

Crisis in Karamoja

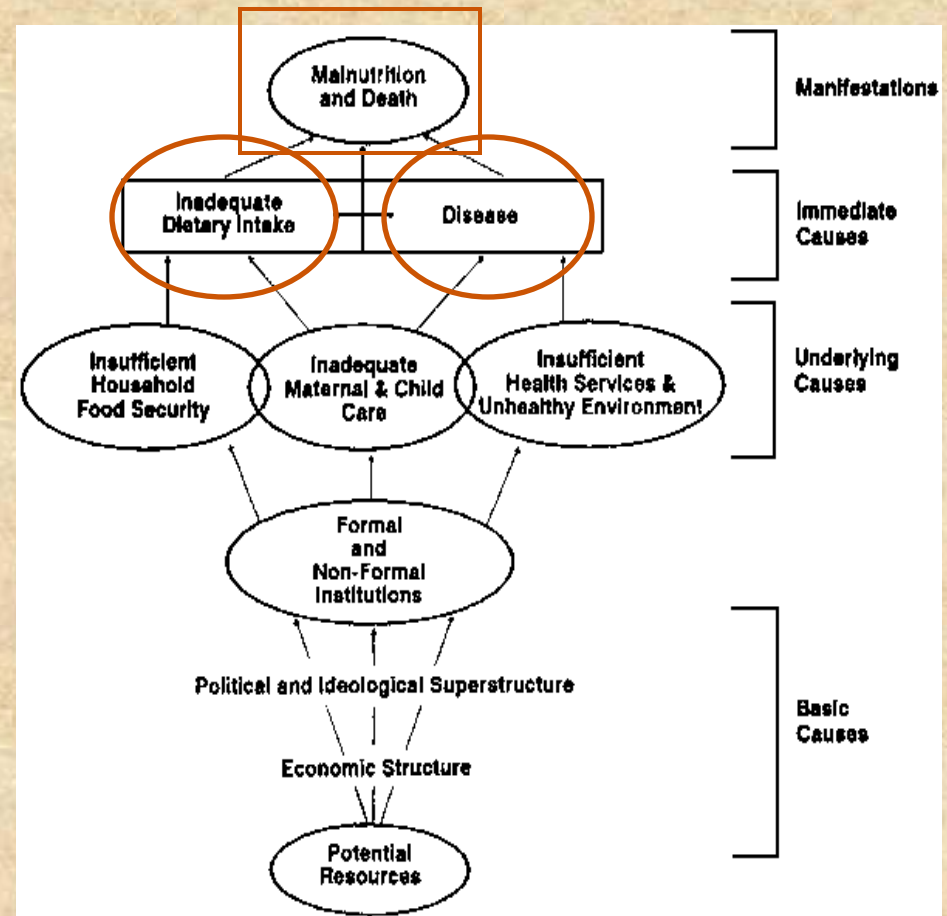
Causes, Impacts, and Responses – Update, July 2008



