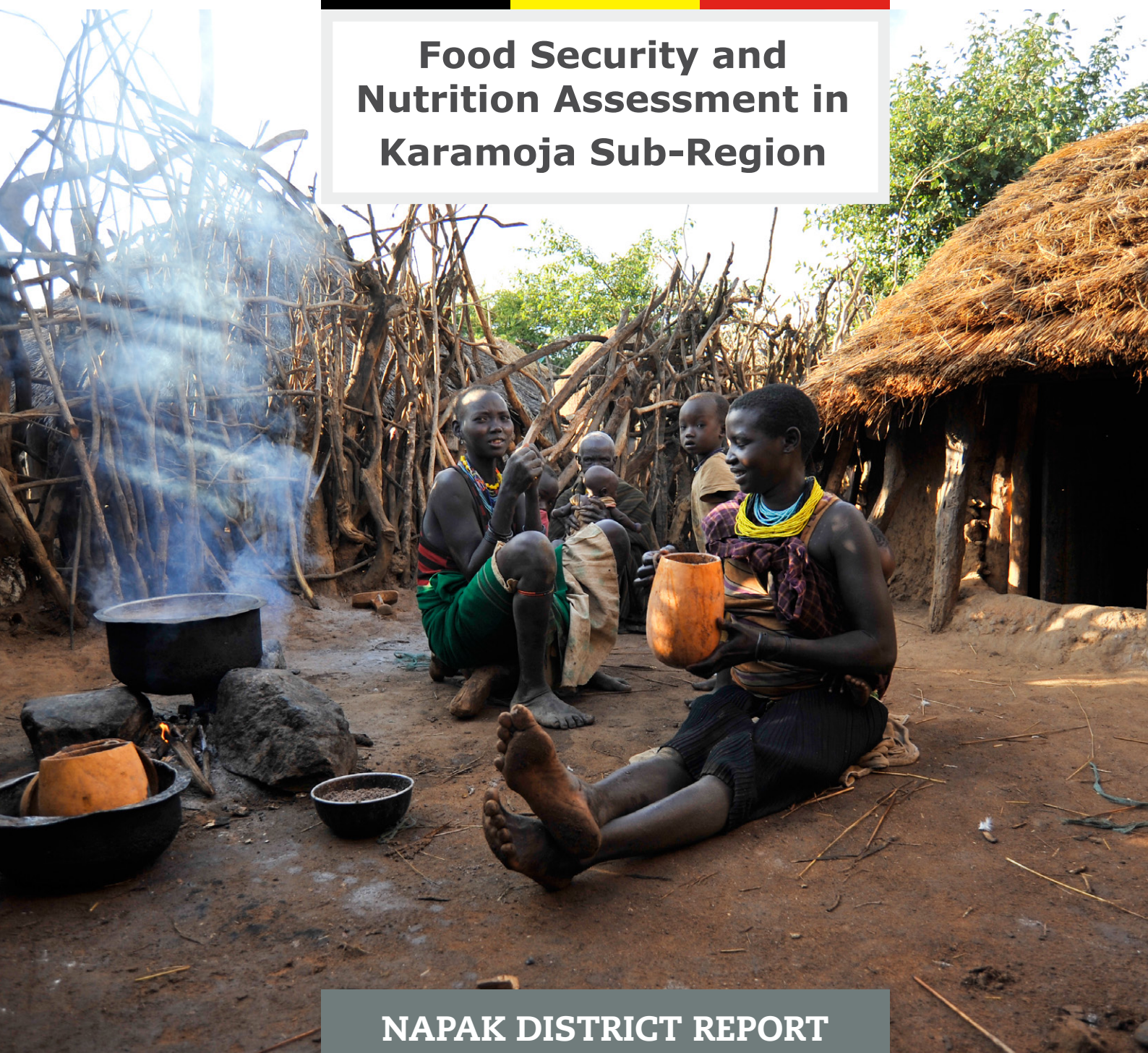




## Food Security and Nutrition Assessment in Karamoja Sub-Region



### NAPAK 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

Napak 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 6 sub-counties of Iriiri, Lopeei, Ngoleriet, Lorengecora, Lotome, Matany and Lokopo reaching 732 households, 928 children below 5 years and 699 women of child bearing age.

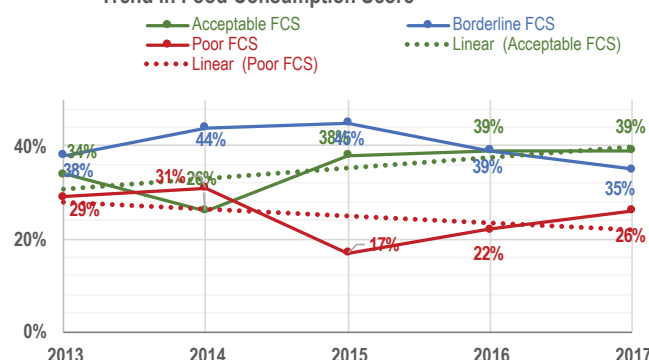
protocols/schedules; however, Child Health Card retention was found to be a problem.

Whereas about two-thirds (62%) of households were food insecure, the trend in Food Consumption Score over the 5-year period showed a gradual improvement in the acceptable FCS. The linear trend [adjacent figure] depicts an increase from 34% to 39% over the years.

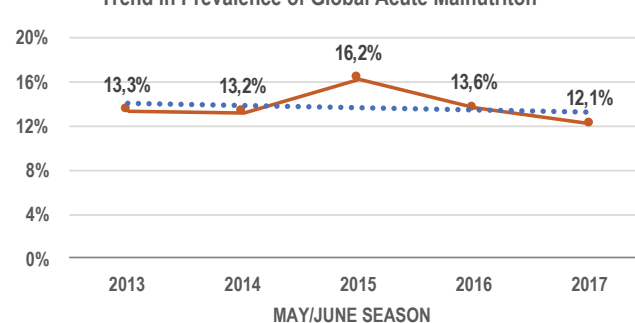
## Key Findings

- Regular school attendance by 62% boys and 53% girls;
- Most households had access to land (76%) and almost all households (73%), reported having cultivated food;
- Only 79% of households were registered under one or more Development Assistance Programmes; of which 68% in MCHN; 26%, Food Aid; and 20%, School Feeding;
- Almost all households (95%) 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 97%, 99%, 79% and 78% respectively following the national

Trend in Food Consumption Score



Trend in Prevalence of Global Acute Malnutrition



The prevalence of Global Acute Malnutrition (GAM) was 12.7% in 2017 which according to WHO threshold is 'serious/high'.

