



Focus on Karamoja

Special Report No. 3 – October 2008 to January 2009



Situation Overview

Throughout the final quarter of 2008, the basic living conditions and welfare of populations across much of the Karamoja region continued to deteriorate, as rains came late and light, leading to a third consecutive year of harvest failure, worsening the already precarious health of livestock – the population’s main livelihood – and thus further jeopardizing food, nutritional and livelihood security throughout the region.

Situated in north-eastern Uganda along the borders with Sudan and Kenya, Karamoja is a semi-arid region of Uganda comprising the five districts of Abim, Kaabong, Kotido, Moroto and Nakapirpirit. With an estimated population of just over 1.1 million people, the majority of the population subsists through agro-pastoral or purely pastoral livelihoods.

For the past three years, the Karamoja region has been severely affected by a succession of shocks including:

- Severe drought in 2006;
- Combination of prolonged dry spell and subsequent flooding in 2007; and
- Another prolonged dry spell in 2008, leading to an at least 70% crop failure and restricting access to adequate water and pasture for livestock.

The above-listed shocks are generally viewed as symptoms of climate change in the region: over the past 30 years, increasingly shorter cycles between drought years have been recorded, decreasing from a 10 year cycle, to a 5- and then 2-year cycle and finally the successive shocks on the past three years. Other phenomena observed include increased rainfall in non-rainy seasons and spread of epidemics/ epizootics due to floods and environmental degradation.

Yet, even in a normal year, the majority of people living in the region struggle to eke out a living. Historically Uganda’s most marginalized and under-developed

region, Karamoja evinces the worst performance on standard humanitarian and development indicators in the country.

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 [UNICEF/WFP 2008]	6%	9.5%
Immunization (children 1-2 years, fully immunized) [UDHS 2006]	46%	48%
Access to sanitation units [UNICEF 2008]	62%	9%
Access to safe water [UNICEF 2008]	63%	30%
Literacy rate [UDHS 2006]	67%	11%

The low levels of access to basic social services, infrastructure, economic opportunity and other public goods necessary to development are highlighted by the preliminary findings of recent assessments in hard-to-access parts of the region.

In **Loyoro sub-county** (Kaabong District), where insecurity resulted in almost no presence of district and sub-county staff from late 2006 to 2008, declaration of the sub-county as a “no-go” area for the United Nations from October 2007 to September 2008 and where only a few non-governmental organizations have maintained mobile operations in the intervening period, an initial inter-agency assessment was carried out in December 2008. Located approximately 45 km by car from Kaabong Town Council, the sub-county’s estimated 34,000 inhabitants are at least an 18 to 27 km walk from the nearest market, limiting access to basic food stuffs and household goods.

Most communities reported eating only one meal per day; despite available land, the number of acres cultivated has fallen due to insecurity inhibiting the population’s movements, loss of tools and seeds and lack of water. For household water, families in Toroi parish must walk between one and five hours per day to water sources some 2.5 to 4.5 km distant and are often reliant on gourds for collection, while storage containers are shared within manyattas since they are unaffordable by a single family. Hygiene practices are greatly lacking due to lack of water and soap and open defecation is practiced in the absence of community latrines. Those interviewed expressed interest in supporting the construction of latrines and reported

other household items in insufficient supply include sleeping mats, blankets and basins.

Local authorities, including the sub-county chief, local councils, some sub-county technical officers and parish chiefs, had not been regularly present throughout Loyoro due to insecurity, as well as lack of transport, housing and markets. The district is currently constructing sub-county offices, expected to be completed in March 2009. Increased patrols by the Uganda People's Defence Forces (UPDF) have led to a reduction in raids and fewer cordon-and-search disarmament operations, helping to improve the relationship between security forces and the civilian population in some instances. However, there is no police post in the sub-county, nor are child protection or gender based violence committees operative.

