OCHA United Nations Office for the Coordination of Humanitarian Affairs
Partnership for Humanity

FOCUS ON KARAMOJA: SPECIAL REPORT N° 2
URGENT HUMANITARIAN NEEDS FROM AUGUST TO OCTOBER 2008

HIGHLIGHTS

- **EMERGENCY NUTRITION INTERVENTIONS NEED SCALING UP TO TREAT AT LEAST 7,500 SEVERELY - MALNOURISHED CHILDREN, SUPPLEMENTARY FEEDING TARGETING 35,000 CHILDREN**
- **90,000 CHILDREN NEED TO BE IMMUNIZED AND 150,000 FAMILIES TO RECEIVE BEDNETS TO REDUCE MORBIDITY**
- **GENERAL FOOD DISTRIBUTION (GFD) NEEDS TO BE EXTENDED BY 3 MONTHS, THROUGH OCTOBER**
- **2.4 MILLION GOATS AND SHEEP AND 1.1 MILLION CATTLE NEED TO BE VACCINATED AGAINST LIVESTOCK DISEASES**

The information contained in this report has been gathered by OCHA from sources including the Government of Uganda, United Nations agencies and non-governmental organizations (NGOs).

Comparative Humanitarian and Development Indicators	National	Karamoja
Estimated Population [UBOS]	28.9 million	1.1 million
Life expectancy [UNDP 2007]	50.4 years	47.7 years
Population living below poverty line [World Bank 2006, OCHA/OPM 2008]	31%	82%
Maternal mortality rate (per 100,000 live births) [UDHS 2006, WHO 2008]	435	750
Infant mortality rate (per 1,000 live births) [UNICEF/WHO 2008]	76	105
Under five mortality rate (per 1,000 live births) [UNICEF/WHO 2008]	134	174
Global Acute Malnutrition (GAM) rate [UNICEF/WHO 2008]	6%	11% and rising
Immunization (children 12 to 23 months, fully immunized) [UDHS 2006]	46%	48%
Access to sanitation units [MoH 2007, OCHA/OPM 2008]	59%	9%
Access to safe water [UDHS 2006]	67%	43%
Literacy rate [UNDP HDR 2006, UDHS 2006]	67%	11%
HIV/AIDS prevalence rate [HSBS 2005, WHO 2008]	6.4%	3.9%*

*Up from less than 1 per cent 10 years ago.

Situation Overview

Chart I Karamoja Location Map

Located in north-eastern Uganda along the borders with Sudan and Kenya, Karamoja is a semi-arid region 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 Karimojong subsist through agro-pastoral or purely pastoral livelihoods.

A chronically food-insecure region, Karamoja has been affected by **three consecutive years of successive shocks** including a severe drought in 2006, a combination of extended dry spell, late rains and flooding in 2007 and currently another extended dry spell with late arriving rains only in parts of the region.

Unlike the rest of Uganda, the region has only one annual harvest and relies on timely rainfall to enable planting. This year, **planting has been significantly delayed** and, in many areas, drastically reduced.

The rains are also necessary to replenish the water supply and grazing lands for cattle in the region. The extended dryness is placing pressure on water availability in parts of the region, with reported average distance to water for livestock at four (4) kilometres.

Moreover, since 2007, **the region's livestock** – an integral element to food security in a pastoralist region – **has been decimated by diseases** such as the *peste de petits ruminants* (PPR), or goat plague, and *contagious bovine pleuropneumonia* (CBPP), while staple crops such as sorghum have been hard hit by crop fungus.

In addition to these climatic shocks, the region's fast-growing population (Uganda's is the third-fastest growing population in the world, nationally averaged at 3.2 per cent compared to the sub-Saharan average of 2.4 per cent) suffers due to severe environmental degradation, poor infrastructure and widespread

insecurity due to the prevalence of small arms and cattle raiding.

Taken together, the situation has eroded people's coping capacity, leaving them **locked in a vicious downward spiral** of vulnerability, where shock → negative coping → increased vulnerability to future shocks (i.e. reduced access to basic commodities such as food, health care and investments in livelihoods) → new shock.

