



**JOINT FACTSHEET ON KARAMOJA: HUMANITARIAN AND DEVELOPMENT REALITIES IN THE REGION - 18 APRIL 2008**

**Regional Statistics**

Demographics		Protection & Human Rights	
Total estimated population	1,107,308	Average N° police officers posted in sub-counties	15
Estimated % population living in poverty	82%	Average % of sub-counties with functional service delivery systems for GBV survivors	0%
Water, Sanitation & Hygiene		Average % of sub-counties with child protection systems in place	0%
Access to safe drinking water (% population with access)	46%	Health, Nutrition & HIV/AIDS	
Access to sanitation units (% population with access)	8%	Average % DPT3 vaccination coverage	Regional: 87% National: 90%
Food Security		Global Acute Malnutrition (GAM) rate	10.9% (Regional) 6% (National)
N° of targeted beneficiaries receiving General Food Distribution	65,000 in Feb-Mar 2008 >700,000 by July 2008	Average % HIV/AIDS patients on antiretroviral medications	8.3% (Regional) 45% (National)
Estimated N° of cattle and (shoats) sheep/goats	1.1 million cattle; 2.07 million shoats	Infant mortality rate	105 per 1,000 live births
Estimated livestock loss to PPR disease	9%	Average % District health posts filled	49%
Education		<p>In Moroto District, the GAM rate is 15.9% (Ministry of Health); 10% is the international emergency threshold</p> <p>In Moroto District, up to 40% of shoats are estimated to have been lost to PPR over the past year (Food and Agriculture Organization).</p>	
N° of functioning primary schools	247		
Average % school-age girls enrolled in primary school	35%		

**Key Messages**

**DEVELOPMENT AND NON-VIOLENT DISARMAMENT STRATEGIES FOR THE KARAMOJA REGION MUST GO HAND IN HAND IN ORDER FOR EITHER TO BE SUSTAINABLE**

Human security and development are inextricably linked – without security, it is difficult to imagine Karamoja developing; without development Karamoja will continue to be dogged by insecurity. At present, 82% of the population of Karamoja lives in poverty (2004 NUSAF Survey).

**HUMANITARIAN AND DEVELOPMENT ACTORS SHOULD ADOPT A JOINT STRATEGY TO REALIZE THE MILLENNIUM DEVELOPMENT GOALS (MDGs) AS THE FOCAL POINT OF THEIR COMBINED EFFORTS IN KARAMOJA**

At the current rate, the MDGs cannot be attained in Karamoja by the 2015 target date: the humanitarian community instead proposes to view the longer-term achievement of the MDGs in Karamoja as the point of convergence for concerted humanitarian and development programming. This entails moving beyond traditional, short-term humanitarian objectives to a longer-term, joint strategy of targeted humanitarian and development action to realize sustainable development.

**STRENGTHENING THE RULE OF LAW, ENSURING ACCESS TO BASIC SERVICES SUCH AS EDUCATION, HEALTH CARE, CLEAN DRINKING WATER AND SAFE SANITATION AND SUPPORTING FOOD SECURITY AND LIVELIHOODS ARE THE KEY HUMANITARIAN AND DEVELOPMENT OBJECTIVES TO IMPROVE THE LIVES OF THE PEOPLE OF KARAMOJA**

At present, there are too few police officers and other civilian administrative personnel and no resident judges/magistrates to uphold the rule of law in Karamoja. More must be recruited, trained and deployed in the region. Less than 20% of all Karimojong are literate and less than 50% of school-aged children are currently enrolled in primary school. Less than 3% of the population has access to sanitation facilities in the northern three districts and less than 50% access to safe drinking water across the region. Gross Acute Malnutrition is above emergency thresholds across Karamoja, but particularly in Moroto, where it is 15.9% at present. Giving people hope for a better future is essential to getting them to invest their own resources in sustainable development.

### WHO-WHAT-WHERE (3W) MATRIX FOR KARAMOJA

	District	Peace & Reconciliation	Education	Food Security	Health, Nutrition and HIV/AIDS	Protection	Water, Sanitation and Hygiene
<b>K A R A M O J A</b>	<b>Abim</b>		UNICEF, WFP	FAO, WFP	ADLoG, CUAMM, Malaria Consortium, MOH, UNFPA, UNICEF, WFP, WHO, WHO	OHCHR, UNICEF	UNICEF
	<b>Kaabong</b>	ADRA, DADO, KDDO,	ADRA, UNICEF, WFP	DADO, FAO, KDDO, NAADS, OXFAM, WFP	COU, CUAMM, IRC, KDDO, KDL0G, MOH, MSF, UNICEF, UPHOLD, WFP, WHO	DADO, KDDO, OHCHR, UNICEF	ADRA, MEDAIR, UNICEF
	<b>Kotido</b>	ADRA, JICAHWA, LYDO, OXFAM	ADRA, JET, UNICEF, WFP	ADRA, FAO, FIGP, JICAHWA, LYDO, OXFAM, WFP	ADRA, CUAMM, IRC, JCRC, KDL0G, KtoD, LYDO, Malaria Consortium, MOH, UNFPA, UNICEF, UPHOLD, WFP, WHO	ADRA, CLA, LYDO, OHCHR, UNICEF	ADRA, KDF, LYDO, OXFAM, UNICEF
	<b>Moroto</b>	C&D, IRC, KAAP, KACHEP, MWSL, TKL, TOBARI, WECOP	C&D, FOC-REV, KACHEP, SCIU, TKL, WELOP, UNICEF, WFP	C&D, FAO, FOC-REV, MWSL, VSF, WECOP, WFP	ARELIMOK, C&D, CUAMM, FOC-REV, GL, IRC, KAAP, KATHES, KAWOSEP, MAHAS, Matany Hospital, MDLoG, MMC, Moroto Hospital, MtoD, SCiU, TKL, UNFPA, UNICEF, UPDF, WECOP, WFP, WHO	C&D, FOC-REV, KAAP, KACHEP, MWSL, OHCHR, TOBARI, UNICEF, WECOP	C&D, KAAP, MWSL, TKL, UNICEF
	<b>Nakapiripirit</b>	CARDO, IRC, PIRDO, TKL	ACTED, CARDO, FOC-REV, PIRDO, TKL, UNICEF, WFP	ACTED, CARDO, FAO, FOC-REV, Happy Cow, KADP, NCT, POZIDEP, SVI, WFP	COU, CUAMM, FOC-REV, IRC, Malaria Consortium, MOH, NDLoG, Presbyterian Church, UNFPA, UNICEF, UPHOLD, WFP, WHO	FOC-REV, OHCHR, UNICEF	ACTED, CARDO, C&D, PAPD, PCID, POZIDEP, UNICEF

**For more information, please contact:**

Kristen Knutson, Public Information and Donor Liaison Officer, OCHA-Uganda: +256 312 244 888, +256 772 759 996 (mobile), [knutson@un.org](mailto:knutson@un.org); Chris Hyslop, Desk Officer, OCHA-New York: +1 917 367 9457, [hyslopc@un.org](mailto:hyslopc@un.org); Stephanie Bunker, Public Information Officer, OCHA-New York: +1 917 367 5126, +1 917 892 1679 (mobile), [bunker@un.org](mailto:bunker@un.org); Elisabeth Byrs, Public Information Officer, OCHA-Geneva: +41 22 917 2653, [byrs@un.org](mailto:byrs@un.org).