



Focus on Karamoja

Special Report No. 4 – January to June 2009

Comparative Humanitarian and Development Indicators	National	Karamoja
Life expectancy [UNDP 2007]	50.4 years	47.7 years
Population living below poverty line [World Bank 2006]	31%	82%
Maternal mortality rate (per 100,000 live births) [UDHS 2006]	435	750
Infant mortality rate (per 1,000 live births) [UNICEF/ WHO 2008]	76	105
Under 5 mortality rate (per 1,000 live births) [UNICEF/ WHO 2008]	134	174
Global Acute Malnutrition (GAM) rate [MoH/WFP April 2009]	6%	9%
Immunization (children 1-2 years, fully immunized) [UDHS 2006]	46%	48%
Access to sanitation units [UNICEF 2008]	62%	9%
Access to safe water [UNICEF 2009]	63%	40%
Literacy rate [UDHS 2006]	67%	11%

Situation Overview

During the first half of 2009 the Karamoja region of northeastern Uganda continued to experience a variety of challenges, including persistent insecurity, unreliable rains, tsetse fly infestation in savannah areas, and chronic under-capacity in staffing levels at the district level.

Insecurity in the region has remained static compared to the first six months of 2008, with little change in the number of incidents (cattle raids, clashes, killings, etc) occurring monthly. In addition, two road ambushes have been recorded from January-June 2009 against three over the same period last year.

Worsening food insecurity prompted an upward revision of the region's food aid caseload and rations, while an integrated food security phase classification of the region was completed in May, confirming the

emergency nature of the situation, specifically in parts of Kaabong and Moroto.

Nevertheless, some improvements were registered, particularly in land use and cultivation by communities supported with agricultural inputs as well as increased access to safe water coverage from 30 per cent to 40 per cent regionally (UNICEF, 2009). Progress was also made in the health sector, where efforts to take basic medical services closer to itinerant communities have been boosted by the establishment of Village Health Teams in 70 per cent of villages in the region and continuing support via outreach programs to returned and nomadic communities.

Karamoja has also been successful in attracting greater attention; increasing numbers of organizations are setting up humanitarian and development operations in the region, while the new high-profile state minister for Karamoja, First Lady Janet Museveni, has already conducted three visits to the area.

In May 2009, the Government of Uganda announced the creation of fourteen new districts effective 1 July 2009, one of which is Amudat District located on the eastern side of Nakapiripirit District, along the Kenya border. Amudat is comprised of the Pokot people in Loroo, Amudat and Karita sub-counties.

Table 1: Karamoja Population Projections for 2009

DISTRICT	UBOS 2009 Projection
Abim	54,900
Kaabong	316,600
Kotido	188,100
Moroto	276,000
Nakapiripirit	226,700
TOTAL	1,062,300

Spotlight: Protected Kraals

Since early 2008, there has been growing interest over the use of **Protected Kraals** in the sub-region, particularly their impact on affected communities (kraal, host, and livestock owning families at the manyattas), and on the environment. Additional concerns relate to the question of responsibility for determining access, location, freedom of movement to new Protected Kraal locations and movement of livestock for pasture and water. There are currently an estimated 38 Protected Kraals in Karamoja, including

eight in Kaabong, seven in Kotido, nine in Moroto, and 14 in Nakapiripirit.

The concerns outlined above prompted Kaabong District and partners, including the local government, NGOs, UN agencies and the UPDF, to conduct an inter-agency assessment on Protected Kraals in April 2009. Key findings were based on discussions with Protected Kraal, host and livestock-owning communities, as well as with local leaders, security officials and district and opinion leaders.