1. Causes

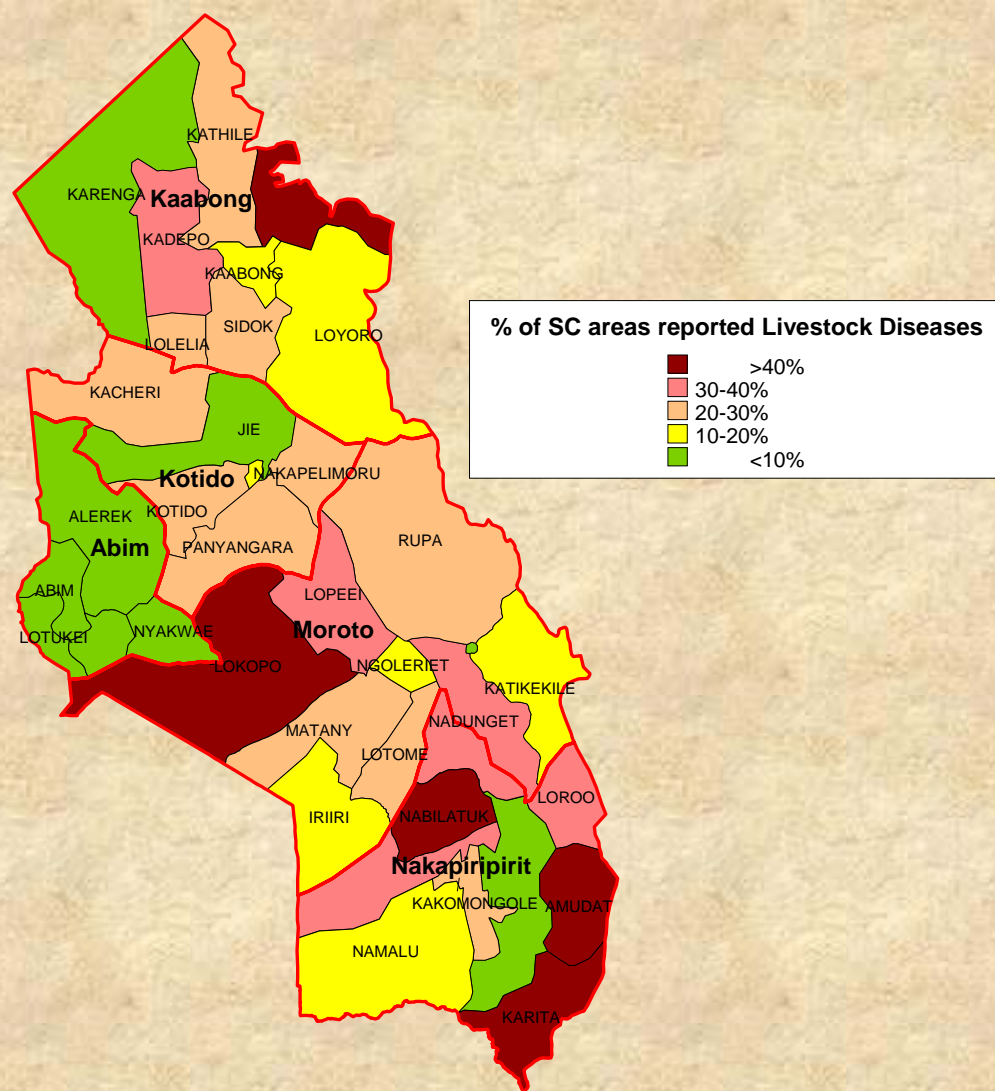
Causes of Acute Malnutrition

- Karamoja is **structurally vulnerable** to humanitarian crises due to underdevelopment
- But focus is on the **immediate crisis and its causes** – inadequate dietary intake and disease



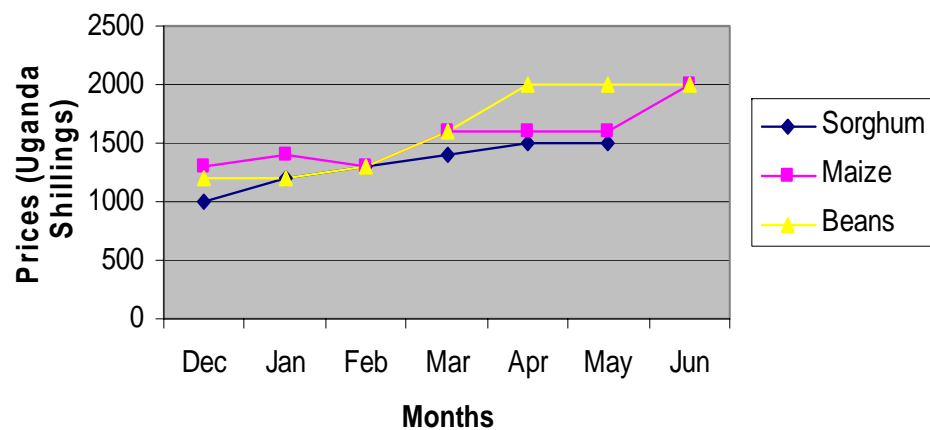
Inadequate Dietary Intake

- Shocks led to insufficient food for agro-pastoralists
 - Dry spells, flooding, and disease affected crop production
 - Livestock raiding and disease (e.g. PPR, CBPP) reduced access to animal products