The two primary schools located in the parishes assessed report significant gaps between enrolled and retained students: Lokanyona parish primary school retains only one quarter of enrolled students, while Toroi retains 70% of its 567 enrolled students, but an estimated 400 additional school-aged children have never been enrolled. Both schools reported insufficient access to latrines and safe water, school supplies and security.

The three Health Centre IIs in Loyoro are 50% staffed, with no maternity care available, while the nearest hospital is in Kaabong Town Council. Common health problems include malaria, acute respiratory infections, eye and ear problems, acute diarrhoea, cough and trauma cases. The assessment team observed that standard procedures were not being followed, with expired drugs in the pharmacy, used needles on the table, two facilities with no radio communications link to the hospital and limited monitoring of the HCs.

In south Karamoja, an assessment of four **settlement sites in Moroto District** – Lomoratoit, Apeitolim, Nabwal and Nakayoit (Potu Dadang)¹ – was conducted in mid-January 2009.

While health care in Lomoratoit is adequately covered by three health centres in the sub-county, there are no formal education facilities in the area – the nearest school is 8 km distant, while approximately 200 school-aged children live at the site. There are no established child protection or gender based violence structures. Water access is at boreholes located 2 and 8 km distant, meaning water collection takes an average two hours, and no latrines.

At Apeitolim, where over 11,000 residents have settled, access to water is better, with four existing and two planned boreholes, but there is only one primary school on site and no health centre. Health care is accessed at Matany Hospital, some 67 km distant, including a stretch of 40 km in which the road is in bad

¹ Lomoratoit was formed principally to re-settle returnees repatriated from urban centres in eastern and central Uganda; Apeitolim as a result of peace negotiations between the Karamoja and Teso region; and Nabwal and Nakayoit by faith-based community reconciliation projects. All are in the green belt of Karamoja – an area of agricultural potential.

condition. Several NGOs, including CHIPS (agriculture, veterinary and water), IRC (HIV/AIDS) and C&D (agriculture) are active in the area, as are the Food and Agriculture Organization (FAO) and district authorities.

The two settlements at Nabwal and Nakayoit, which are managed by Clide Consultancy with support from the Church of Uganda, have a combined estimated population of over 12,000. Road access to Nabwal (estimated population 8,200) is good during the dry season, although the road becomes impassable when it rains due to the lack of bridges and culverts. There are six clean water sources in the area and the educational and mobile health systems are operational. At Nakayoit (the newest site, estimated population 4,119) however, road access is limited and of three dirty springs on site, two have dried up. Health care is being provided by a local medical attendant.

Integrating Humanitarian and Development Work

Recognizing that the complex situation in Karamoja is rooted in longstanding marginalization and underdevelopment, as well as intra-communal conflict, humanitarian actors are pursuing careful engagement strategies that seek to mitigate the most extreme vulnerability, while supporting longer-term sustainable programmes consistent with national development priorities, such as those elaborated in the Karamoja Integrated Disarmament and Development Programme (KIDDP).²

In 2008, therefore, the effect of the successive shocks described above – evidenced by rapid and early increases in gross and severe acute malnutrition in some areas, as described in previous editions of the Focus on Karamoja – led aid actors to step up their activities. In the second half of the year, funding from the United Nations Central Emergency Response Fund (CERF) was used to scale up urgent activities to combat growing food, nutritional and livelihood insecurity.

CERF Funding and Response

At the end of August 2008, Uganda received a US\$ 5 million CERF grant for action in four areas. The World Food Programme (WFP) received US\$ 2.3 million to support the extension of life-saving food aid for over 707,000 people in Karamoja and supplementary feeding programmes; the United Nations Children's Fund (UNICEF) received US\$ 1.2 million to scale up case identification, referral and treatment for some 42,500 children suffering from malnutrition, including 7,500 acutely malnourished children and 35,000 moderately malnourished children; FAO received just under US\$ 700,000 to support a vaccination campaign for cattle, sheep and goats against the devastating livestock diseases, contagious bovine pleuropneumonia (CBPP) and peste de petits ruminants (PPR); and the World Health Organization

² In so doing, however, all international aid actors stress that disarmament and development must go hand-in-hand in order for either to be sustainable.