Generally, interviewed communities acknowledged that Protected Kraals had been successful in reducing incidents of massive cattle raids, improving access to veterinary services, inputs and regulated grazing. However, several points of concern were raised, notably increased stress on existing grazing corridors, gazetted areas and water points due to the restricted movement of animals with longer distances to pasture/water and decreased grazing times. In addition, the over-concentration of large herds in small areas was compacting soils in fields where animals regularly grazed, resulting in environmental and land degradation and leading to increased run-off and difficulties in cultivation. Impacts on human communities were found to include a reported displacement of over 150 people and deprivation of land for agricultural production. Communities whose livestock were kept in Protected Kraals reported being deprived of animal products that they needed most (meat, ghee and milk) because only specified individuals were allowed to enter the kraals under UDPF orders for security reasons and, in some cases, due to the distance involved. Moreover, large numbers of children working in the Protected Kraals are not attending school; over 60 per cent of school-aged children in visited communities were not enrolled in schools, while between 35 per cent and 45 per cent were forced to drop out in part because they have to take care of the animals. On average, attendance rates in assessed communities were a lowly three per cent. An added point of concern for the large numbers of children in the Kraals, attracted by the availability of animal products like milk and butter, is their vulnerability in the event of clashes or raids on the Kraals or at grazing areas.

Livestock health related impacts of Protected Kraals were found to be even more pronounced. Due to livestock congestion and long distances to water and pasture points, high mortality rates, particularly of calves and culled animals, were being registered. A majority of Kraals with large livestock populations estimated losing an average of 100 animals a month since November 2008 due to starvation and diseases. The incidence of diseases such as East Coast Fever, goat plague, Contagious Bovine Pleuro Pneumonia (CBPP) and mange was reported to have increased since the Protected Kraals were established. For Kraals located near Kidepo National Park, the risk of cross-spreading of vector-borne diseases such as

Nagana was also cited, given the sharing of grazing areas with wild life.

Recommendations from the assessment include decentralizing of livestock protection involving carefully regulated and trained youth to guard smaller kraals at the village level. Such youth would be better able and motivated to pursue livestock raiders given their knowledge of the terrain and their vested interests in the community's livelihood. Decentralization of kraals would also enable access to animal products for a wider number of children, the elderly and other vulnerable groups at the village level, as well as increase food production as a result of the availability of oxen to farmers for animal traction. Additional recommendations included the recruitment of local defence unit personnel (LDUs) to complement the UDPF; provision of transport to military detachments to facilitate the pursuit of raiders; and, improvement in channels of communication between brigade headquarters and communities in regard to reporting raiders' movements. Furthermore, the presence of the Uganda Police Force in the region currently includes 1,100 officers, which could be further strengthened to ensure expansion of regularised civilian protection to meet the national standard police-to-civilians ratio of 1:500.

Subsequent to the aforementioned April assessment, the UDPF indicated in June its intention to expand from the focused protection of kraals to wider corridors in Karamoja as it seeks greater responsibility and involvement of local communities in efforts to end armed inter-ethnic and cross border livestock raiding activities. Security organs further indicate that as the UDPF moves toward the border areas, a substantially strengthened police force will be established with the presence of Anti Stock Theft Units (ASTUs) in the region along the Teso, Lango and Acholi district lines. Local populations and various other stakeholders in the sub-region agree that the continued protection of lives and property by government security organs is essential to ensure the livelihoods of communities. There are, however, concerns that insecurity could worsen as communities may resort to re-arming themselves for protection and further acquisition of livestock with changes to current security structures. At the end of June reports indicated increased movements and raids in some areas that had been informed of the impending dismantling of the Protected Kraals as well as reported selling of cattle to buy guns for protection.

Food Security & Livelihoods (FSAL)

Livelihoods: Karamoja remains more vulnerable to the effects of climatic shocks, principally drought, than any other region of Uganda. An Integrated food security Phase Classification (IPC) of the region was completed in May 2009 and indicates a worsened situation in parts of the region, particularly in Moroto. Eastern parts of Kaabong District remain in humanitarian emergency phase, while the situation in

Kotido is largely unchanged from that of last year. Worryingly this year, the rains were nearly a month late, and have been very poor (less than half of expected) at the critical stages of crop development. According to FSAL partners and the District Agricultural Officers (DAOs), rainfall averaged only 12 mm for Moroto, 7 mm for Kaabong and 10 mm for Nakapiripirit in June 2009. In the event that the rains

improve in the coming months, it is unlikely that food production will reach normal/profitable levels because of the damage already done to crops at critical stages of vegetative growth, flowering or, for some, at grain filling. For this reason, food security partners are concerned that food production in the region may not be any better this year than it has been in the last couple of years.