## Executive Summary

The linear trend [adjacent figure] shows the steady decrease from about 13.3% in 2013 to 12.1% 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 38% of households had food stocks lasting for an average of 7 days;
- Low access to food as households had limited incomes amidst increasing food prices that had prompted high prevalence of debt (39%) borrowed primarily to buy food (53%);
- Poor Infant and Young Child Feeding (IYCF) practices with only 2% of children meeting the Minimum Acceptable Diet coupled with high prevalence of illnesses (63%) among children, affecting their ability to effectively utilize the food consumed;
- Poor water and sanitation practices with 71% of households having no toilet facilities and only 28% 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 (38%) coupled with low levels of formal education (23%) 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 Lotome, Matany and Ngoleriet while food insecurity was mainly observed in Lotome, Lorengecora, Lopeei and Iriiri.

## Recommendations

### Agriculture:

Encourage two seasons production in wet belt zones and diversify production through inclusion of high value crops (simsim, millet, root drops, oil crops and legumes) and short-maturing crops;

### Climate change:

Share weather forecast with farmers; promote agro-forestry to promote climate change; and deploy extension staff at district and sub-county levels in disseminating forecasts information, which is only-technical in nature;

### Alcohol consumption:

Reduce alcohol consumption in HHs; and

### Policies/partnerships:

Involve relevant departments in dissemination of policy issues (i.e. nutrition policy) and regulate settlements in land management.

**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	✓	✓	✓
Household Food Security	Access to toilets by the household	✓	✓	✓
	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

As illustrated in Figure 1, Napak households had higher proportions than the sub-region's average. There were 38% female headed households and 27% extremely vulnerable households. Polygamy was reported by 45% of households, comparable to the region's average of 46%, and 5% of household heads were persons living with disability and those with chronic illnesses. Approximately one-third (32%) of households were registered under NUSAF, which was higher than the sub-region's average of 25%.

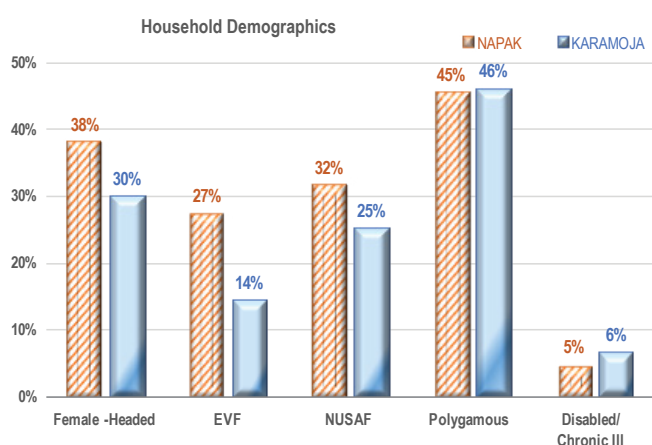


Figure 1: Household Demographics, Napak District, June 2017

## 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 between the highest education level attained by the mother and household malnutrition. As shown in Figure 2, more than three-quarters of mothers in Napak district (77%) had no formal education, 19% had attained primary level and only 4% had secondary level education. The proportions in Napak were comparable to the average for the sub-region, 72% without formal education and 22% having attained primary level education.

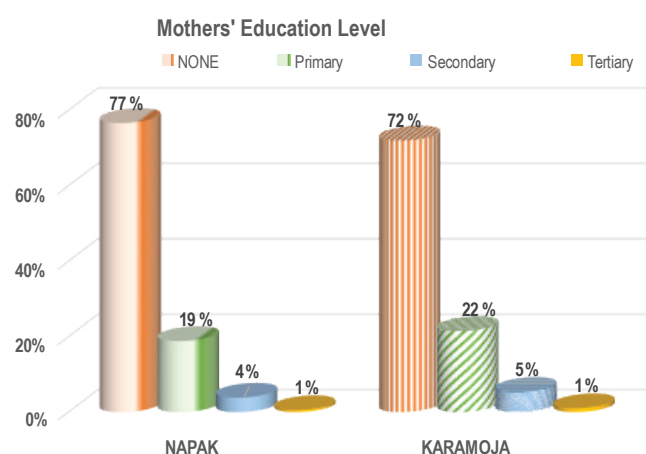


Figure 2: Mothers' Education, Napak District, June 2017

## 1. Household Demographic & Related Factors

### 1.3: School Attendance

There were 711 boys and 676 girls of primary school age selected from Napak district, with regular school attendance being reported for only 37% and 34%, respectively. Regular school attendance in Napak district was much lower 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 was cited as main reason for irregular attendance among both boys and girls (73% and 57%, respectively). However, there were significant differences: whereas one-quarter of girls mentioned domestic household chores, it was only cited by 1% of boys and whilst 10% of boys were not interested in going to school, it was cited by only 4% of the girls.

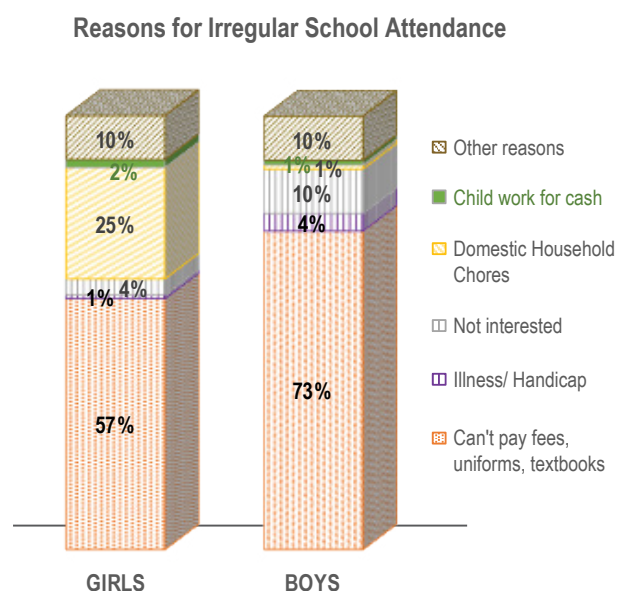


Figure 3: Reasons for Irregular School Attendance

## 2. Food Availability

### 2.1: Access to Land

Table 1: Access to Agricultural Land

SUB COUNTY	Agricultural Land Access (%)
Iriiri	77%
Lopeei	83%
Ngoleriet	75%
Lorengecora	80%
Lotome	75%
Matany	65%
Lokopo	82%
NAPAK	76%
KARAMOJA	87%

Most households (76%) reported having access to land for agriculture production. The findings were below those of the sub-regional average of 87%. The sub-counties of Lopeei (83%), Lorengecora (80%) and Lokopo (82%) recorded the highest proportion of households having access to land while households from the Matany had the lowest (65%).