(WHO) received US\$ 789,000 to strengthen disease and nutritional surveillance and community-based health initiatives.

Food Aid: The CERF funds to WFP were used to provide life-saving rations to vulnerable individuals in Karamoja through general distributions in the last quarter of 2008. In total, 2,386 metric tons (MT) of maize and 520 MT of beans were purchased and used to meet minimum dietary needs for an estimated 700,000 people in the region.

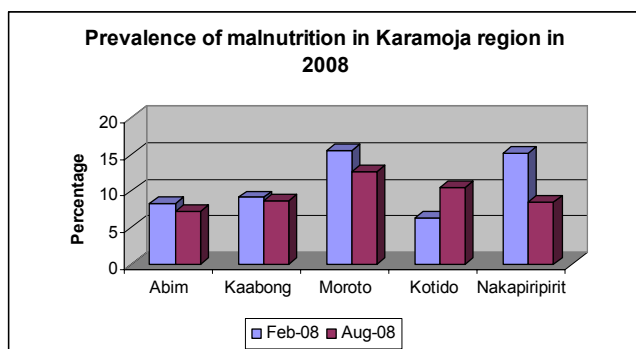
In 2009, WFP and partners estimated that a sizeable number of people in the Karamoja region will continue to require food assistance, given the small harvest in 2008. In total, an estimated 970,000 individuals will be targeted under the Emergency Operation (EMOP) jointly launched by WFP and the Government of Uganda in January 2009 in Moroto District. To support the EMOP, some US\$ 64 million is required to purchase 89,000 MT of food through the next harvest period.

To strengthen its distributions, WFP has partnered with the non-governmental organizations World Vision (Abim, Kaabong and Kotido) and Samaritan's Purse (Moroto and Nakapiripirit) to carry out the distributions.

Nutrition: Using CERF and other funds availed, UNICEF worked in close partnership with district administrations, community networks and international NGOs, including Action Contre la Faim (ACF); Médecins sans Frontières – Holland (MSF-H) to address the acute nutrition crisis in Karamoja.

Between July and December 2008, a total of 4,171 severely malnourished children were treated at three Therapeutic Feeding Centres (TFCs) established in the region, at Kaabong Hospital, Matany Hospital, and Tokora HC IV, as well as at 29 Outpatient Therapeutic Care (OTC) sites established in Kaabong, Nakapiripirit and Moroto Districts.

As a result of the combined emergency interventions – and the late arrival of rains – the regional global acute malnutrition (GAM) rate was brought down to approximately 9.5%, with approximately 1.5% severe acute malnutrition.³ Most dramatically, in Nakapiripirit District, GAM dropped from 15.1% in February 2008 to 8.7% in September 2008. However, malnutrition levels actually rose in Kotido during the implementation period, from 6.3% to 10.4%.



³ UNICEF/WFP/Ministry of Health Nutrition Survey conducted throughout the Karamoja region in August 2008.

The CERF funding was also critical in securing a gradual improvement in quality of care for severely malnourished children with the “cured rate” of children improving from less than 20% in July 2008 to 74% at the end of November.

To limit the risk of death by other complicating illnesses (co-morbidity), a package of life-saving services were also provided through a mass “child survival campaign”, carried out in all five districts and partly funded through the CERF. Over 8,600 children were immunized against measles, 6,100 against polio and over 6,300 received the DPT3 vaccine. High coverage for Vitamin A supplementation was also achieved, with the regional average increasing from 93% in April 2008 to 103% in October 2008, reaching more than 200,000 children under 5 years in the sub-region.⁴

A proportion of the CERF funds were used to procure Long Lasting Insecticide Treated Nets (LLINs), as another aspect of limiting co-morbidity. Between October and November 2008, a total of 325,167 LLINs were procured by UNICEF (CERF funds covered 33,330 of this total) and distributed to all households in the region, raising the estimated net coverage to more than 90% of all sleeping areas in Karamoja (except Kaabong) having one net. A post-distribution survey in 2009 will determine the actual rate of coverage.