Table 2: Karamoja sub-regional food security classification

	PHASE 2: Moderately Food Insecure	PHASE 3: Acute Food and Livelihood Crisis	PHASE 4: Humanitarian Emergency
ABIM	Abim, Lotukei	Morulem, Alerek, Nyakwae	
KAABONG		Karenga, Lolelia, Sidok, Kapedo, Kaabong TC	Kalapata, Loyo, Kaabong Rural, Kathile
MOROTO	Moroto Municipality	Iriiri, Katikekile, Ngoleriet	Lopeei, Lokopo, Matany, Nadunget, Lotome, Rupa
KOTIDO	Kotido TC	Kotido, Panyangara, Rengen, Nakapelimoru, Kacheri	
NAKAPIRIPIRIT	Namalu, Karita, Kakomongole, Nakapiripirit TC, Moruita	Lolachat, Nabilatuk, Loro, Amudat	

Source: IPC Technical Working Group

Further jeopardizing food security and livelihoods in the region is the prevalence of livestock diseases. At present, livestock vaccination campaigns are ongoing against *peste des petits ruminants* (PPR) in goats and sheep, and contagious bovine pleuropneumonia (CBPP) in cattle (See Table 3).

Table 3: Livestock Vaccination Campaign Update, June 2009

Districts	Implementing Partners	Livestock vaccinated	
		Goats / Sheep	Cattle
		PPR	CBPP
Kaabong	DOCAHWA	138,687	65,937
Kotido	KCVC	481,226	186,847
Moroto	VSFB & BOZIDEP	209,766	68,927
Abim	CARITAS	49,155	6,884
Nakapiripirit	ACTED & HCP	110,213	52,411
Total	Vaccinated	989,047	381,006
	Coverage	72%	43%

An emerging concern is the spread of Tsetse flies to Kotido, Abim and possibly further south from their natural habitat in the Kidepo Valley National Game Park in Kaabong. The Tsetse fly is the vector for *Trypanosomoses*, a blood parasite affecting both

humans (sleeping sickness) and livestock (Nagana). Additional risks are posed by tick-borne diseases such as *anaplasmosis*, and East coast fever, which are endemic and exact heavy tolls on the region's livestock economy. Recommendations from food security and livelihoods partners emphasize support to livestock interventions in the region as a matter of priority. Such support should facilitate, among others, continued livestock vaccination for the next two to three years, and instituting an emergency tsetse fly control programme in Karamoja akin to the Farming in Tsetse Controlled Areas (FITCA) programme that is operational in south-eastern districts of the country.

Agricultural Interventions: Due to unreliable rainfall and the absence of any tangible irrigation system, arable agriculture in Karamoja is often characterized by unpredictability. Nevertheless, agricultural interventions in the region have continued, encompassing the distribution of seed and planting materials provided by the Government, NGOs and UN agencies. With funding from the European Commission Humanitarian Aid Department (ECHO), distributions by the Food and

Agricultural Organization (FAO) in collaboration with the DAOs and in partnership with World Vision and Samaritan's Purse and logistical support from the World Food Programme (WFP), reached 120,390 households with over 600,000 kg of seeds including groundnuts, maize, beans, sorghum, cow peas and millet. The Ministry of Agriculture, Animal Industry and Fisheries in partnership with the Office of the Prime Minister through the local district governments supplied seed and planting materials worth UGX 1.2 billion (approximately US\$ 6 million) to households in Abim, Kaabong and Kotido districts, and 60,000 households in Moroto and Nakapiripirit. Additional emergency seed distributions during the same period were undertaken by Caritas, the International Rescue Committee (IRC), *Insieme Si Puo'* (ISP), Oxfam, Save the Children, and the Uganda Red Cross Society (URCS).