### 2.2: Livestock Ownership

Livestock ownership has been significantly associated malnutrition levels in the household. As illustrated in Figure 4, slightly more than one-third of households in Napak district (39%) reported ownership, which was lower than the sub-regional average of 54%.

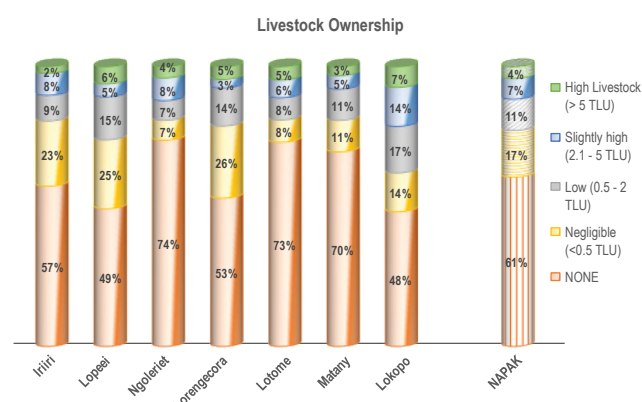


Figure 4: Livestock Ownership, Napak District, June 2017

In terms of density, only 11% of Napak households owned more than 2 Tropical Livestock Units, which was also much lower than the sub-regional average of 23%. There was relatively higher density of livestock in the Lokopo sub-county (21%).

- Overall, only 2% of the selected households reported having no constraints at all in relation to livestock production
- Main constraint mentioned was parasites or diseases (77%), followed by shortage of pasture/ feeds and theft (7% each) whilst 4% mentioned lack of veterinary services.

## 2. Food Availability

### 2.3: Cropping Practices

Overall, 73% of the selected households in Napak district reported having cultivated staples and legumes, with a range from 63% in Matany to 83% in Lopeei sub-county. As illustrated in Figure 5, sorghum was the crop grown by most households (85%), followed by maize and beans. Agricultural production was comparatively higher in Lotome and Lokopo sub-counties but

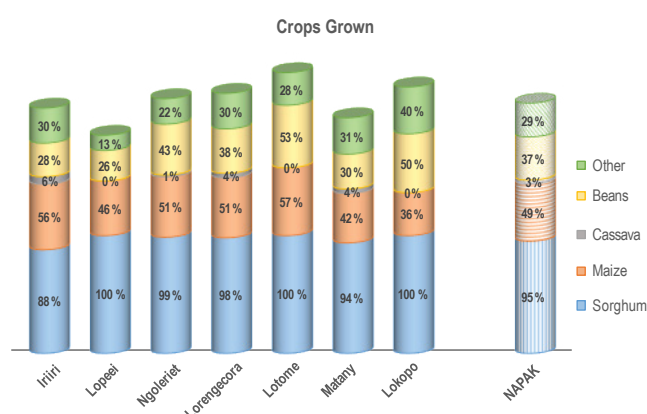


Figure 5: Main Crops Cultivated in Napak District, June 2017

lowest in Lopeei sub-county. Sorghum was planted in virtually all households in the district, but Lotome sub-county had the highest proportion of households that planted maize whilst Lokopo sub-county had the lowest. Beans as a source of protein was planted by highest proportion of households in Lotome sub-county whilst Lopeei had the lowest. The main constraint to crop production cited by 59% of households was the drought and low rainfall, followed by inadequate seeds and tools (15%), and insufficient labour (13%).

### 2.4: Household Food Stocks

- Only 38% of households in Napak district reported food stocks at the time of assessment, slightly higher in Lopeei sub-county (60%) but lower in Lorengecora (15%);
- The main source of food stocks was from distribution for 33% of households, own production for 3%, gifts 1% and markets for 63%;
- Of the households with stock, 4% had between 3 and 5 bags of 50 kilograms; 4% had between 1 and 2 bags; whilst 92% had less than 1 bag;

The estimated mean days of stock for households in Napak district was 7 days with a range from 4 days in Lorengecora sub-county to 10 days in Lokopo sub-county.

### 2.5: Food and Humanitarian Assistance

Overall about one-fifth (21%) of households in Napak district were not registered under any Development Programmes. The MCHN programme reached 68% of households, followed by NUSAF that reached 33%, and Food Aid rations (26%), whilst the School Feeding reached 20% and WASH was accessed by 13% of households.

- Sub-counties of Matany (38%) and Iriiri (30%) had comparatively more households that did not receive any assistance while Lopeei sub-county had the fewest households (3%).



## 2. Food Availability

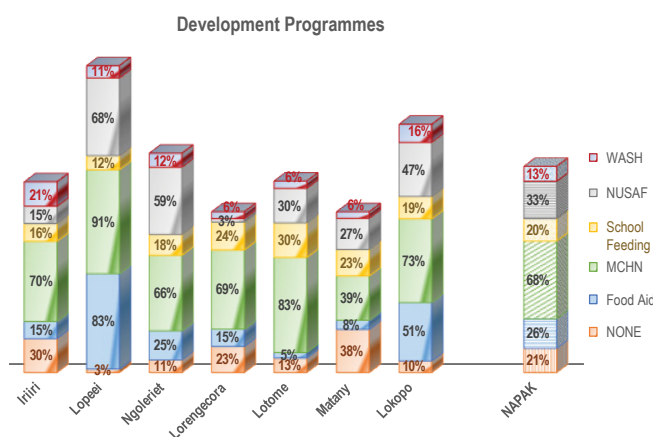


Figure 6: Food and Humanitarian Assistance, Napak District

- Cash was mainly received by households in Ngoleriet, Lotome and Matany sub-counties (21%, 16% and 15%, respectively).
- The decision in relation to handling of the food was mainly made by:
  - Women at 76% of households,
  - Women and men together at 20% of households;
  - Men at 4% of households.
- The decision in relation to handling of the Cash Voucher was mainly made by:
  - 53% of households by Women;
  - 41% of households by women and men; and
  - 6% of households by men.
- Households in Lopeei sub-county were the greatest recipients from the development programmes, having received more than the other sub-counties from Food aid (83%), MCHN programme (69%) and NUSAF (68%).
- School Feeding programme reached more households in Lotome sub-county, whilst WASH reached comparatively more in Iriiri sub-county.