Livestock Health: With US\$ 700,000 in CERF funds, as well as an additional \$391,000 from Ireland, Italy and internal funding sources, FAO has partnered with seven NGOs, the Ministry of Agriculture, Animal Industries and Fisheries (MAAIF) and the District Veterinary Offices in the region to organize and carry out a vaccination campaign against the livestock diseases peste de petits ruminants (PPR), which affects goats and sheep, and contagious bovine pleuropneumonia (CBPP), which affects cattle.

With the funding, sufficient vaccinations and equipment were procured to cover more than the 80% threshold needed for an effective vaccination campaign. With an estimated 1.3 million cattle and 2.4 million sheep and goats in the region, 1.27 million doses of CBPP vaccine and 2.4 million doses of PPR vaccine were procured, with 70% of the doses delivered and an estimated 30% to 40% of the vaccinations completed. The final doses of CBPP vaccine were expected to arrive at the end of December. The wider vaccination campaign is expected to be completed by the end of April 2009.

Additional challenges for actors supporting livestock production in Uganda will be to prevent and/or address the spread of the PPR and CBPP outbreaks to neighbouring districts in the Teso, Lango and Acholi sub-regions and to control the outbreak of Foot and Mouth Disease (FMD), initially confirmed in October 2008. The MAAIF has imposed a quarantine on cattle in Abim and Kotido Districts, restricting their movements and access to markets. As of January

⁴ Coverage of greater than 100% indicates that more than the targeted caseload was reached through the intervention.

2009, only half of the required vaccines to combat the disease had been received.

Human Health: The CERF funds allocated to WHO were used to strengthen community-based health initiatives and disease and nutrition surveillance, including through the adaptation of the village health team (VHT) concept to the Karamoja region. In total, the funding supported sensitization and education of 250 district and 2,050 sub-county authorities across 41 sub-counties. Health workers in all the region's 91 health facilities received on-the-job orientation to the VHT and 1,000 VHT members were given additional training, supplies and job aids and IEC materials. Community health outreach to the Apeitolim, Nabwal and Lomoratoit resettlement sites in Moroto District was also strengthened through support for Bokora Health Sub-District, which received a six-month supply of essential drugs and support for fuel and allowances for staff to access the settlements, which lie at some distance from other population centres.

The CERF funds also supported the strengthening of the Integrated Diseases Surveillance and Response and Health Information Management System (IDSR/HMIS) in the region through provision of supplies such as computers and new software to analyse nutrition data, as well as training on the software; material support for medical officials to conduct effective case research and reporting and provision of cholera and meningitis kits throughout the region.

Five health facilities across the region are being rehabilitated and provided with essential drugs and basic medical equipment, in collaboration with the Institute for Cooperation and Development (C&D), an international faith-based NGO. The health facilities include: Lorengechora Health Centre (HC) II (Moroto), Lolachat HCII (Nakapiripirit), Panyangara HCII (Kotido), Nyakwae HCII (Abim) and Karenga HC IV (Kaabong).

Finally, a nutrition sentinel surveillance concept has been developed and initial steps in the roll out established, in partnership with the Ministry of Health, District Health Teams (DHTs), UNICEF and other partners.

Supporting Livelihoods

[Please note, the below section is not exhaustive of livelihood support initiatives in the region, but highlights some of the new programmes in the region.]

Longer-term initiatives seeking to bolster livelihoods in the region include FAO's Agro-Pastoral Farmer Field Schools (AP-FFS). Adapting the successful FFS to include a pastoralist component, FAO and partners are focused on six activity areas – support to enhance agricultural production and livestock production, enhancing the local economy through improved market access, environmental conservation, education and training and development or early warning system – FAO's AP-FFS programme already has more than 75 established groups in northern Karamoja, including 50 in Kotido and 25 in Abim. In 2009, with funding from

Belgian Survival Fund (BSF) and Italy, FAO plans to support a number of NGOs, including C&D, CESVI, Church of Uganda and Caritas, to establish an additional 187 FFS and AP-FFS in Kaabong, Kotido and Abim Districts. In addition, FAO and Première Urgence will start on the construction of a sub-surface dam for 9 FFS in Kotido to increase the humidity in soil for cultivation and shallow wells.