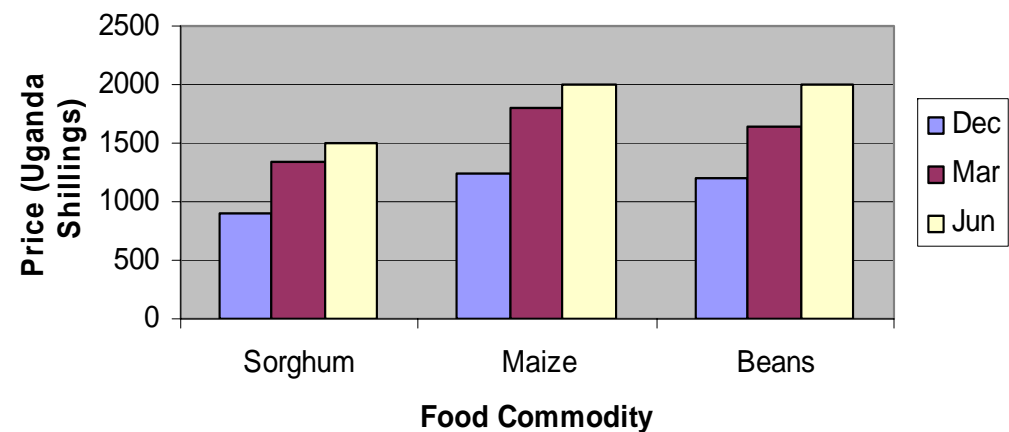


Market Purchases Difficult

**Food Prices in Matany Market
December 2007 - June 2008**

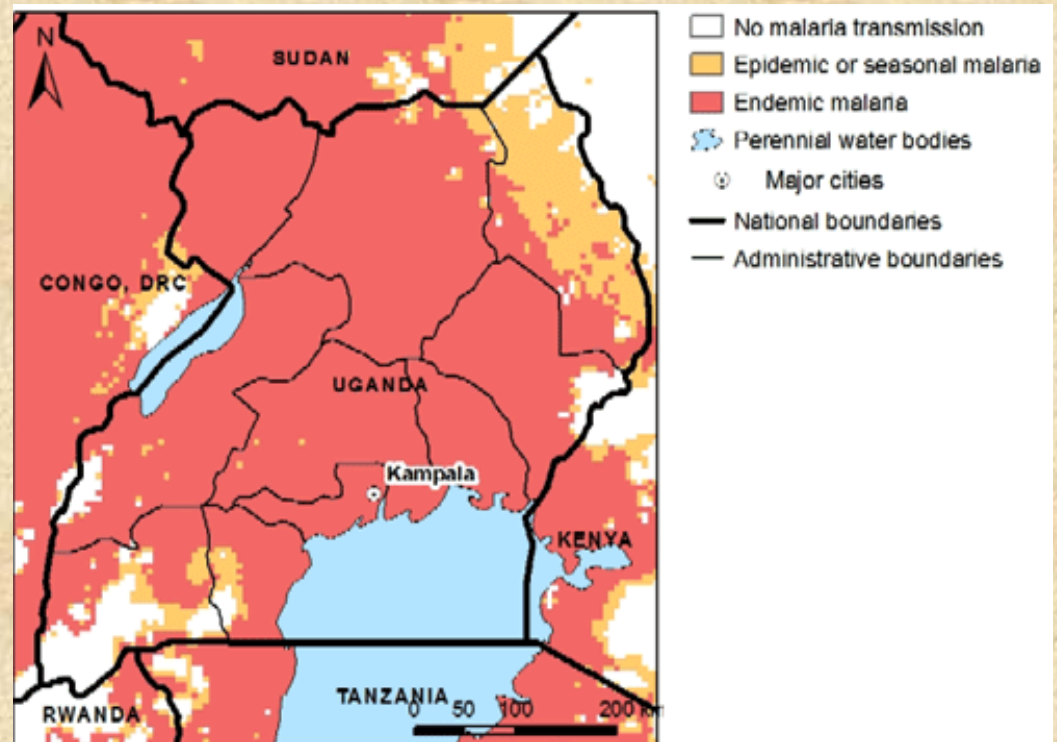


**Average Food Prices in Markets in Moroto
December 2007 - June 2008**



Disease

- Situation compounded by poor pre-existing health situation
 - **High burden** of malaria, pneumonia and diarrhea, and risk of measles
 - **Poor utilization** of available food and higher undernutrition
 - Increased risk of **mortality**



2. Impacts

Emergency Levels of Undernutrition

FEB 2008

UNICEF & WFP assessment in 5 districts
 10.9% GAM for all region
 but Moroto and Nakapiripirit extremely high
 for that time of year at **>15% GAM**

	Abim	Kaabong	Kotido	Moroto	Naka- piripirit
GAM*	8.3	9.1	6.3	15.6	15.1
SAM*	1.0	2.6	0.2	2.0	2.2