## 3. Access to Food

### 3.1: Income Earners and Sources

Overall 31% of households in Napak district did not have any income earner at all, which was much higher than the average of 16% in the sub-region. As illustrated in Figure 7, Lopeei and Lotome sub-counties (78% each) had comparatively more households with at least one income earner, whilst Lokopo sub-county (57%) had the lowest. The findings suggest relatively better economic access to food in Lopeei and Lotome sub-counties due to the higher proportion of income earners.

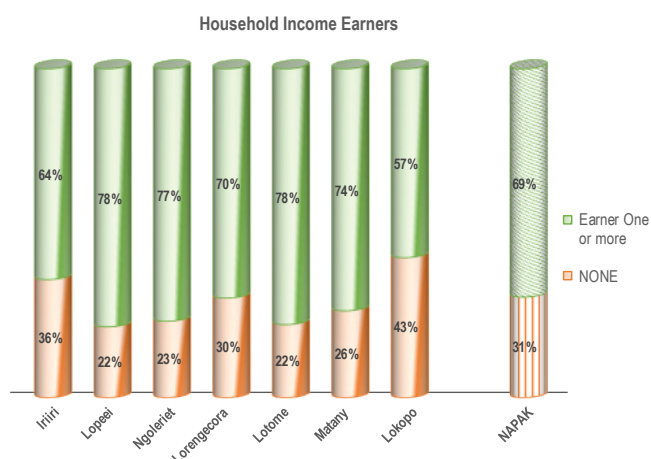


Figure 7: Income Earners in Napak District, June 2017

- Out of all selected households in the district, the highest proportion of declared income sources were from Iriiri sub-county (26%), followed by Lokopo (16%), Ngoleriet and Matany (15% each), Lopeei

and Lotome (10% each) while lowest was Lorengecora at 8%;

- The most important source of income reported for 36% of the selected households in Napak district was Agricultural wage labour, especially from Iriiri and Lokopo sub-counties;
- The next most important source of income was Sale of firewood/charcoal (33%), especially for sub-counties of Iriiri and Lokopo;
- The third most important source of income was Non-agricultural wage labour (8%), especially in the sub-counties of Ngoleriet and Matany.

### 3.2: Household Debt

- Household debt was declared by 39% of selected households in Napak district, with a range from 35% in Lotome sub-county to 45% in Lorengecora sub-county;
- Out of the households that had debts, 52% were required to pay interest, with lowest proportion of households in Matany sub-county (38%) and highest in Lokopo sub-county (63%);
- Main source of credit for all debts and loans in the district included: Relatives (34%), Bank/ Credit Institution/ Micro-credit project (31%) and Traders/ Shop-keeper (14%) and Money lender (12%); and
- Average amount of debt in Napak

### 3. Access to Food

was UGX 101,861, lowest in Lotome sub-county (UGX 27,341) and highest in Matany sub-county (UGX 117,712). Average interest was UGX 30,727, lowest in Lopeei sub-county and highest in Iriiri sub-county.

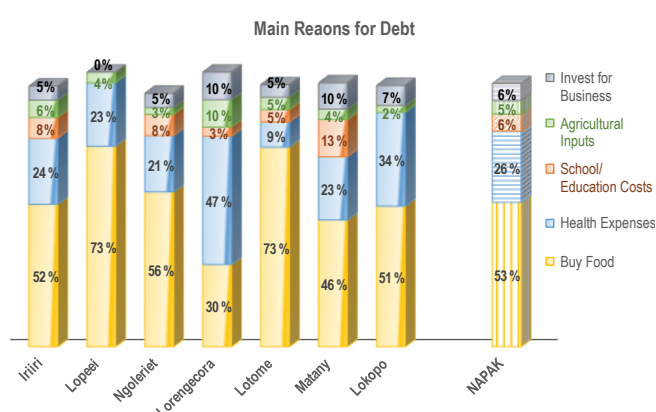


Figure 8: Main Reasons for Debt in Napak District, June 2017

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 (53%) of households' debt in Napak district was for buying food, followed by health expenses (26%), School/ Education costs and Investing for business (6% each) and Agricultural inputs (5%).

Incurring debt by households for purchase of food was highest in Lopeei and Lotome sub-counties (73% each) whilst debt for health expenses was highest in Lorengecora sub-county (47%). It was mainly households from Matany 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, only 39% of households in the district were heavily dependent upon markets, particularly in the sub-counties of Matany (62%) and Ngoleriet (55%). Dependence on markets for food was lowest in Lopeei sub-county (20%) and Lokopo (24%).

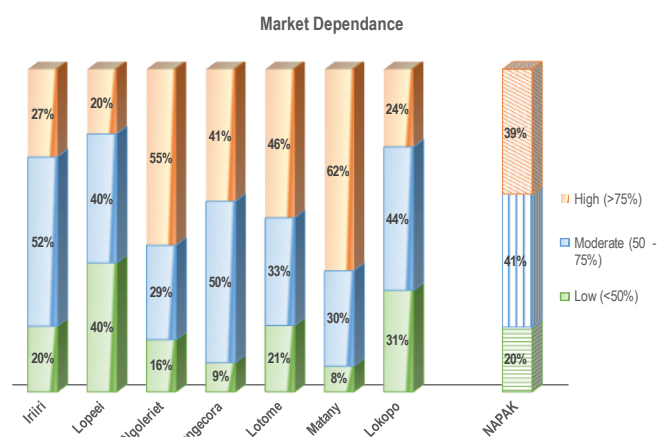


Figure 9: Dependence on Markets for Food Napak, June 2017

### 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

### 3. Access to Food

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, more than three quarters (83%) of households in Napak district had Food Expenditure Share >65%, especially from the sub-counties of Lopeei and Iriiri (91% and 88%, respectively). The lowest proportion of households under the food insecure category was from Lokopo sub-county (75%). The finding of households spending proportionately more on food than the other essential non-food items indicated very high likelihood of food access challenges.