A similar livelihoods initiative is that of the Pastoralist Field Schools (PFS) implemented by the NGO ACTED, with support from the European Commission Humanitarian Aid Office (ECHO). Comprised of 20 adults (at least half women) who meet once per week for three to four hours, PFS promote community-based drought management. Tailored to the pastoralist lifestyle, the schools meet near watering points and explore a curriculum focused on animal husbandry. Strategies to protect against drought are emphasized such as disease prevention (basic de-worming, tick prevention), breeding practices and innovative husbandry techniques (such as use of salt licks). Given the particular history of the region, the curriculum is also designed to promote peace and reconciliation. Each PFS runs for 40 weeks, after which committed members receive certificates of attendance.

Also with the support of ECHO funds, FAO, ACTED, International Institute for Rural Reconstruction, Clide Consultancy and Semi-Arid Land Development Options (SALDO) will jointly work to standardize an Early Warning System (EWS) for the region, consolidate the training manual and mapping for Community Animal Health Workers (CAHWs), and map the migratory routes of livestock movements.

Another new programme proposed for 2009 is the joint initiative by three NGOs – International Rescue Committee (IRC), Medair and Mercy Corps – on Capacity Building and Alternative Livelihoods. With support from the United States Agency for International Development (USAID) through its Horn Food Price Crisis Response, the joint initiative is to be launched in Abim, Kaabong and Kotido Districts and will focus on stabilizing and protecting food security and improving market systems.

One of the most urgent priorities for livelihood interventions is to restock crop seed supplies in the region. The severely limited food production of the past three years has also had the effect of leaving many farmers without any seeds stocks for the next planting season. The FAO is planning to assist at least 50,000 households with crop seeds, storage and training on SSF and run-off water conservation.

Advocacy Initiatives

A number of special advocacy initiatives focused on the Karamoja region have been rolled out recently.

With support from the European Commission, **ACTED conducted a one-year advocacy campaign on Karamoja**, the aim of which was to raise awareness of the acute and multi-faceted crisis facing the region caused by chronic underdevelopment.

In April 2008, a documentary film *Land of Thorns: struggling for survival in Karamoja* premiered. The documentary portrays the interdependent effects of the arms trade and disarmament, environmental degradation, food insecurity, out-migration and forced resettlement on the region.

Between October 2008 and January 2009, ACTED, organized a series of conferences on pastoralism in partnership with four European universities, with a particular focus on Karamoja. The conferences brought together a range of representatives from Karimojong civil society, organizations working in the region and academia to exchange their ideas and know-how. A total of 45 articles on pastoralism, including 28 on the specific case of Karamoja, were presented during the conferences.

As a culmination to the series of conferences, ACTED and Leuphana University (Lüneberg, Germany) organized a panel on *Pastoralism, sustainability and the complexity of humanitarian challenges in Africa* at the World Conference on Humanitarian Studies (4 to 7 February 2009). ACTED and partners also plan to produce a comprehensive study of issues of sustainability in Karamoja and accompanying advocacy paper, as well as a publication integrating the outcomes of the initiatives. For more information, or to receive a copy of *Land of Thorns*, contact: karamoja@acted.org.

KAPEPS, a local NGO, initiated inter-clan contacts between Jie and Dodoth communities, hosting a peace dialogue in Kotido District in mid-December 2008 with funding mobilized from local communities in Kotido and Kaabong. KAPEPS also plans to arrange a larger, follow-on meeting to promote community reconciliation, the highlight of which would be a ceremonial “burying of the gun”, at which each participating ethnic group would be expected to provide a gun for public destruction. The event is to be involve local community members, including the “Karachunas” or “warriors”, as well as elders, kraal leaders and representatives of the UPDF.