APRIL 2008

MSF-Spain rapid assessment
 in Moroto and Nakapiripirit
GAM 18% , SAM 3%

JUNE 2008

MSF-H supported by UNICEF
 large-scale screening
 Weight for Height and Z-Score
 10 Locations, 5330 children
9.5% SAM

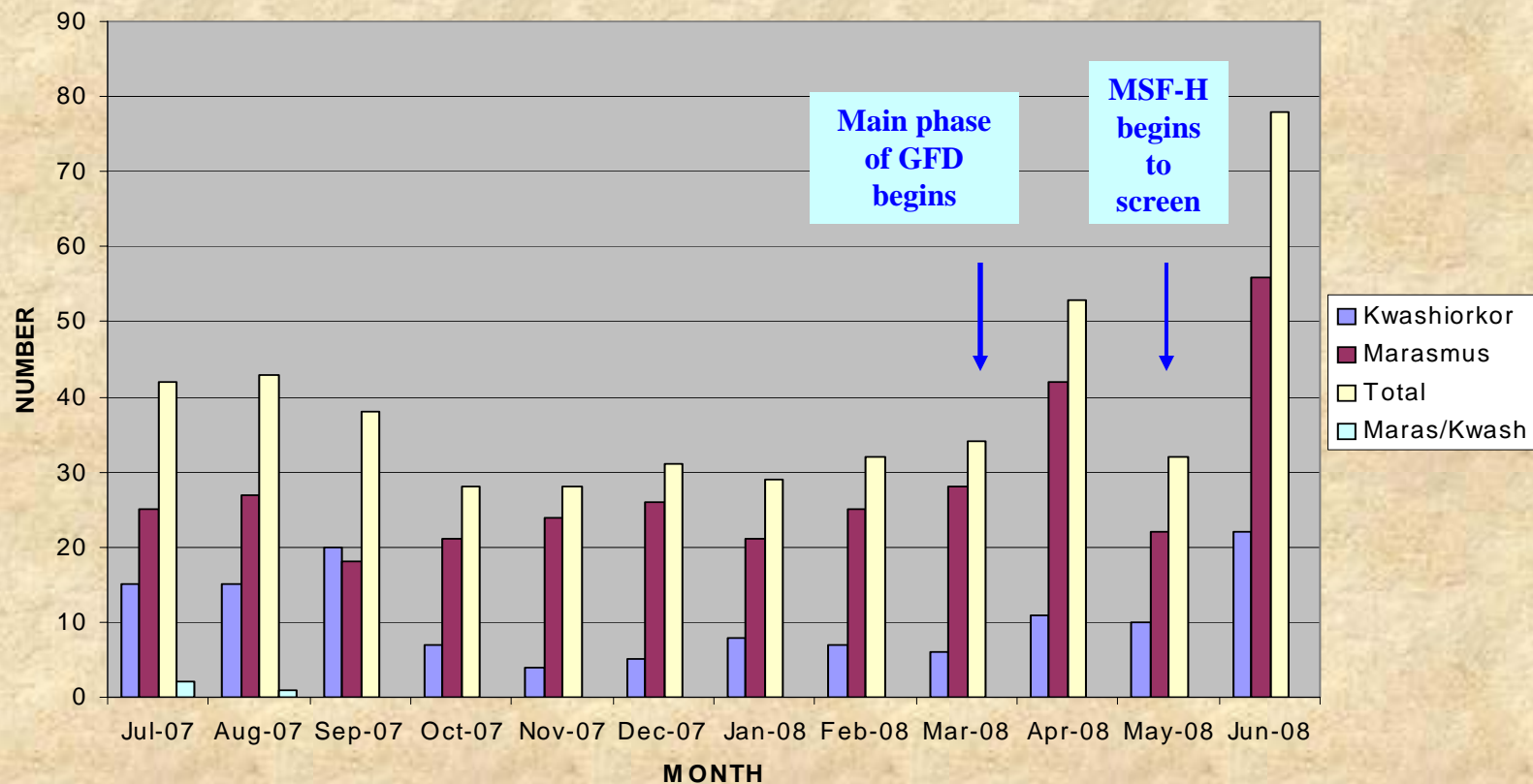
Less than 1% with complications

	No Screened	No of cases of SAM
Rupa	830	115
Irii	1050	71
Lotome	621	104
Lopotuk	403	59
Lorengchora	958	42
Nadunget	615	69
Amadek	704	35
Nabwal	149	12
TOTAL	5330	507

