Key stakeholders

- GOU: OPM, MoH, UBOS, DLGs.
- UN: UNHCR, WFP, UNICEF.
- NGOs: MTI, IRC, ACF, FHU, SCI, AHA, LWF, AFI, AVSI, ALIGHT, AIRD, HFU, OPWIG, PACHEDO, PAG.
- Refugees, VHTs, RWCs.
Thematic areas

- Demography
- Nutrition
- Health
- Food Security
- LITN
- WASH
- GBV
- Energy
Methodology

- Cross-sectional study, SMART methodology, cluster sampling
- 42,530 individuals, 7141 households reached in settlements and Kampala
- 51.8% female and 48.2% male
Acute Malnutrition

Global Acute Malnutrition

Severe and Moderate Acute Malnutrition

% Children 6-59 months

2014 2015 2016 2017 2020

ALL South West West Nile

2015 2016 2017 2020

MAM SAM
Acute Malnutrition

GAM by Weight for Height Z-Scores

% Children 6-59 months

West Nile
South West
Kampala

GAM MAM SAM

GAM by MUAC

% Children 6-59 months

South West
West Nile
Kampala

GAM MAM SAM
Stunting

REGIONAL STUNTING TREND ANALYSIS

% Children 6-59 months

2015 2016 2017 2020

West Nile  South West

0 10 20 30 40 50
Stunting and Underweight

% Children 6-59 months

- West Nile
- South West
- Kampala

Stunting
Underweight

- Stunting
- Underweight

Dimensions: 720.0x405.0
Anemia Trends

Anemia children (6-59) trends

% Children 6-59 months

Anemia WRA (15-49) trends

% WRA 15-49 years
Child Anemia and Iron-rich foods

% child anemia v consume iron-rich foods


Iron-rich foods  Child Anemia
Anemia

% Children 6-50 months, WRA 15-49 years

- Adijumani
- Bidibidi
- Imvepi
- Kampala
- Kinyandongo
- Kyaka II
- Kyangwali
- Lobule
- Nakivale
- Onuchinga
- Palabek
- Palorinya
- Rhino Camp
- Rwanwania

Children (5-59 months) ▲
Non Pregnant WRA (15-49 years) ▼
Contributing Factors

- Low dietary diversity – coping mechanism to ration cuts, less Vit C (plant-based diets)
- Disease incidence – malaria, intestinal worms
IYCF – Optimal Breastfeeding

Optimal Feeding practices

- Early Initiation of BF
- Exclusive BF
- Breastfeeding at 1 year
- Breastfeeding at 2 years
- Bottlefeeding
- Use of infant Formula

0 10 20 30 40 50 60 70 80 90 100

All South West West Nile
IYCF – Complementary Feeding and Dietary Diversity

Palorinya (7.8%), Kyangwali (10.6%) Nakivale (16.3%) had lowest MDD-C

25.2% SW, 21.9% WN consumed iron-rich foods
Maternal Nutrition

Malnutrition among PLWs

- Moderate Malnutrition
- Severe Malnutrition
- Total Malnutrition

Malnutrition in non-pregnant WRA

- Obesity
- Overweight
- Normal
- Underweight
Maternal Nutrition

Women Dietary Diversity (MDD-W)

- **Kampala**
  - 5-7 food groups: [Bar Graph]
  - 1-4 food groups: [Bar Graph]

- **South West**
  - 5-7 food groups: [Bar Graph]
  - 1-4 food groups: [Bar Graph]

- **West Nile**
  - 5-7 food groups: [Bar Graph]
  - 1-4 food groups: [Bar Graph]

- **Grains & tubers**: 98.7%
- **Legumes & pulses**: 79.7%
- **Nuts & seeds**: 51.6%
- **Dark green leafy vegetables**: 50.1%
Health
Child Health

Diarrhea

- Rwamwanja
- Rhino Camp
- Palorinya
- Palabek
- Oruchinga
- Nakivale
- Kyangwali
- Kyaka II
- Kiryandongo
- Kampala
- Lobule
- Imvepi
- Bidibidi
- Adjumani

Treatment of Diarrhea

- West Nile
- South West

ORS  ZINC
Child Health

TREND ANALYSIS - DEWORMING

- Measles Vaccination
- Vit. A Suppl.
- Deworming
93.7% were enrolled for ANC in last pregnancy – 95.3% SW, 94.2% WN, 74.9% K’LA
14.7% ever used FP - SW 19.8%, WN 11.1%, K’LA 4.9%

MOST PREFERRED FP METHOD

% WRA who ever used FP

- COCs
- Condoms
- Depo Provera
- Implant
- IUD
- POPs
- Other

South West, West Nile, Kampala
SRH - Family Planning

Reasons for preference of FP method

- Takes longer in body
- Other
- Not easy to identify in use
- Less side effects
- Readily available
- Easy to use

South West
West Nile
WASH
WASH

WATER CONSUMPTION L/P/D

South West  West Nile  Kampala

<10L  10-14.9L  15-19.9L  ≥20L
Energy and Environment
Energy

COOKING FUEL SOURCES

- Wood
- Charcoal
- Other

West Nile  South West  Kampala
Livelihoods
Unmet Basic Needs

West Nile  South West  Kampala
Food Security
Household Food Consumption

**Insufficient food consumption** ↓ from 47% in Jan 2020 to 33% in Dec 2020

Food consumption ↑ in 11/13 settlements. Substantial gains in Oruchinga, Nakivale and Kyaka II.