General Food Distributions: WFP launched an Emergency Operation (EMOP) in Karamoja in February 2009, initially targeting 970,000 drought-affected people and implemented through World Vision and Samaritan's Purse. The planning figures were increased in April to 1,149,993 due in part to an extensive registration and verification exercise, as well as recommendations from a Rapid Emergency Food Security Assessment (EFSA) to include sub-counties and persons not previously targeted. Morulem and Lotukei sub-counties in Abim were added, while extremely vulnerable individuals (EVIs) in Kaabong Town Council are now also being targeted. Additionally, rations were increased from 50 per cent to 70 per cent as a result of a 'hunger gap' of 20 per

cent caused by the delay in implementing WFP's recovery activities, and partly in response to a nutrition survey that noted sharply increased Global Acute Malnutrition (GAM) rates in Kaabong and Nakapiripirit.

Meanwhile, support to school-feeding programmes reached 173 primary schools in the region, providing meals to more than 67,000 students.

Health, Nutrition & HIV/AIDS

Health service provision across Karamoja remains constrained by low staffing levels and inadequate infrastructure, as illustrated by Table 5 below.

Table 4: Health Resources in Karamoja

	ABIM	KAABONG	KOTIDO	MOROTO	NAKAPIRIPIRIT
Total population	89,867	301,200	179,806	275,988	224,081
District Sq kms	2,337	7,245	3,663	8,517	13,245
EOP* kms monthly	1,389	4,342	1,156	2,791	2,637
Accessibility HUs	79.8%	73.3%	95.3%	64%	72.5%
Medical Doctors	2	2	1	6	2
Midwives 1 / Pregnant women	19 / 1/246	5 / 1/3,132	7 / 1/1,335	19 / 1/755	11 / 1/1,059
Clinical Officers	14	10	4	12	6
* Expanded Outreach Program					
<i>Table provided by the Karamoja Health Data Centre operated by CUAMM and supported by the Ministry of Health and UNICEF</i>					

Outreach Programs to Returnees: Persistent drought in Karamoja over the past several years has been a major push factor for some populations to migrate to other parts of Uganda in search of food and livelihoods. Since 2007, Government intervention has resulted in the return and resettlement of more than 2,000 of these out-migrants to sites in Moroto and Nakapiripirit. Despite the establishment of these return sites, access to social services including basic health care has been minimal at these locations. In response, the World Health Organization (WHO) in partnership with both districts' Health Offices is supporting Bokora and Tokora Health sub-districts to conduct medical outreach programmes to returnees in the settlements of Apeitolim, Nabwal, Okududu and Lomaratoit. District Health Teams (DHTs) deliver basic health services to the returnees and communities at these sites. The outreach teams are supported by WHO with essential drugs to last six months, fuel to facilitate access to the sites, and upkeep allowances during the exercise.

To date, a total of 3,644 returnees in Lomaratoit, Nakayot and Apeitolim settlement sites have been treated in the outreach sites, with increasing numbers of people accessing the services regularly. Bokora Health sub-district provided some of the drugs to Lokopo Health Centre II to cope with the increased demand for medical services following the arrival of up to 600 new returnees. The DHTs provide on-site supervision of the outreach activities, supported by six health workers seconded by Matany Hospital and Tokora health sub-district.

Nomadic Health Services: A significant proportion of the population in Karamoja live a semi-nomadic lifestyle, involving generally predictable patterns of kraal movements dictated by the availability of water and pasture. Such a lifestyle poses challenges to conventional systems of health service delivery based on permanent and stationary infrastructure. To address the resultant health provision gap, a unique model of mobile clinics has been developed by the District Health Officer for Kotido in an attempt to provide continuous and affordable quality services to match the mobility of the communities. Two mobile Health Centre IIs – one for nomadic communities at ApaLopus kraal in Kotido and another supporting outreach services in Moroto district - currently exist, while equipment has been purchased to establish a second unit at Apalopama kraal in Kotido by July.