Medair, an NGO active in Kaabong District, organized a photo exhibition on Karamoja, which debuted in Kampala in November 2008 and **Moroto District** organized a Pastoralist Week from 1 to 3 December. **Oxfam**, through its Kotido office, supported a cross-border learning visit on issues related to disarmament and security to Kenya for the Minister for Karamoja, Members of Parliament and District Chairmen (LC5s) from the region as well as UPDF leaders in early December 2009.

For the greater Horn of Africa region, **OCHA's** Regional Office for Central and East Africa (ROCEA) has organized a number of initiatives, including a series of high-level meetings and reports that seek to raise awareness about the complex challenges facing pastoralist societies across East Africa, from Somalia to Uganda and including Djibouti, Eritrea, Ethiopia and Kenya. The Horn of Africa Crisis Reports are updated on a quarterly basis, with the most recent version published in conjunction with the high-level Horn of

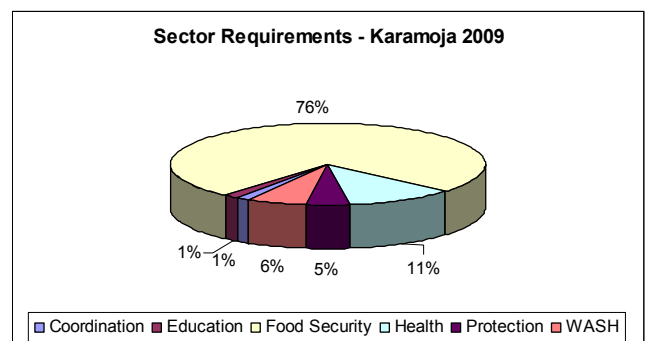
Africa Crisis Workshop held in Nairobi from 10 to 11 February. Building on a November 2008 meeting between the Humanitarian Coordinators and OCHA Heads of Office from South Sudan, Ethiopia, Somalia, Kenya and Uganda, the workshop brought together humanitarian and development partners to investigate potential new ways of operating in and advocating for needs in areas of deep-rooted, multiple vulnerability.

Funding Requirements in 2009

While disaggregating Karamoja-specific figures from the 2008 CAP has proven a complex process, the structure of the 2009 CAP for Uganda is based on four separate, sub-regional plans to respond to the diverse humanitarian situations in the country, all of which, however, are strategically oriented by the same priorities.

Thus, for Karamoja, the humanitarian community has requested US\$ 77 million for 2009. The majority of this figure – US\$ 52.6 million, or 68% – is for food assistance.

Other food security and livelihood support programmes total some US\$ 5.7 million, bringing interventions planned within the rubric of food security and agricultural livelihoods to three quarters of all requests.



Additionally, US\$ 8.6 million (11%) is requested for health and nutrition projects, including therapeutic and supplementary feeding; US\$ 4.7 million (6%) for water, sanitation and hygiene initiatives; US\$ 3.5 million (5%) for protection programmes; and US\$ 970,000 (1%) for educational initiatives. The remaining requirements for the Karamoja sub-region are for coordination and disaster preparedness activities, some of which target more than one region.

In total, the US\$ 77 million requested for Karamoja represents 34% of total funds requested within the US\$ 225 million Uganda CAP 2009.