At present, Karamoja is approaching a period of humanitarian crisis that will be characterized by **elevated levels of household food insecurity, heightened rates of gross acute and severe acute malnutrition and rising morbidity and loss of livestock and other livelihood capital**.

Without increased donor support, the urgent action required to address these increasing needs will not be achieved. Certainly, negative coping mechanisms such as out-migration, asset stripping and early marriage, among others, will be reinforced.

Priority Needs

As priority humanitarian responses to the building needs in the region, the United Nations agencies working in Karamoja have highlighted the following areas:

- Scaling up emergency nutrition interventions to treat at least 7,500 children with severe acute malnutrition and increasing supplementary feeding to target 35,000 children suffering from moderate malnutrition;
- Reducing morbidity by immunizing 90,000 children under 5 years, reducing the critical gap in mosquito net coverage by providing 150,00 households two long-lasting insecticide treated nets (LLITNs) and strengthening family care practices;
- Extending by three months the General Food Distribution (GFD) for more than 700,000 Karimojong;
- Accelerating the vaccination of 2.4 million goats and sheep and 1.1 million cattle against PPR and CBPP respectively.

In the longer-term, it is essential that coherent humanitarian and development strategies are promoted in a coordinated fashion in order simultaneously to address the causes of the development crisis in Karamoja – lack of infrastructure, lack of economic development and/or livelihood diversity, insecurity, desertification and climate change – as well as the pockets of humanitarian urgency that recur when a vulnerable population is too frequently subjected to external shocks.

Current & Proposed Response

Emergency Nutrition: Based on the latest assessment information (February 2008), an **estimated 35,000 children** in Karamoja should be targeted for **supplementary feeding** to combat moderate malnutrition, while an **estimated 7,500 children** could require immediate **medical treatment for severe acute malnutrition**.

UNICEF and WFP, in partnership with MSF and other NGO partners, plan to scale up emergency nutrition interventions, including community-based screening and treatment for severe acute malnutrition, strengthening hospital-based therapeutic care for children with severe complications and increasing the coverage of supplementary feeding programmes for moderately malnourished children. Maternal and Child Health and Nutrition (MCHN) activities will also be expanded.

Overall, the February assessment revealed a Gross Acute Malnutrition (GAM) rate of 10.9 per cent[1] and a Severe Acute Malnutrition (SAM) rate of 1.7 per cent. These rates were already significantly higher than one would have expected to see shortly after harvest season in a normal year, more closely resembling the rates typical as the hunger gap approaches.

Between March and April 2008, the therapeutic feeding centre in Moroto District showed an increase of 70 per cent in the number of severely malnourished children admitted.

Then, in April 2008, MSF-Spain undertook a rapid assessment in Moroto and Nakapiripirit Districts, showing that malnutrition was increasing across Moroto and Nakapirpirit. The GAM rate for the two districts was up from between 15.1 and 15.9 per cent in February to 18 per cent in April, while the SAM rate rose from 2 to 3 per cent.

In June 2008, MSF-Holland began actively screening children in Moroto District. During the first two weeks of their operation, they screened 3,789 children and confirmed 365 to be severely malnourished (9.6 per cent). Although not representative of the wider community, such extremely high levels of malnutrition raise the spectre of a nutritional crisis in the region.

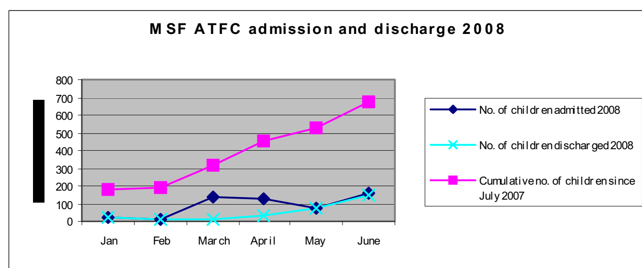
As a result of this screening process, MSF Holland, with support from UNICEF, began a community-based therapeutic feeding programme in selected sub-counties in Nakapiripirit and Moroto Districts. Their medical teams will be based out of the Tokora Health Centre in Nakapiririt and at Matany Hospital in Moroto. Matany is already supporting a Therapeutic Feeding Centre (TFC) and an additional one will be established at Tokora.

