UGANDA - NORTHERN REGION

NEARLY 48,000 CHILDREN ACUTELY MALNOURISHED IN THE NORTHERN REGION OF UGANDA

IPC ACUTE MALNUTRITION ANALYSIS
MAY 2019 – APRIL 2020

Issued March 2020

ACUTE MALNUTRITION MAY 2019 - APRIL 2020

47,975 the number of 6-59 months children acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	15,114
	Moderate Acute Malnutrition (MAM)	32,861
	Global Acute Malnutrition (GAM)	47,975

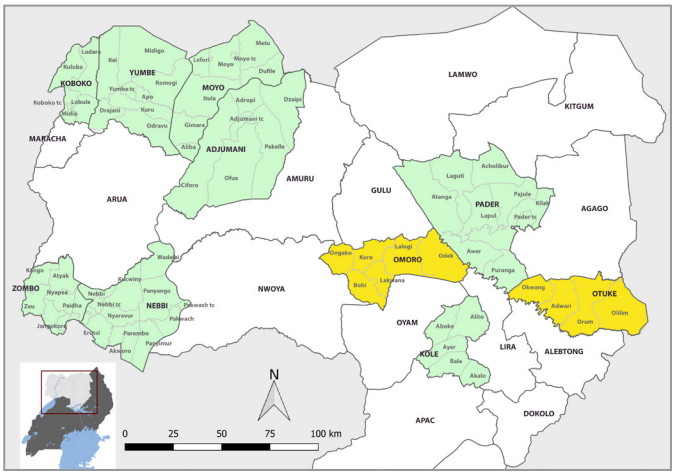
Overview

How Severe, How Many and When – According to the Integrated Food Security Phase Classification Acute Malnutrition scale (IPC AMN), of the ten districts analysed in Northern Uganda, acute malnutrition is at an Alert level (IPC Phase 2) in 2 districts and an Acceptable level (IPC Phase 1) in the other 8 districts. More than 1 in every 20 children is affected by acute malnutrition in the 2 districts classified as being in Alert. Despite 3 other districts being classified as Acceptable, they do have relatively high numbers of children under the age of five with acute malnutrition (i.e. > 4% of acute malnutrition).

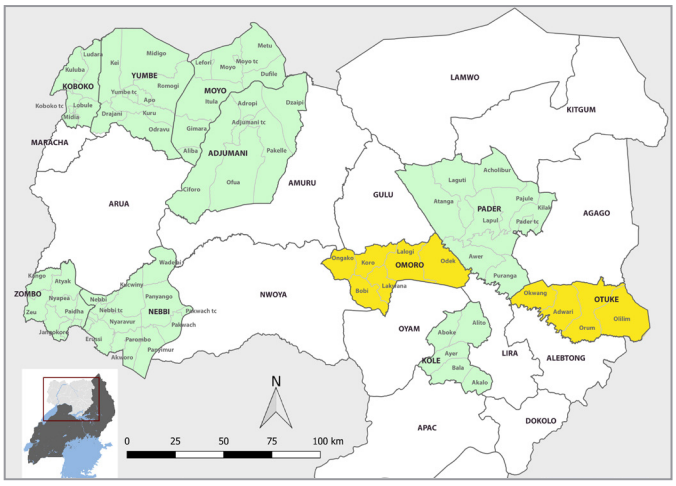
Where – The districts classified as being in Alert (IPC Phase 2) are namely Otuke and Omoro. Acute malnutrition levels in these 2 districts are respectively 6.1% and 5.9%. The 3 other districts with relatively high levels of acute malnutrition are Adjumani (4.7%), Pader (4.4%) and Moyo (4.4%).

Why – The major factors contributing to acute malnutrition include inadequate quality and quantity of food, food insecurity, poor hygiene practices, and high rates of malaria. Exclusive breastfeeding practices and access to safe water are also of concern in several districts. Although not the dominant focus of this analysis, the levels of anaemia among children aged 6-59 months are alarming.