11/13 settlements had just received double GFA during data collection.

Above-average 2020 second season harvests and low staple food prices since May 2020.
Settlement Markets Food Prices

- Food prices low since Apr-May June 2020, above average harvests in 2020.

- Retail prices for maize, beans and salt reduced by 28%, 23% & 30% between Mar 20 and Feb 2021.

- The cost Food MEB reduced by 18% overall (-23% in SW & -14% in WN)

- FS more likely moderated by higher consumption in Dec
Economic Vulnerability

High HH spending on food is proxy of economic stress. Limited capacity to meet essential needs and manage fluctuations in prices.

Proportion of economically stressed HHs increased by 45% from Jan to Dec 2020.

More spending on food likely due to the ration reductions, and decreased spending on non-food items due to the lock-down.
Overall Food Insecurity

*Overall, the prevalence of food insecurity unchanged between the two surveys.*

Impact of ration cuts likely cushioned by reduced food prices, good harvests.

Regional difference remain, food insecurity at 26% in SW and 36% in WN

Food security deteriorated in Bidibidi and Rhino camp and improved in Kyaka II, Nakivale and Oruchinga.

![Proportion of Food Insecure households](image-url)
Household Food Consumption (updated)

Proportion HHs with Insufficient Consumption

- MVAM March 2021
- FSNA, Dec-2020
- FSNA, Jan-2020
Considerations and Risk Factors to Monitor

- Food Prices (return to normal from low)
- Resumption of education. Substitution of expenditures towards food to become more unlikely.
- Double distributions (monitor food consumption and food security outcomes in the 2\textsuperscript{nd} month after distribution).

<table>
<thead>
<tr>
<th>Settlement</th>
<th>Distribution Mode</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwamwanja</td>
<td>Double</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>Kyangwali</td>
<td>Double</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>Kyaka II</td>
<td>Double</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Nakivale</td>
<td>Single</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Oruchinga</td>
<td>Single</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>Rhino Camp</td>
<td>Double</td>
<td>1 2 3 4</td>
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<tr>
<td>Palorinya</td>
<td>Double</td>
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<tr>
<td>Lobule</td>
<td>Double</td>
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</tbody>
</table>
## Actions on Anemia

<table>
<thead>
<tr>
<th>Immediate</th>
<th>Implementation status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia typing (causal analysis)</td>
<td>Pilot done, planned for scaleup</td>
</tr>
<tr>
<td>Deworming</td>
<td>Routine, planned for scaleup</td>
</tr>
<tr>
<td>Bi-annual anemia screening + treatment</td>
<td>Part of 2021 activities</td>
</tr>
<tr>
<td>Iron-Folic Acid supplementation</td>
<td>Routine, limited to pregnant women</td>
</tr>
</tbody>
</table>

### Mid-term to long term

**Nutrition-sensitive food systems**

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Fortification of school meals</td>
<td>Not done</td>
</tr>
<tr>
<td>Kitchen gardens (variety)</td>
<td>Done, small scale</td>
</tr>
<tr>
<td>Biofortification (iron-rich beans, orange-fleshed potatoes)</td>
<td>Pilot, small scale</td>
</tr>
<tr>
<td>Food Security and Livelihoods</td>
<td>Ongoing, gaps</td>
</tr>
<tr>
<td>Kyangwali Pilot**</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

**Others**

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<tr>
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</thead>
<tbody>
<tr>
<td>MIYCAN and Anemia sensitization</td>
<td>Ongoing, scaleup</td>
</tr>
<tr>
<td>Malaria control</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
What has worked elsewhere

Fortifying rice in school meals contributed to a 20% reduction in Anemia in 99,231 in Odisha, India at a cost of $0.06 – $0.09 per child over 3 years - Nutrition Exchange

Weekly Iron-Folic Acid for all WRA and regular deworming reduced Anemia (WRA) from 37.5% to 19.3%, Iron deficiency from 22.8% to 9.3%, and intestinal worms from 76.2% 23.0% over 12 months in Vietnam - WHO
Take Away

• Continuity of treatment services for acute malnutrition, anemia
• Aligning short term and long-term actions on anemia reduction
• Potential areas of investment – nutrition-sensitive food systems, school feeding, kitchen gardens, behavior change
• Midterm to long term actions on food security and livelihoods
The end