Under the model used at ApaLopus kraal in Kotido, health services are provided by two trained core health workers selected from the kraals and supported by a qualified nurse and nursing assistant deployed by the district on a rotational basis. One tent serves as an out-patient unit while two additional tents accommodate staff. A simple medical equipment set and a metallic box for drugs constitute the technical equipment, which are loaded onto donkeys whenever the kraal relocates. In case of major migration, which occurs about every three months, a vehicle is used to transport the equipment to the nearest accessible place from where donkeys take over. The equipments were initially procured with financial support from the Danish International Development Agency (DANIDA), but supplies are now funded through the Government's Primary Health Care (PHC) programme.

The nomadic health center provides curative services for common ailments and undertakes health education focused on hygiene. Immunization and other preventive interventions are also conducted. This approach has improved access to health services for nomadic communities in Kotido. For example, there have been 670 new out patient attendances in ApaLopus kraal in the last three months, compared to about 900 new outpatients at a static health centre over the same period. A total of 2,966 people have been able to receive mass treatment for trachoma and 1,542 children vaccinated against polio through the nomadic health center.

Nutrition: Nutrition surveillance by the Ministry of Health supported by WHO was introduced in Karamoja in February 2009 but actual screening of children began in March. Each of the five districts has identified three health units where screening of all children aged six to 59 months is conducted. Due to staffing constraints in the health units, village volunteers (Village Health Teams) supervised by the health staff participate in the screening of the children. WHO continues to collaborate with the districts in the establishment of the sites and monitoring of the nutrition status of the children in the region.

Of the total 3,177 children screened in 12 sentinel sites across the region during the month of May, 75 per cent – compared to 50 per cent in April – were found to suffer from some form of malnutrition. Children with no malnutrition accounted for 20 per cent of the total, while 13 children - the majority from Nakapiripirit District - exhibited severe malnutrition symptoms. Children found to have severe forms of malnutrition are re-evaluated and provided with treatment including referral to therapeutic feeding centres (TFCs) while others are provided with therapeutic foods (plumpynut) supplied to the districts through the United Nations Children's Fund (UNICEF).

According to the most recent health and nutrition assessment by the Ministry of Health and WFP, the overall prevalence of global acute malnutrition (GAM) in Karamoja has gradually decreased from 10.9 per

cent in February 2008 to nine per cent in April 2009, but rates in Kaabong (12.1 per cent) and Nakapiripirit (11.6 per cent) districts remain above the emergency threshold of 10 per cent.

In the period January to April 2009, a total of 956 children were treated at both outpatient and inpatient care centres under supported therapeutic programmes. Active case finding, screening and referral appears to be improving in Karamoja with the arrival of more nutrition partners; most notable is the increase in the number of children enrolled in outpatient therapeutic care programmes.

The focus in the months ahead will be on strengthening district capacities in treatment and management of severe acute malnutrition (SAM) - found to have worsened from 1.2 in 2008 to 1.64 in April 2009 - with emphasis on community based management to improve active case finding. Additionally, the need to continue to promote optimal infant and young children feeding practices as well as ensure improved coverage of vitamin A supplementation and deworming as vital child survival strategies have been noted.

Recognizing the significance of nutrition information for evidence based advocacy and programming, *Action Contre la Faim* (ACF) with support from UNICEF is rolling out a pilot nutrition surveillance system in the region.

Peace Building & Reconciliation

Security and peace remain fragile in Karamoja where environmental and climatic shocks coupled with longstanding marginalization have ensured intense competition amongst communities for scarce resources and a resort to illicit weapons for own security. The launch of the Karamoja Integrated Disarmament and Development Plan (KIDDP) in 2008 provided more impetus to integrate conflict transformation initiatives into development activities by the Government and its local counterparts, as well as the United Nations, Save the Children in Uganda, the International Rescue Committee (IRC) and community-based organizations.