A more comprehensive assessment of malnutrition in the region is planned for late July 2008.

Of particular note is the success that has been recorded in addressing malnutrition in other parts of Karamoja. When the MSF ambulatory nutritional feeding programme was established in Kaabong district in June 2007, GAM was at 20 per cent in the district. By November 2007, it had dropped to 15.3 per cent, and by February 2008, to 9.1 per cent. From January to June 2008, total admissions figures for severe and moderate cases of malnutrition in the district have been stable.

[1] Respectively, the individual districts were at 8.3 per cent (Abim), 9.1 per cent (Kaabong), 6.3 per cent (Kotido), 15.9 per cent (Moroto) and 15.1 per cent (Nakapiripirit).

Chart II 2008 Admissions and Discharges to Kaabong Ambulatory Therapeutic Feeding Centre (ATFC)



Reducing Morbidity (Health): The high prevalence of infectious diseases such as malaria, pneumonia and diarrhoea are aggravating vulnerabilities to malnutrition among Karimojong children.

Urgent child survival interventions are needed to **immunize 90,000 children under 5 years** and to reduce the burden of malaria and other diseases by **distributing LLITNs to 150,000 households** to reduce the critical gap in this area and improve other family care practices. The UNICEF target coverage is 80 per cent of households with LLTNs; at present, only 3.4 per cent of households in Karamoja have a bed net.

Even without a nutritional crisis, Karamoja is one of the most difficult places to survive in Uganda, as evidenced by the poor health status of the population. Health indicators in the region are the worst in the country, including LRA-affected northern Uganda. Among the causes of these low indicators is extremely low access to and utilization of basic health services for reasons such as poor health seeking behaviour, insecurity, long distances to health centres and the highly-mobile pastoralist lifestyle.

For example, in Abim District – where performance against health indicators is the best in Karamoja – there are 14 health facilities including one hospital, three HC IIIs and 10 HC IIs. There are two doctors (the Medical Superintendent and the District Health Officer) currently on active duty and 56 per cent of health posts in the district are filled (151 of 272 posts). Of the 42 midwives required in the district, only 11 posts are filled. Only 64 per cent of health facilities have functional latrines and only 14 per cent of health centres have functional hand-washing facilities. There is only one vehicle allocated to the district health office and 24 health staff have not received their salaries, 18 since October 2007 and six since January 2007. In Kaabong, only 45 per cent of health posts are filled and in Kotido, only 51 per cent. Meanwhile, the regional referral hospital in Moroto currently has no physician at all.

Interestingly, the Ministry of Health has recently piloted two nomadic health units (the equivalent of an HC II) to travel with one kraal community for a year. One of the units has been deployed in Kotido District, the other in Moroto. The nomadic health units are meant to enhance community access to health services through adaptation to the pastoralist lifestyle.

Food Security: Against a backdrop of two missed harvests (2006 and 2007), targeted food distributions resumed in Karamoja in February 2008, with distribution of a six-week ration for 65,000 of the most affected people, followed by a General Food Distribution (GFD) targeting over 707,000 people beginning in March 2008.

Under the GFD, beneficiaries received a one-month ration with some 400,000 Karimojong in acute food and livelihood crisis given 50 per cent rations and 300,000 in humanitarian emergency given 70 per cent rations, as per the Integrated Phase Classification exercise carried out by WFP and partners.