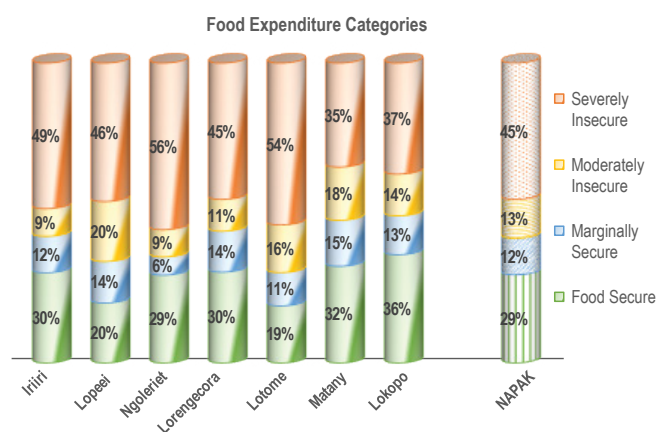


Figure 10: Food Expenditure Share in Napak District, June 2017



## 4. Food Utilization

### 4.1: Food Consumption Score

As illustrated in Figure 11, out of the selected households in Napak district, 39% had Food Consumption Score in the 'acceptable' category, with the highest proportion of households from Lopei, Ngoleriet, Matany and Lokopo sub-counties (46% each). Lotome sub-county (41%) 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 were Iriiri and Lorengecora (38% and 30%, respectively).

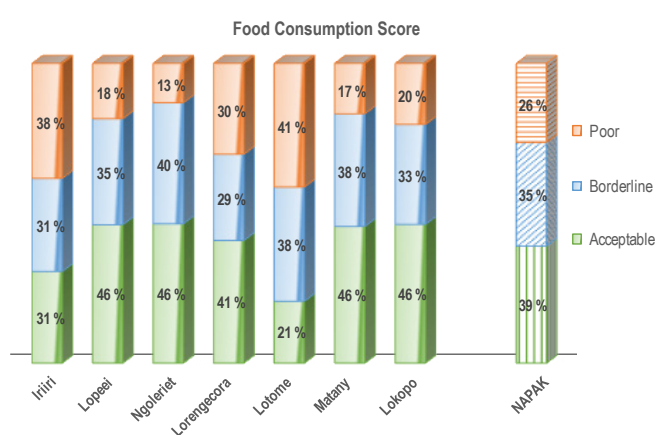


Figure 11: Food Consumption Scores Napak, June 2017

### 4.2: Dietary Diversity

As illustrated in Figure 12, only 9% of all households in the district were within the category of High Dietary Diversity Score (HDDS) above 6, especially within the sub-counties of Matany, Lorengecora and Lokopo. In the Medium category of above 4.5 were 35% of the households, with more from Matany and Lopei sub-counties. Diet with higher diversity was more common in sub-counties of Matany, Lokopo and Lopei. Lotome sub-county registered the lowest proportion of households with medium and high categories of dietary diversity followed by Iriiri sub-county.

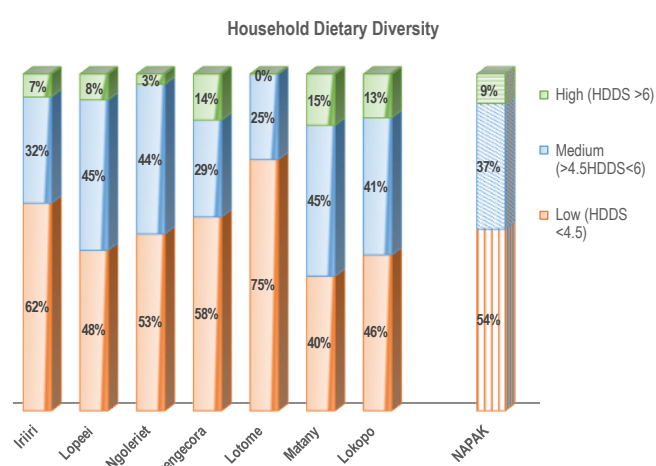


Figure 12: Household Dietary Diversity Napak, June 2017

## 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 83% of infants 6 – 8 months of age in Napak district received solid, semi-solid or soft foods during the day prior to the assessment, which was higher 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 and young child feeding (IYCF) practices. The findings also showed feeding practices for children aged 6 – 11 months were better than those aged 12 – 17 months, which were in turn much better than for those age 18 – 23 months:

- Only 4% of children 6 – 23 months met the Minimum Dietary Diversity (MDD), but much higher in the age category 6 – 11 months (11%);
- Only 15% of children 6 – 23 months met the Minimum Meal Frequency (MMF), higher in the age categories 6 – 11 months and 12 – 17 months (51% and 33%, respectively); and
- Only 2% of children met the Minimum Acceptable Diet (MAD), higher in the age categories of 6 – 11 months and 12 – 17 months (6% each).

### 4.4: Disease Prevalence

More than one-third of all the selected households in Napak district (37%) reported no childhood illness within 2 weeks preceding the assessment (Figure 14). Fever/ malaria was the most common illness (41%), followed by acute respiratory tract infections/ cough (32%), diarrhoea (23%) and skin diseases (8%).