Ongoing efforts by the United Nations Development Programme (UNDP) aim at strengthening the role of the local government, traditional leadership and the community in peace building, and establishing sustainable livelihoods. Activities by other organizations include improving traditional mediation, reconciliation and conflict resolution mechanisms; peace building dialogues between rival ethnic groups to promote longer-term reconciliation; strengthening traditional forms of justice and reconciliation; and supporting district development to open land for

cultivation for the 2009 planting season. The latter initiative has included dialogue meetings with the Jie, Dodoth, Labwor/Thur, Bokora, Matheniko, Pian and Pokot; the provision of twelve pairs of oxen and ox-ploughs to women and women's groups in Abim; and vocational training in Mbale for 15 disarmed youths from Nakapiripirit.

Additionally, district local governments have been supported to undertake four inter-district and cross-border peace initiatives between Karamoja and its neighbors, including the Jie and the Acholi; the Pian in separate meetings with Bukwo, Sironko, Kapchorwa, Bukwa and districts of Teso; the Pian and the Pokot and Matheniko in Kenya; and the Bokora with the Teso. All activities are ongoing and further dialogues are expected to support Jie, Dodoth, Turkana and Bokora relations.

Given the substantial number of actors undertaking peace building and reconciliation activities in the region, local government authorities in collaboration with UNDP and other partners are in the process of forming district peace working groups as well as a regional peace body in the coming months.

Disaster Risk Reduction

A consortium of three organisations is implementing a **Community Managed Disaster Risk Reduction (CMDRR)** programme in Moroto and Nakapiripirit districts. Caritas Moroto (Social Services and Development) as the host and lead organisation has partnered with Matheniko Development Forum (MADEFO) and Karamoja Agro-Pastoral Development Programme (KADP). Formed in June 2006, the consortium implements a joint action plan encompassing building and strengthening of rural communities' capacity to minimize the risks of hazards and disasters. The Consortium is supported by the Catholic Organization for Relief and Development Aid (CORDAID).

Activities include training of targeted community groups including former illegally armed aggressive youths, women, men and the elderly, support to crop and income generating projects, and construction of water sources for human and animal consumption. Other interventions include exchange and learning visits of selected members of community groups to Kenya, Ethiopia and other parts of Uganda.

Based on the results of two risk/hazard and vulnerability assessments conducted in 2006 and 2007, the consortium identified three areas of intervention in three selected sub-counties: water harvesting by MADEFO in Rupa sub-county in Moroto District; livelihoods by Caritas Moroto (SSD) in Kodonyo community of Katikakile sub-county; and crop

production by KADP in Nayonai Agikalo community of Nabilatuk sub-county in Nakapiripirit District.

CMDRR organized and facilitated the 2008 celebrations of the International Day on Disaster Risk Reduction in Moroto, and the consortium regularly participates in regional and international conferences advocating the need to support local populations in disaster preparedness.

Contingency Planning Support to Districts: Between January and April 2009, Oxfam through its North Karamoja Pastoral Development Program, supported Abim, Nakapiripirit, Kotido and Moroto to develop district contingency plans. Training workshops involving members of the District Disaster Management Committee (DDMC) were conducted, focusing on practical skills in the development of contingency plans as part of wider emergency response planning and preparedness. The individual district workshops involved hazard identification and district capacity assessments, and preparedness planning based on jointly agreed risk scenarios. The main outcome was a zero draft contingency plan for each district, and an action plan to be finalized in subsequent processes. The joint process was intended to encourage local government officials and partners to improve working relationships and develop a common understanding of risks and vulnerabilities, as well as of capacities, objectives and organizational requirements.