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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
K A R A M O J A	Abim	ADLoG, ADOL Caritas, UNDP	ADLoG, ADRA, Caritas, Catholic Diocese, KDDS, UNICEF, WFP	ADLoG, Caritas, CESVI, FAO, KDDS, NARO, URCS, WFP, WVI	ADLoG, Caritas, C&D, CUAMM, Malaria Consortium, KDDS, UNFPA, UNICEF, WFP, WHO	ADLoG, IOM, OHCHR, UHRC, UNICEF	ADLoG, ADRA, Caritas, GOAL, KDDS, Medair, UNICEF
	Kaabong	AFLI, Caritas, DADO, DOPESD, KaDLoG, KAPEPS, KOPEIN, KDDS, UNDP	ADRA, Catholic Diocese, DADO, KaDLoG, KDDS, SCiU, SIL Uganda, UNICEF, WFP	Baptist Mission, Caritas, C&D, DADO, DOCAWHA, FAO, KaDLoG, KDDS, Medair, NAADS, Oxfam, WFP, WVI	ACF, Caritas, C&D, CUAMM, KDDS, KaDLoG, Medair, MSF, UNICEF, UNFPA, WFP, WHO	DADO, KaDLoG, KDDS, IOM, OHCHR, SCiU, UHRC, UNICEF	ADRA, Caritas, DADO, KaDLoG, Medair, Oxfam, UNICEF
	Kotido	AFLI, Caritas, IRC, KAPEPS, KoDLoG, KOPEIN, SCiU, UNDP	ADRA, Caritas, Catholic Diocese, JICAHWA, KDDS, KoDLoG, Oxfam, SCiU, UNICEF, WFP	Caritas, FAO, JICAHWA, KoDLoG, Oxfam, URCS, WFP, WVI	Caritas, C&D, CUAMM, FAO, IRC, KDDS, KoDLoG, Malaria Consortium, Oxfam, UNICEF, WFP, WHO	KoDLoG, IOM, OHCHR, SCiU, UHRC, UNICEF	ADRA, Caritas, IRC, KDDS, KoDLoG, Oxfam, Premiere Urgence, UNICEF, WFP
	Moroto	C&D, IRC, KAAP, KACHEP, MWSL, TKL, TOBARI, UNDP, WECOP	C&D, FOC-REV, KACHEP, SCiU, TKL, UNICEF, WECOP, WFP	C&D, FAO, FOC-REV, MWSL, Samaritan's Purse, VSF, WECOP, URCS, WFP	ARELIMOK, CUAMM, FOC-REV, GL, IRC, KAAP, KATHES, KAWOSEP, MAHAS, Malaria Consortium, Matany Hospital, MDLoG, MMC, Moroto Hospital, MtoD, SCiU, TKL, UNFPA, UNICEF, UPDF, WECOP, WFP, WHO	C&D, FOC-REV, KAAP, KACHEP, MWSL, OHCHR, TOBARI, UNFPA, UNICEF, WECOP	C&D, KAAP, MWSL, TKL
	Nakapiripirit	CARDO, IRC, PIRDO, TKL, UNDP	ACTED, CARDO, FOC-REV, PIRDO, TKL, UNICEF, WFP	ACTED, CARDO, FAO, FOC-REV, Samaritan's Purse, SVI, URCS, WFP	COU, CUAMM, FOC-REV, IRC, Malaria Consortium, MOH, MtoD, NDLoG, Presbyterian Church, UNICEF, UPHOLD, WFP, WHO	FOC-REV, OHCHR, UNFPA, UNICEF	ACTED, CARDO, C&D, PAPD, PCID, POZIDEP, WFP

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), Church of Uganda (COU), 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), Friends of Christ Revival Ministries (FOC-REV), International Organization for Migration (IOM) International Rescue Committee (IRC), Jie Community Animal Health Workers Association (JICAHWA), Karamoja Christian Ethno-veterinary Programme (KACHEP), Karamoja Peace Environment Protection Services (KAPEPS), Karamoja Women's Association for Peace (KAWOSEP), Karamoja Diocesan Development Services (KDDS), Kotido Peace Initiative (KOPEIN), Médecins sans Frontières (MSF), Moroto Widows Save Life (MWSL), 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), Servizio Volontario Internazionale (SVI), The Kids League (TKL), Tunga Rural Cross-Border Development Initiative (TOBARI), 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), Uganda Programme for Human and Holistic Development (UPHOLD), Veterinarians sans Frontières (VSF), Women's Environmental Conservation Project (WECOP), World Food Programme (WFP), World Health Organization (WHO).