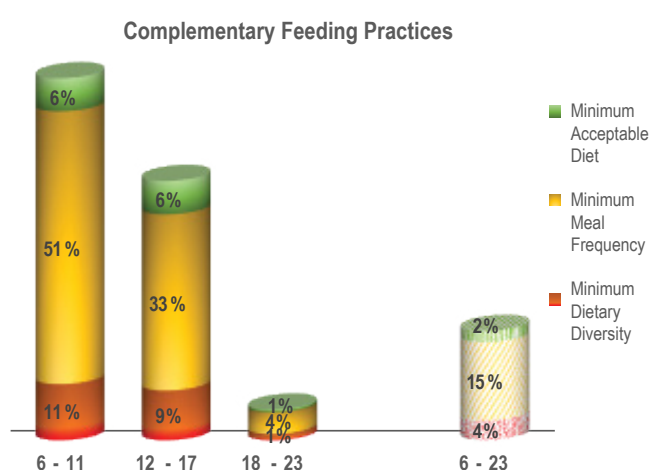


Figure 13: Complementary Feeding Practices, Napak District

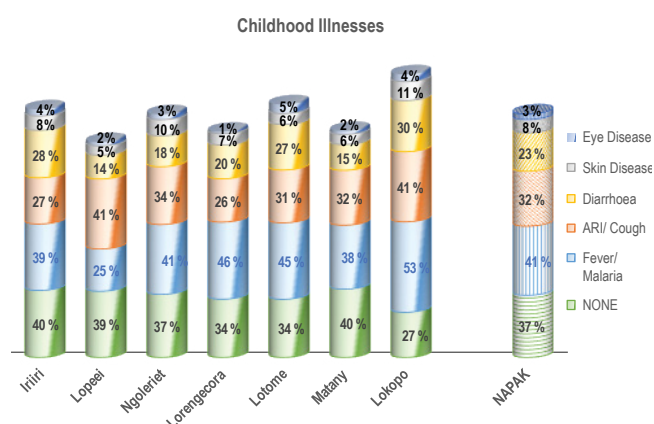


Figure 14: Prevalence of Disease, Moroto District, June 2017

## 4. Food Utilization

Overall, households from Lokopo sub-county reported higher prevalence of illness, which included highest proportion of fever/ malaria, ARI/ cough, diarrhoea and skin disease in the whole district. Eye disease was more prevalent in Lotome sub-county, though it featured as a problem above district average in Iriiri and Lokopo sub-counties as well.

### 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 84% but for 15% being based on the mother's or caretaker's report. The highest proportion of children was in Lopeei and Lorengecora sub-counties where 99% of the children had been immunized.

Measles vaccination is carried out at 9 months of age and overall 97% of children in the district had been immunised, 82% of them with verifiable evidence on the Child

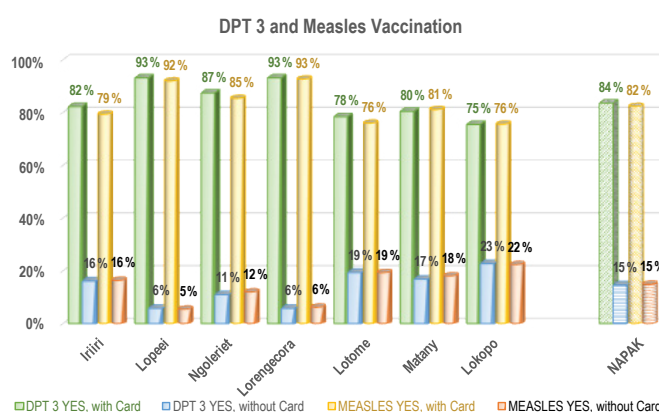


Figure 15: Measles and DPT3 Immunisation Coverage, June 2017

Health cards and 15% based on the mother's or caretaker's report. The range was from 95% each in Iriiri and Lotome sub-counties to 99% each in Lorengecora and Matany sub-counties. Napak district registered a proportion comparable to the sub-regional average of 96%. The proportion of children without evidence from Child Health Cards was higher in Lokopo and Lotome sub-counties.

### 4.6: Supplementation and De-worming

Vitamin A supplements is provided every 6 months to children between the age of 6 and 59 months. Out of the selected households, 79% of the children aged 6 to 59 months had received vitamin A supplements within the previous six months, 72% had Child Health Cards for verification while 7% was based on mother's or caretaker's report (Figure 16). The highest was the sub-counties of Lorengecora and Lotome (86% each) whilst those below the district average included Iriiri and Matany sub-counties (74% and 73%, respectively).

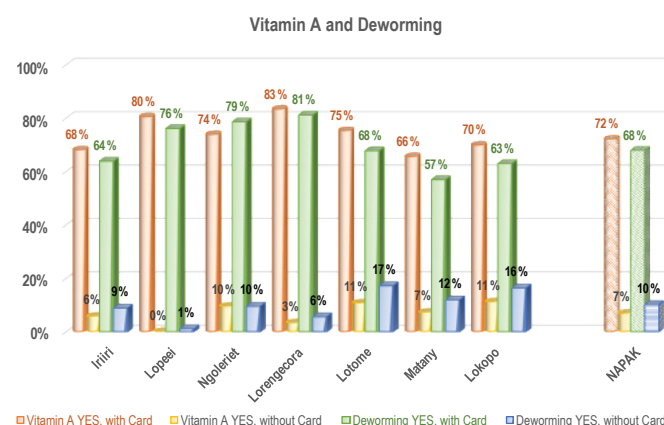


Figure 16: Vitamin A and Deworming Coverage, June 2017

## 4. Food Utilization

Medicines for treatment of intestinal worms is provided every 6 months to children aged between 12 and 59 months. Overall, 78% 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 68%. The highest was in Ngoleriet sub-county (89%) and those below the district level average included the sub-counties of Iriiri (73%), Lopeei (77%) and Matany (69%). Lack of Child Health Cards was most marked in Lotome and Lokopo sub-counties.

Iriiri sub-county with 4%. Only 10% of the selected households in the district reported treatment of their drinking water. Of those

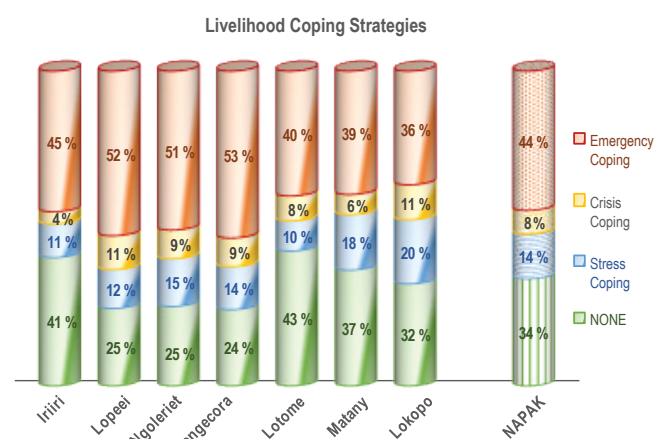


Figure 18: Amount of Water used in Households, June 2017

## 4.7: Household Water

As illustrated in Figure 17, about 95% of households in Napak district 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 sub-counties of Lokopo, Matany, Lorengecora and Lopeei. Lotome sub-county (45%) had the highest proportion of households that obtained water from less safe sources such as open well/ spring and surface water, followed by

who treated their water, the majority (78%) boiled while 21% 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 80% of households in Napak district reported use of less than 15 litres of water per person per day, which was higher than 76% average for the sub-region. The sub-counties of Matany and Lopeei (74% 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 Matany sub-county (20%).