CAP 2009 Mid-Year Review & Funding Update

The mid-year review of the Uganda CAP 2009 acknowledges the prominence of food and nutritional security amongst the humanitarian priorities for Karamoja, given that more than 90 per cent of the region's population is now targeted for emergency food aid through both CAP and non-CAP projects. Nevertheless, it also emphasizes the importance of continued support to programmes aimed at protecting the health and boosting the productivity of the predominant source of livelihoods in the region – livestock. Most significantly, effective disease surveillance and response is of utmost necessity in a

region that has become highly vulnerable to epidemic outbreaks of animal diseases.

Halfway through the Appeal period, funding of Karamoja-specific projects totals US\$ 50 million, or 65 per cent of the original US\$77 million request for the region. Food (61 per cent) is the highest funded sector, followed by Agriculture (21 per cent) and Water, Sanitation and Hygiene (19 per cent). Coordination, Education and Protection have received no funding to date.

Chart 1: Karamoja Sector Requirements, 2009

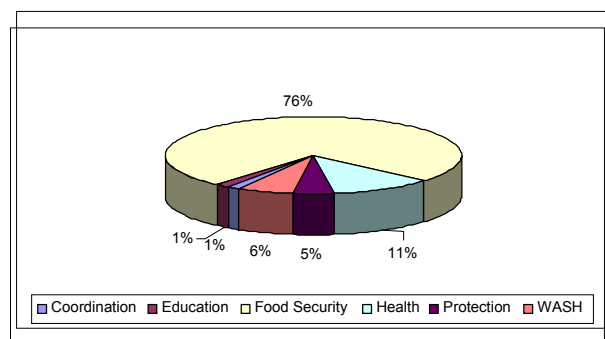


Table 5: Karamoja Sector Funding (June 2009)

Sector	Request	Funding	% of sector request
Agriculture	5,683,330	1,185,770	21%
Coordination	847,350	0	0%
Education	969,171	0	0%
Food	52,640,291	47,520,030	90%
Health	8,615,201	483,092	5%
Protection	3,494,728	0	0%
WASH	4,657,836	920,934	19%