* Data as reported on July 6th, 2008

Interventions Help, But Not Enough

Admissions to Therapeutic Feeding Centre in Matany Hospital, 2007-2008



Outlook Poor for 2008 and 2009

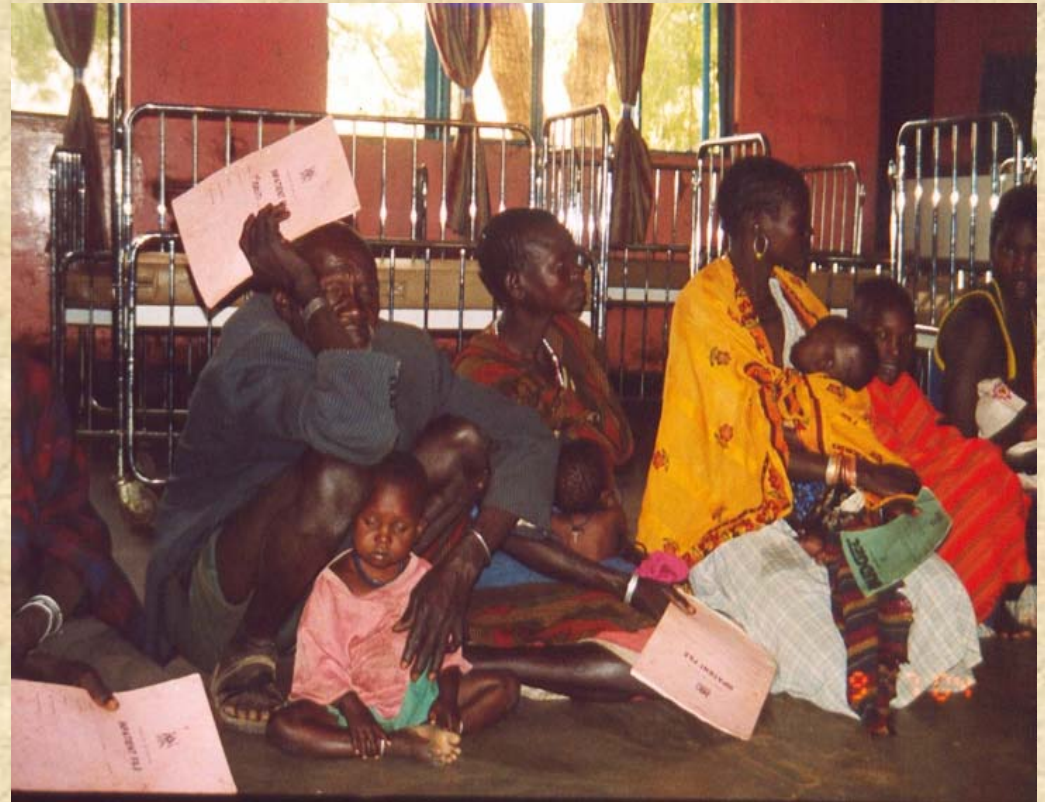
- 2008 harvest delayed until November in many places due to late rains
- Limited production or no harvest likely in parts of Moroto, Kaabong, and Kotido



3. Responses

Treat Acute Malnutrition

- **Therapeutic feeding** –
Treat 7,500 children under 5 for severe acute malnutrition
- **Supplementary feeding** –
Treat 35,000 children under 5 for moderate malnutrition
- **Modality** – centres, ambulatory services, nutritional surveillance



Improve Food Intake

- **Livestock vaccination** – Accelerate vaccination of 2.4 million small ruminants and 1.1 million cattle against PPR and CBPP
- **Food distributions** – Increase number of people reached to 750,000, extend duration to at least November, and possibly increase ration size



Reduce Spread of Disease

- **Immunization campaign** – Reach over 90,000 un-immunized children under 5 in Karamoja against measles, diphtheria, and hepatitis B
- **Malaria prevention** – Provide 150,000 households with insecticide-treated mosquito nets
- **Family Care Practices:** promoting use of ORS; hygiene promotion, use of LLINS and adequate feeding practices (diarrhea prevalence over 28%)



Funding Shortfalls

- Amounts (in US Dollars) for period from August to October 2008

	FAO	UNICEF	WHO	WFP
Shortfall for Karamoja	1.2 million	5.0 million	0.4 million	6.5 million