Current Situation May – October 2019



Projected Situation November 2019 - April 2020



Key for the Map
IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Areas with inadequate evidence
- Areas not analysed

Evidence Level
*** High

Analysis Partners:

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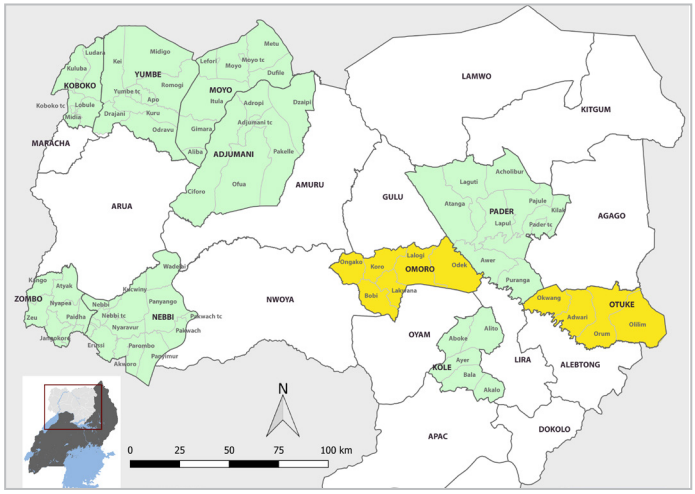
ACUTE MALNUTRITION CURRENT MAP AND POPULATION TABLE

Current Acute Malnutrition May - October 2019



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What's on the map?

Of the 10 districts analysed in the Northern Region of Uganda, 2 have been classified as being in Alert (IPC Phase 2) and 8 districts are classified as Acceptable (IPC Phase 1) during the current period of analysis (May-October 2019).

What's in the table?

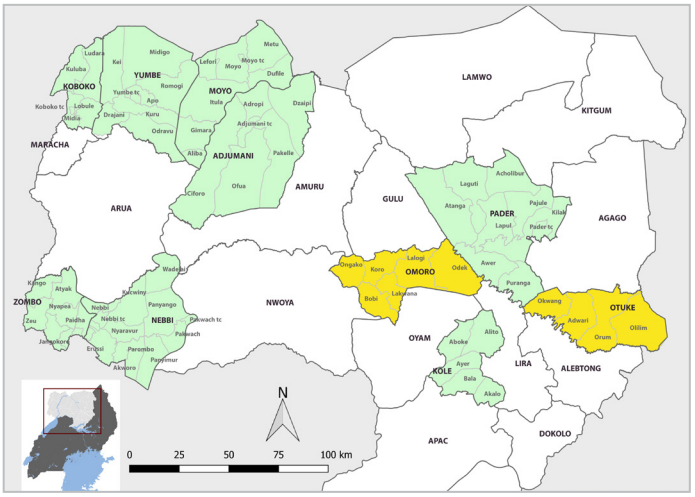
Nearly 48,000 children (aged 6-59 months) in the 10 analysed districts are acutely malnourished and in need of treatment; more than 32,000 children are moderately malnourished (MAM) and more than 15,000 are affected by severe acute malnutrition (SAM). Despite being classified as Acceptable (IPC Phase 2), Yumbe district has the highest number of acutely malnourished children at 10,315, followed by Adjumani district with 5,439. Note: the number of children affected by acute malnutrition is based on the amount of children with a low Weight for Height z-Score (WHZ). Figures would be higher if children with low MUAC were also included.

Districts	GAM (%)	No. of Children <5*	No. of Children (6-59 Months) in Need of Treatment		
			GAM Treatment	MAM Treatment	SAM Treatment
Nebbi	3.1	47,420	3,822	2,712	1,110
Zombo	3.7	49,280	4,741	2,947	1,794
Pader	4.4	33,130	3,790	2,498	1,292
Omoro	5.9	32,200	4,939	2,930	2,009
Otuke	6.1	22,890	3,630	2,321	1,309
Kole	3.9	47,180	4,784	3,312	1,472
Adjumani	4.7	44,510	5,439	4,050	1,389
Yumbe	3.8	104,400	10,315	7,329	2,986
Moyo	4.4	23,990	2,744	1,934	811
Koboko	3.2	45,310	3,770	2,827	942
Total	**N/A**	**450,310**	**47,975**	**32,861**	**15,114**

*No. of children <5 years is obtained from the Ministry of Health and is based on Census data.