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

	District	Peace & Reconciliation	Education	Food Security	Health, Nutrition and HIV/AIDS	Protection	Water, Sanitation and Hygiene
KARAMOJA	Abim	ADLoG, Caritas, UNDP	ADLoG, ADRA, Caritas, Catholic Diocese, CESVI, GOAL, KDDS, UNICEF, WFP	ADLoG, Caritas, CESVI, FAO, KDDS, Mercy Corps, NARO,URCS, WFP, WVI	ADLoG, Caritas, CESVI, CUAMM, KDDS, Malaria Consortium, UNICEF, WFP, WHO	ADLoG, IOM, KDDS, OHCHR, UHRC, UNICEF	ADLoG, ADRA, Catholic Diocese, Caritas, GOAL, KDDS, Medair, UNICEF
	Kaabong	Caritas, DADO, DOPESD, KaDLoG, KAPEPS, KOPEIN, KDDS, Mercy Corps, UNDP	ADRA, Caritas, Catholic Diocese, KaDLoG, KDDS, Medair, SCiU, SIL Uganda, UNICEF, WFP	Caritas, CESVI, C&D, DOCAWHA, FAO, KaDLoG, KDDS, Medair, Mercy Corps, NAADS, OXFAM, WFP, WVI,	ACF, Caritas, CESVI, CUAMM, KaDLoG, KDDS, Malaria Consortium, Medair, MSF, OXFAM, UNICEF, WFP, WHO	DADO, IOM, KaDLoG, KDDS, KOPEIN, OHCHR, SCiU, UHRC, UNICEF	ADRA, Caritas, Catholic Diocese, KaDLoG, Medair, OXFAM, UNICEF
	Kotido	Caritas, IRC, KAPEPS, KoDLoG, KOPEIN, Mercy Corps, SCiU, UNDP	ADRA, Caritas, Catholic Diocese, JICAHWA, KDDS, KoDLoG, OXFAM, SCiU, UNICEF, WFP	Caritas, FAO, JICAHWA, KoDLoG, Mercy Corps, OXFAM, URCS, WFP, WVI	CUAMM, FAO, IRC, KDDS, KoDLoG, Malaria Consortium, OXFAM, UNICEF, WFP, WHO	IOM, IRC, KDDS, KoDLoG, OHCHR, SCiU, UHRC, UNICEF	ADRA, Caritas, Catholic Diocese, IRC, KDDS, KoDLoG, OXFAM, <i>Premiere Urgence</i> , UNICEF, WFP
	Moroto	ARELIMOK, Caritas, CLIDE, IRC, KADP, KDDS, MADEFO, SCiU, SSD, STF, TKL, VSF-B	CLIDE, C&D, IRC, SCiU, SSD, STF, TKL, UNICEF, WFP	ARELIMOK, Caritas, C&D, FAO, ISP, KADP, KDDS, MADEFO, SCiUG, SP, SSD, STF, VSF-B, WFP	ACF, AFFORD/MC, ARELIMOK, Caritas, CLIDE, CUAMM, C&D, IRC, ISP, KADP, KDDS, Matany Hosp, MDLoG, SCiUG, SSD, STF, TKL, UNFPA, UNICEF, WFP, WHO	ARELIMOK, IRC, KDDS, KADP, MADEFO, OHCHR, SCiU, SSD, STF, UHRC, UNFPA, UNICEF	C&D, IRC, ISP, KADP, MADEFO, STF, TKL, UNICEF, URCS, VSF-B
	Nakapiripirit	Caritas, IRC, KADP, TKL, YAK	KDDS, SCiUG, TKL, UNICEF, WFP	ACTED, Caritas, FAO, HC, IRC, KADP, KDDS, SCiU, SP, SVI, WFP	AFFORD/MC, Caritas, CONCERN, CUAMM, HAR, IRC, KDDS, NDLG, UNFPA, UNICEF, WFP, WHO, YAK	IRC, KDDS, OHCHR, SCiU, UHRC, UNFPA, UNICEF, YAK	C&D, IRC, TKL, UNICEF, YAK

Action Contre la Faim (ACF), Agency for Technical Cooperation and Development (ACTED), Adventist Development and Relief Agency (ADRA), Action for Poverty Reduction and Livestock Modernization (ARELIMOK), Cooperation and Development (C&D), Cooperazione e Sviluppo (CESVI), Doctors with Africa (CUAMM), Dodoth Agropastoral Development Association (DADO), District Local Government (DLoG) – i.e. Abim DLoG (ADLoG); Dodoth Community Animal Health Workers Association (DOCAWHA), Dodoth Forum for Peace and Sustainable Development (DOPESD), Food and Agriculture Organizations (FAO), International Organization for Migration (IOM), International Rescue Committee (IRC), *Insieme Si Puo'* (ISP) Jie Community Animal Health Workers Association(JICAHWA), Karamoja Peace Environment Protection Services (KAPEPS), Karamoja Diocesan Development Services (KDDS), Kotido Peace Initiative (KOPEIN), Matheniko Development Forum (MADEFO), Médecins sans Frontières (MSF), National Agricultural Advisory Services (NAADS), Office of the United Nations High Commissioner for Human Rights (OHCHR), Save the Children in Uganda (SCiU), Summer Institute of Linguistics-Uganda (SIL-Uganda), Samaritans Purse (SP), Social Services and Development (SSD – Moroto Diocese), Straight Talk Foundation (STF), Servizio Volontario Internazionale (SVI), The Kids League (TKL), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), Uganda Human Rights Commission (UHRC), United Nations Children's Fund (UNICEF), Uganda Red Cross Society (URCS), Veterinarians sans Frontières (VSF), World Food Programme (WFP), World Health Organization (WHO), World Vision International (WVI), Youth Alliance in Karamoja (YAK)