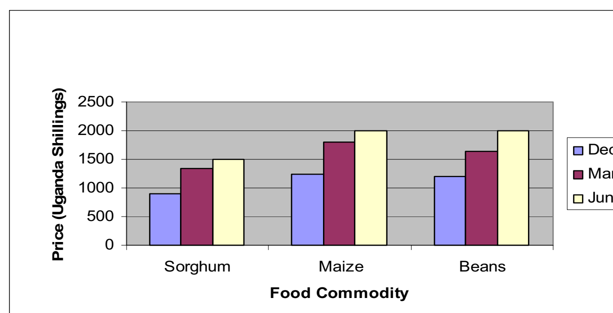
However, as the prolonged dry spell has continued in 2008, resulting in late and reduced planting and a growing toll of animal loss due to disease, there is now a need to **extend the general food distribution by three months** through October 2008 and possibly to increase the total number of beneficiaries.

Karamoja's extreme sensitivity to the vagaries of weather is demonstrated in the green-belt areas of Namalu, Iriri and Karenge sub-counties of Moroto District. While land preparation was begun, there has been a widespread hiatus in planting until farmers are convinced that the rains will be consistent.

At present, **an estimated 50 per cent of households have not and will not plant any crops** because they believe the planting period has passed for their traditional crops. Most households are also suffering a shortage of seeds for planting as their have either been eaten or exhausted in previous unsuccessful attempts to plant. The two challenges of seed availability and crop maturity will need to be addressed even if rains stabilize in the second half of the year.

Nor is Karamoja exempted from the impact of rising commodity prices. Since the beginning of the year, there has been a dramatic increase in prices for basic food commodities. The chart below, although specific to Moroto markets, is illustrative of more general trends across the districts of Karamoja.

Chart III Average Food Price Rises in Moroto Markets from December 2007 to June 2008



Food and income security operations in Karamoja, such as Oxfam's operations in Kaabong and Kotido Disticts, focus on building local communities' capacity to deal with food shortages through seed and cereal provision as an income generating activity. To date, 60.6 metric tonnes (MT) of sorghum cereals and 10.5 MT of maize seeds have been provided to 11 women's groups to resource village grain banking, with 80 per cent of direct beneficiaries female group members. The project aims to increase access to income and food in the period of drought and food scarcity, with the group members able to buy and store more grain at harvest time, to be sold during future periods of scarcity. This revolving scheme will continue from year to year, diversifying income and

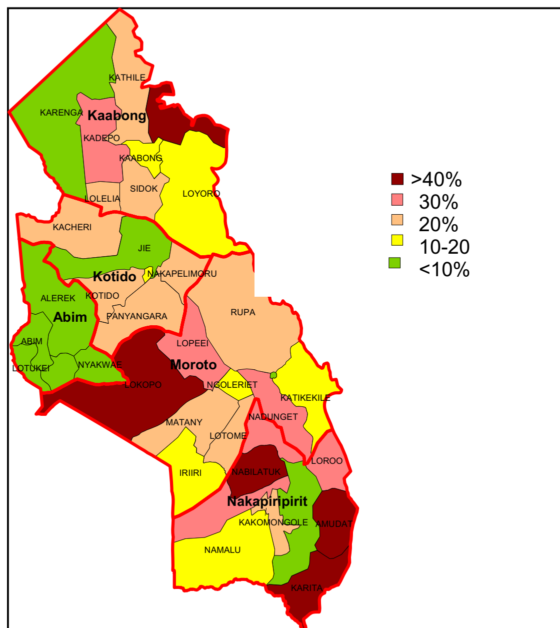
food security in a sustainable manner for the benefit of some 13,000 households.

Another project aiming to improve food and nutritional security is the three-year Belgium Survival Fund programme that has targeted three sub-counties in Abim and Kotido Districts, focusing on supporting communities through the provision of extension services to 50 farmer field schools, establishing and supporting village health teams (VHTs), school feeding and other nutrition interventions.

Livestock and Animal Health: In a pastoralist region such as Karamoja, ensuring access to livestock and animal health is essential to food security. Given the high burden of animal diseases that has plagued the region, particularly since March 2007, this means accelerating animal vaccinations as part of the first year of a three-year campaign.