ACUTE MALNUTRITION PROJECTED MAP AND POPULATION TABLE

Projected Acute Malnutrition November 2019 – April 2020



Key for the Map

IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Areas with inadequate evidence
- Areas not analysed

Evidence Level
*** High

What's on the map?

During the projection period (November 2019 – April 2020), all 10 districts are expected to remain in the same IPC Acute Malnutrition phases as the current period. Otuke and Omoro districts will likely remain at Alert levels (IPC Phase 2) and the 8 other analysed districts are expected to remain at Acceptable (IPC Phase 1). The magnitude of the acute malnutrition varies from district to district, therefore, despite being classified as Acceptable, Yumbe district will likely have the highest number of children under the age of 5 with acute malnutrition, followed by Adjumani district.

CURRENT SITUATION OVERVIEW
May – October 2019

As per the survey data collected from the 10 districts from May-July 2019, 2 have more than 5% of children under the age of 5 affected by acute malnutrition: Otuke with 6.1% and Omoro with 5.9%. According to the IPC Acute Malnutrition scale, these districts are classified as Alert (IPC Phase 2). The other 8 districts are classified as Acceptable (IPC Phase 1).

Major contributing factors to acute malnutrition identified during the analysis are: inadequate quality and quantity of food intake by children as measured by the indicators Minimum Dietary Diversity and Minimum Meal Frequency. Poor Infant and Young Child Feeding (IYCF) practices, particularly low exclusive breastfeeding practices, are also of concern in several districts. The relatively high prevalence of malaria is another major contributing factor to acute malnutrition in many districts included in the analysis.

High levels of anaemia (both among children and women) are also a public health concern that calls for urgent attention in all analysed districts.

PROJECTED SITUATION OVERVIEW
November 2019 - April 2020

The acute malnutrition situation is likely to remain the same in all the 10 analysed districts during the projection period (November 2019 – April 2020). Otuke and Omoro districts have been classified as Alert (IPC Phase 2) during the current period and are expected to remain at this level. While the other 8 districts are likely to remain as Acceptable (IPC Phase 1).

Based on available historical data (where applicable) and expert opinion among the stakeholders involved in the analysis, most of the contributing factors to acute malnutrition are either expected to remain the same or slightly deteriorate in some districts during the projection period. One of the factors likely to deteriorate is the level of disease linked to seasonal changes (i.e. rainy season or lean season) that also affect food consumption habits (both quality and quantity).

TREND ANALYSIS

Historical data on both acute malnutrition, as well as contributing factors that are comparable, are limited in all districts included in the analysis. Nevertheless, the available evidence suggests that acute malnutrition has largely followed similar trends in all districts in the past.

RECOMMENDATIONS FOR ACTION

Response Priorities

Ensuring treatment for all children with acute malnutrition is a priority. Although there is inadequate information from coverage surveys, according to the experts involved in the analysis, the coverage of treatment for acute malnutrition is not optimal and warrants more attention. Additionally, the quality of treatment programmes that are available may also be limited. Improving early detection mechanisms for children suffering from acute malnutrition is recommended in order to refer them for treatment before the situation gets worse- this could be particularly effective for children with moderate acute malnutrition in preventing them from becoming severely malnourished.

While ensuring national treatment for acute malnutrition is a priority, attention should also be given to addressing the major contributing factors, such as improving the quality and quantity of food consumed by children. A response analysis involving nutrition, health, food security, as well as water and sanitation stakeholders in Uganda's Northern region is recommended in order to identify appropriate interventions to address acute malnutrition.

There is also an urgent need to address the extremely high levels of anaemia in all 10 districts.

Situation Monitoring and Update of Activities

While appropriate programmes are put in place to address the poor quality and quantity of diet, it is important to monitor their progress.

It may be necessary to carry out an IPC Acute Food Insecurity analysis to review the food security situation in Uganda's Northern region. This could further inform the type of interventions to address the poor food intake among children.