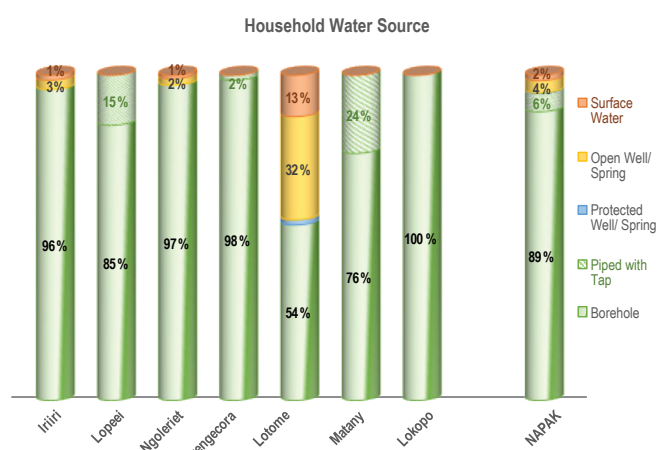


Figure 17: Sources of Household Water, Moroto District



## 4. Food Utilization

### 4.8: Household Sanitation and Hygiene

There were almost three-quarters (71%) of households in Napak district that did not have any toilet facilities, which was much higher than the sub-region's average of 58%. Among the selected households in the district that had toilet facilities, 4% were being shared with other households. The lack of toilet facilities was more prominent in the sub-counties of Lokopo (94%), Lotome (87%) and Lopeei (82%) but lowest in Iriiri sub-county (59%).

Less than half of households (44%) 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 54% of the selected households in the district. Open pits were virtually the only type of facility in Lotome sub-county, reported by all the selected households.

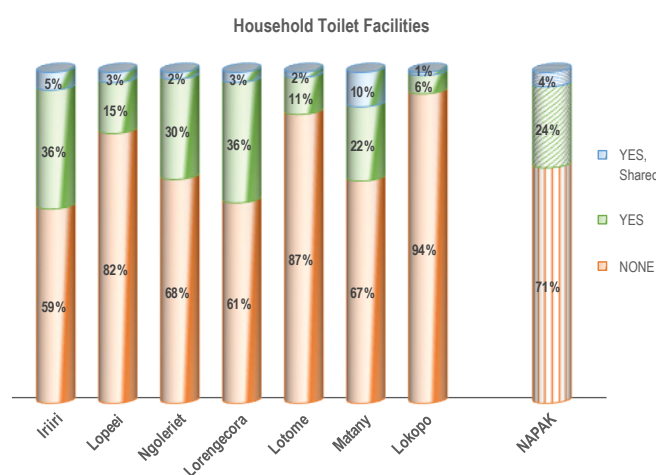


Figure 19: Availability of Toilet Facilities in Napak, June 2017

## 5. Stability

### 5.1: Main Household Shocks

As illustrated in Figure 20, only 3% of the selected households in Napak district reported having experienced no difficulty or shock within the 30 days preceding the assessment. Floods/ drought was cited by the largest proportion of households (35%), followed by high food prices (21%) and sickness/ diseases (20%). Lotome sub-county had the largest proportion of households affected by high food prices (35%) whilst Lokopo sub-county had the highest proportion of households that mentioned floods/ drought (50%), and sickness/ diseases was the main problem cited by largest proportion of households in Lorengecora sub-county (27%). Loss of crops due to rodents was a problem mentioned by most households from sub-counties of Lopei and Lorengecora.

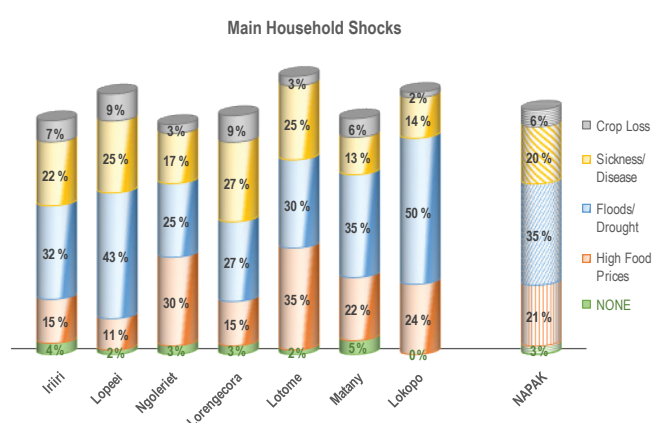


Figure 20: Main Households Household Shocks in Napak, June 2017

### 5.2: Livelihood Coping Strategies

As illustrated in Figure 21, about one out of every three households in Napak district (34%) did not apply any coping strategies, more especially from the sub-counties of Lotome and Iriiri (43% and 41%, respectively). Almost half of households (44%) were in emergency coping mode, especially in the sub-counties of Lopei (52%) and Lorengecora (53%). Emergency coping was lowest in the sub-counties of Lokopo and Matany (36% and 39%, respectively).

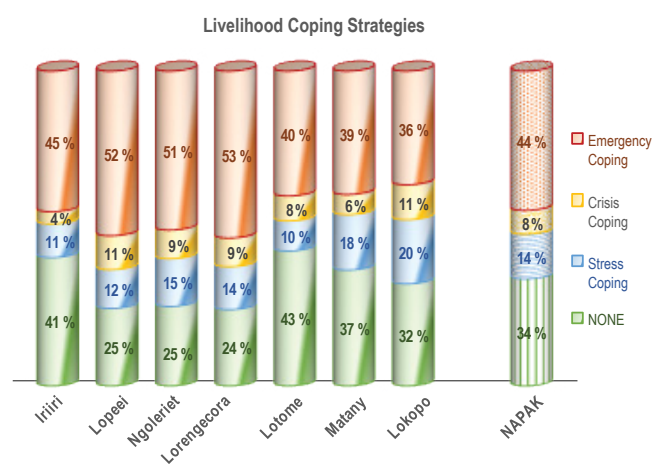


Figure 21: Livelihood Coping Strategy in Napak, June 2017

## 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 Napak district were underweight, which was higher than the sub-regional average of 39%. Ngoleriet and Lotome sub-counties registered the highest proportions of underweight women (58% and 56%, respectively), with Iriiri and Lopeei among those above the district average. Matany sub-county had the lowest proportion of underweight women (35%). However, on the hand Matany sub-county registered the highest proportion of overweight and obese women (8%).