At present, some 2.4 million goats and sheep and 1.1 million cattle need to be vaccinated against PPR and CBPP respectively. Some 170,000 doses of the CBPP vaccine have already been provided by the Government of Uganda and 1 million doses of PPR vaccine by FAO and the Italian Government. Thus, a **shortfall of 1.4 million doses of PPR and nearly 1 million doses of CBPP** remains.

Chart IV Estimated Percent of Livestock Affected by Disease per Sub-County



The vaccination campaign will need to cover three consecutive years and target more than 90 per cent of livestock in the Karamoja region, as well as the livestock of neighbouring districts in a period of intensive restocking in areas where formerly displaced persons are returning to their homes. The above vaccination requirements are for the first year of the proposed three year campaign and amount to an approximately US$ 1.85 million funding gap.

With limited funds, some districts have started animal vaccination programmes. Moroto District had, at the beginning of June, vaccinated 50,000 cattle for CBPP, while Kaabong District Local Government reports that 30,000 head of cattle are expected to be vaccinated for CBPP by early July. In Kotido, 11,000 of the targeted 40,000 cattle had been vaccinated by the end of June, although delays in the vaccination campaign were reported due to insecurity, according to the District Veterinary Service. The 70,000 doses of CBPP vaccine were provided for Kaabong and Kotido were provided by Oxfam.

Other significant challenges to livestock health include access to veterinary services, the need for increased support for vector spraying to control tick-borne diseases and tsetse fly infestations and the pressure placed on pasture and water availability during periods of extended dryness. The virtual embargo on the migration of Karimojong livestock into neighbouring districts to the south and west is affecting some 1.2 million animals regionally. There is a need for increased advocacy around the issue of inter-district livestock migration.

To address the issue of access to veterinary services, Oxfam has supported the local NGO DADO to open veterinary drug stores in Kaabong and Kotido and provided training for 50 people on basic livestock disease control and prevention.

Security & Access

Insecurity and general hostility continue to characterize the situation and remain a priority concern of the local population in Karamoja. Tracking of reported security incidents by DSS and other reliable sources indicates a **general increase in the number of security incidents** over the first half of the year. The main types of incidents reported include raids or attempted raids, criminal activities such as robbery, shootings, murder and physical / sexual assault, abductions and clashes between groups of illegally armed Karimojong and between Karimojong and the Uganda People's Defence Forces (UPDF).

Despite the heightened number of such incidents, there has been a **sharp decline in the number of road ambushes** perpetrated over the past 6 months with only four so far this year, compared to an average of two to three per month in 2007. None of the road ambushes that have occurred were perpetrated against humanitarian vehicles.

The last six months have also seen a **significant worsening of Jie-Dodoth relations**, with the Jie of Kotido District intensifying their attacks on Dodoth protected kraals in Kaabong, perceiving a weakening of Dodoth armed strength as a result of the disarmament programme. However, as the Jie raids have thus been primarily concentrated on Kaabong, this has resulted in a concomitant but cautious restocking of animals in Abim District. In July 2008, the UPDF undertook operations to establish **protected kraals in Kotido District** – a Jie stronghold. It is understood that this will be coupled by the intensification of disarmament operations to rein in the number of small arms in Jie areas and decrease raiding into neighbouring districts.[2]

[2] Protected kraals are established under the security responsibility of the UPDF and provided with escorts to pasture and water. At present, they are

Humanitarian access has improved since the beginning of the year and is now largely unhindered, although pockets of instability and continuing UPDF operations require organizations to conduct daily security reviews in preparation to move to the field.[3] Loyoro sub-county – a crossroads for the Jie, Dodoth and Turkana – remains the only no-go area for United Nations agencies. Though some NGOs are operational there, there is no comprehensive picture of needs in the area as local government presence has also been hindered by insecurity. It is hoped that the deployment of additional UPDF in Kaabong District will improve the security situation, and thus humanitarian access.

Coordination & Funding

There has been a modest increase in the presence of humanitarian and development actors in the Karamoja region over the last six months.