TOTAL NUMBER OF CHILDREN AFFECTED BY ACUTE MALNUTRITION AND IN NEED OF TREATMENT AS OF OCTOBER 2019

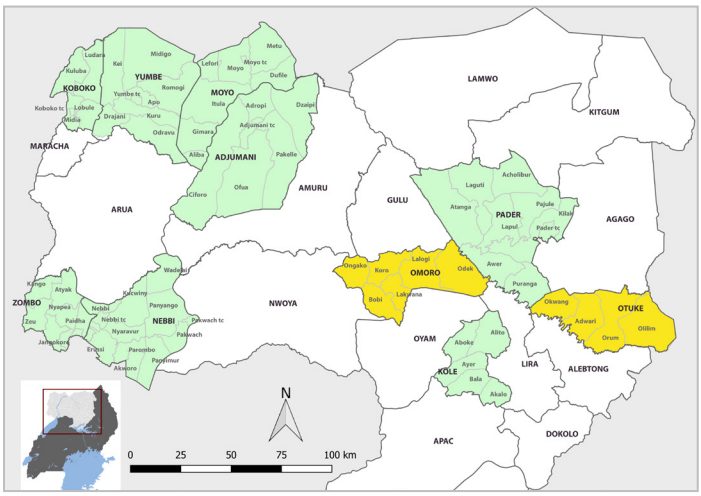
The total number of children who are acutely malnourished and in need of treatment was calculated using the total number of children 6-59 months in the districts, the prevalence of GAM based on WHZ, and an incident factor of 2.6.

It should be noted that children with GAM based only on MUAC were not included in the calculation; thus, the numbers given below are likely to underestimate the magnitude of the acute malnutrition.

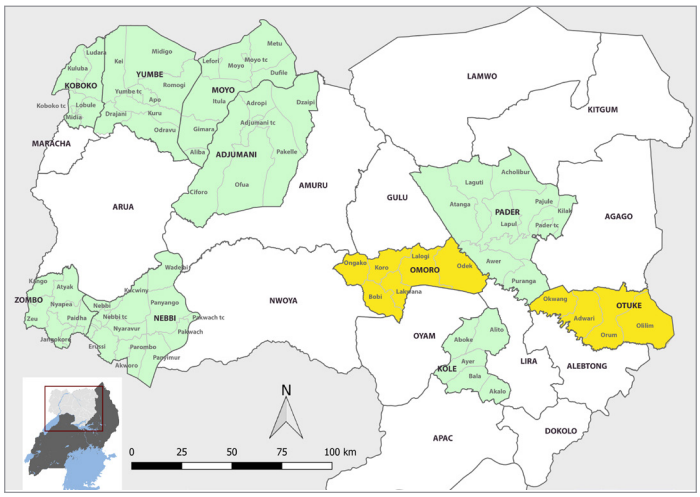
Districts	Total Population	Population of children 6-59 months of age	GAM (%)	MAM (%)	SAM (%)	Estimated no. of GAM cases	Estimated no. of MAM cases	Estimated no. of SAM cases
Nebbi	273,000	47,420	3.1	2.2	0.9	3,822	2,712	1,110
Zombo	273,300	49,280	3.7	2.3	1.4	4,741	2,947	1,794
Pader	192,500	33,130	4.4	2.9	1.5	3,790	2,498	1,292
Omoro	188,500	32,200	5.9	3.5	2.4	4,939	2,930	2,009
Otuke	127,000	22,890	6.1	3.9	2.2	3,630	2,321	1,309
Kole	274,100	47,180	3.9	2.7	1.2	4,784	3,312	1,472
Adjumani	232,400	44,510	4.7	3.5	1.2	5,439	4,050	1,389
Yumbe	624,500	104,400	3.8	2.7	1.1	10,315	7,329	2,986
Moyo	154,000	23,990	4.4	3.1	1.3	2,744	1,934	811
Koboko	246,600	45,310	3.2	2.4	0.8	3,770	2,827	942
Total	**2,585,900**	**450,310**	N/A	N/A	N/A	**47,975**	**32,861**	**15,114**

RESULTS IN FIGURES

ACUTE MALNUTRITION CURRENT SITUATION MAY - OCT 2019



ACUTE MALNUTRITION PROJECTION NOV 2019 - MAY 2020



0 Domains Extremely Critical

0 Districts Critical

0 Districts Serious

2 Districts Alert

8 Districts Acceptable

PREVALENCE OF ACUTE MALNUTRITION

	Nebbi	Zombo	Pader	Omoro	Otuke	Kole	Adjumani	Yumbe	Moyo	Koboko
SAM*	2.2%	2.3%	2.9%	3.5%	3.9%	2.7%	3.5%	2.7%	3.1%	2.4%
MAM*	0.1%	1.4%	1.5%	2.4%	2.2%	1.2%	1.2%	1.1%	1.3%	0.8%
GAM*	3.1%	3.7%	4.4%	5.9%	6.1%	3.9%	3.7%	3.8%	4.4%	3.2%