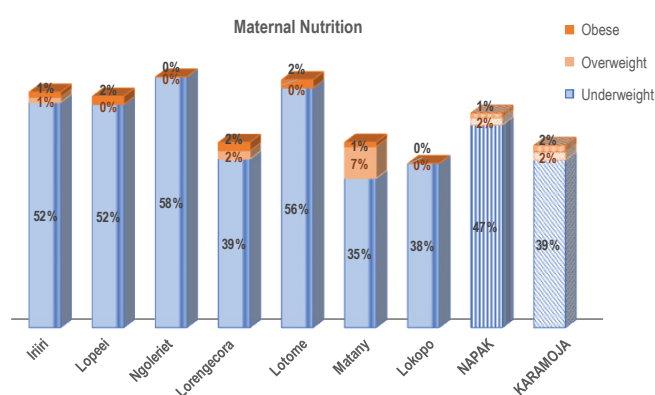


Figure 22: Malnutrition Level among Mothers in Napak, June 2017

#### 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:

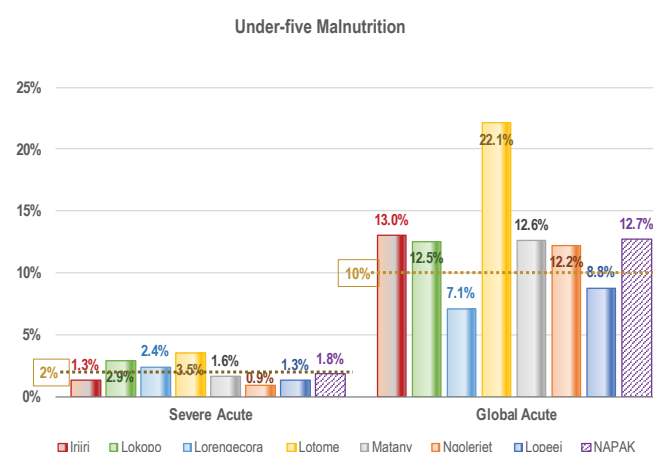


Figure 23: Prevalence of Acute Malnutrition in Napak, June 2017

- Severe Acute Malnutrition (SAM) for Napak district was at 1.8%, with highest proportion in Lotome sub-county (3.5%) but lowest in Ngoleriet sub-county (0.9%). The sub-counties above the critical level of 2% included Lotome and Lokopo whilst Lorengecora sub-county registered 2.4%;
- Global Acute Malnutrition (GAM) for Napak district was at 12.7%, with highest proportion in Lotome sub-county (22.1%) and lowest in Lorengecora sub-county (7.1%).

## 6. Food Security and Nutrition Outcomes

The sub-counties of Iriiri, Lokopo, Lotome, Matany and Ngoleriet were above the critical level of 10%;

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

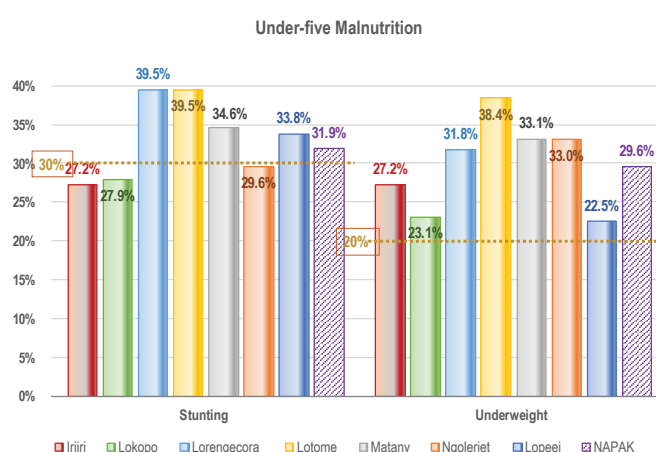


Figure 24: Prevalence of Stunting and Underweight in Napak, June 2017

- Stunting for Napak district was at 23.4%, with the highest proportion in **Lorengecora** and **Lotome** sub-counties (39.5% each) and lowest in Iriiri sub-county (27.2%). The sub-counties above the critical level of 30% included Lorengecora, Lotome, Matany and Lopeei;
- Underweight for Napak district was at 29.6%, with the highest proportion in **Lotome** sub-county (38.4%) and lowest in Lopeei sub-county (22.5%). All the sub-counties of Napak were above the critical level of 20%.

## 6.2: Final Food Security Classification

As illustrated in Figure 25, the Food Security Index that combines the Food Expenditure, Food Consumption Score and Livelihood coping strategies showed that only 39% of households in Napak district were food secure (Food secure + Marginally food secure categories) whilst 62% were Food Insecure. The findings showed that Napak district had more 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 **Lotome** (76%), **Iriiri** (68%) and **Lorengecora** (67%). On the other hand, lowest proportion of food insecure households were registered in Matany sub-county (50%).

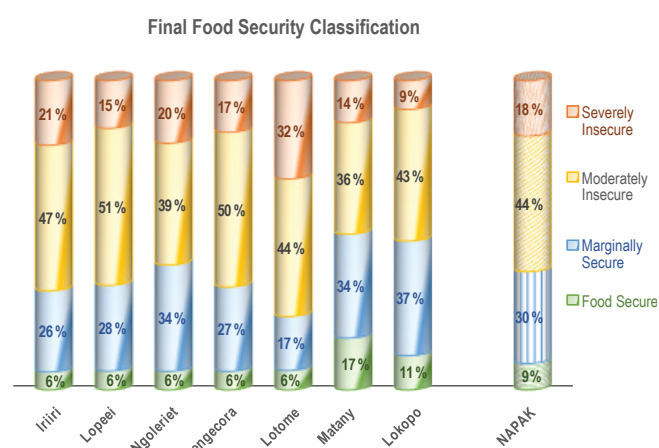


Figure 25: Final Food Security Classification for Napak, June 2017



# 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.

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### 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 Napak FSNA Validation Workshop**

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