KEY DRIVERS

	Poor dietary quantity and quality
	Poor feeding and caring practices (particularly exclusive breastfeeding)
	Malaria

PROJECTION JANUARY - APRIL 2020

of the 10 districts	Acute Malnutrition is expected to		Deteriorate	0 districts
			Remain Stable	10 districts
			Improve	0 Districts

OCTOBER 2019

IN NEED OF URGENT ACTION		
47,975 GAM*	**15,114 SAM*** 6-59 months caseload	**450,310**
6-59 months children acutely malnourished	**32,861 MAM*** 6-59 months caseload	Total population of children 6-59 months

**Severe, Moderate, and Global Acute Malnutrition*

FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

CONTRIBUTING FACTORS			Nebbi	Zombo	Pader	Omoro	Otuke	Kole	Adjumani	Yumbe	Moyo	Koboko
	Inadequate dietary intake	Minimum Dietary Diversity (MDD)										
		Minimum Meal Frequency (MMF)										
		Minimum Acceptable Diet (MAD)										
		Minimum Dietary Diversity – Women (MDD-W)										
	Diseases	Diarrhoea										
		Dysentery										
		Malaria										
		HIV/AIDS prevalence										
		Acute Respiratory Infection										
		Disease outbreak										
	Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis										
	Inadequate care for children	Exclusive breastfeeding under 6 months										
		Continued breastfeeding at 1 year										
		Continued breastfeeding at 2 years										
		Introduction of solid, semi-solid or soft foods										
	Insufficient health services & unhealthy environment	Measles vaccination										
		Polio vaccination										
		Vitamin A supplementation										
		Skilled birth attendance										
	Legend		**Major Contributing Factor**		**Minor Contributing Factor**			**No Contributing Factor**			**No data**	

FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

CONTRIBUTING FACTORS			Southern Adamawa	Northern Adamawa	Central Borno	Northern Borno	Southern Borno	East Borno	MMC & Jere	Central Yobe	Northern Yobe	Southern Yobe
	Insufficient health services & unhealthy environment	Health seeking behaviour										
		Coverage of outreach programmes coverage (SAM, MAM, or both)										
		Access to a sufficient quantity of water										
		Access to sanitation facilities										
		Access to an improved source of drinking water										
	Other nutrition issues	Anaemia among children 6-59 months										
		Anaemia among pregnant women										
		Anaemia among non-pregnant women										
		Vitamin A deficiency among children 6-59 months										
		Low birth weight										
		Fertility rate										
	Legend		**Major Contributing Factor**		**Minor Contributing Factor**			**No Contributing Factor**			**No data**	

PROCESS AND METHODOLOGY

A team of nutritionists from Ministry of Health and regional referral hospitals, and the members of the national IPC Technical Working Group in Uganda carried out the analysis using the standard IPC Acute Malnutrition version 3.0 protocols.

The analysis was technically supported by the IPC Global Support Unit and carried out under the overall co-ordination and leadership of the IPC Technical Working Group in Uganda.

Prior to the analysis, all analysts underwent a training on the IPC Acute Malnutrition scale. This training was based on the IPC Technical Manual version 3.0. All participants who took part in the training were involved in the analysis.

The data used in this analysis mainly came from the Food Security and Nutrition Assessment in 10 districts of Northern Uganda. Where applicable, data from the Uganda Demographic and Health Survey of 2016 and Health Management Information System (HMIS) was also used.

Limitations of the analysis:

Availability of historical trends, as well as data representative at the district level, was a major limitation for some indicators. In these cases, inference was made based on available data and expert opinion.

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

What is the IPC and IPC Acute Malnutrition:

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

The IPC Acute Malnutrition Classification provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Contact for further Information

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This analysis has been conducted under the patronage of the Government of Uganda and the IPC Technical Working Group, with financial support from the Food and Agriculture Organization of the United Nations (FAO).

Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

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