All United Nations agencies working in Uganda now have at least minimal presence in Karamoja. UNDP has established a region-wide peace and recovery programme to address aspects of the Karamoja Integrated Disarmament and Development Plan (KIDDP); UNFPA has placed a gender based violence (GBV) specialist in Moroto; FAO placed a livestock specialist in Kotido and OCHA expanded its presence in the region by opening a sub-office for northern Karamoja in Kotido in March 2008. UNICEF has also increased the scale of its staffing and programmes in the region.

Civil society expansion has also proceeded modestly with the recent arrival and/or expansion of activities by ACF, Malaria Consortium, Medair, CESVI, MSF-Holland, Uganda Red Cross Society and Save the Children.

There has also been a perceptible increase in interest in Karamoja, with more donor visits in the past six months and an increased number of exploratory missions by various NGOs.

However, chronic shortages of professional staff in the five Karamoja districts remain a major challenge to coordination of an adequate response to the challenges facing the region.

While monthly district sector meetings on food security and livelihoods, health and protection in Moroto, equivalent district sector meetings are held only irregularly and on an ad hoc basis in the other districts. In order to strength regional coordination, it has been agreed to hold quarterly food security and livelihoods and health meetings, and monthly protection meetings.

The District Disaster Management Committees (DDMCs) in each area are meeting regularly, although regular participation by all partners remains a challenge. To augment logistical, technical and financial capacity, Oxfam provided training for 15 sub-country DMCs in Kaabong and Kotido. Plans are also underway to develop District Disaster Prepardness Plans, while the health sector has a regional emergency preparedness plan for cholera and meningitis. Given that emerging humanitarian problems are common to most districts of Karamoja, OCHA will also oversee the drafting of a regional preparedness plan in August 2008.

Funding: The increasing donor and agency interest in Karamoja must now be translated into greater funding and action on the ground. Against the urgent requirements highlighted above, **approximately US$ 6.5 million is needed to ensure the extension of GFD for the next three months** (through October 2008) in Karamoja. Karamoja has been prioritized for GFD, but this has already affected internally displaced persons (IDPs) in northern Uganda, refugees and flood-affected populations, who received no cereals in the latest round of distributions (July) due in part to funding shortages, but also to lack of ready availability of quality grains on the local market.

To strengthen the response to malnutrition, carry out the immunization of the 90,000 children targeted, source and distribute bed nets and conduct other **activities to reduce morbidity, some US$ 5.4 million is required** specifically for the Karamoja region, on top of existing funding.

And to carry out the livestock vaccination campaign in this first year, **some US$ 1.2 million is needed to meet the shortfall in PPR and CBPP vaccines.**

While donors have provided funding for Karamoja, most current interventions aim to address long-term structural issues rather than the short-term acute emergency activities described above. This issue of the Special Focus on Karamoja seeks to raise awareness of the building humanitarian crisis in the region and highlight particular areas in which prompt funding and immediate action can save lives by reducing malnutrition and morbidity due to food insecurity and the attendant increased vulnerability to opportunistic diseases.

This and the previous issue of the Special Focus on Karamoja can be accessed online at www.ugandaclusters.ug or on the Uganda page of ReliefWeb, www.reliefweb.int. The next issue of the Special Focus on Karamoja will be produced in December 2008 for the third trimester.

Inputs for future issues can be sent to: ocha-uganda@un.org.

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only operational in Kaabong district, having been disbanded in Moroto and Nakapiripirit at the end of 2007. There are significant concerns regarding the protected kraal policy as there is often insufficient access to water and pasture for the large number of animals and some Karimojong have complained that they are unable to access their animals as often as wished.

[3] Karamoja is currently the only region of Uganda in which the UN is required to use military escorts, whereas most NGOs move without escort.

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, KDDS, UNICEF, WFP	ADLoG, Caritas, CESVI, FAO, KDDS, URCS, WFP	ADLoG, Caritas, CUAMM, Malaria Consortium, KDDS, UNFPA, UNICEF, WFP, WHO	ADLoG, OHCHR, UHRC, UNFPA, UNICEF	ADLoG, ADRA, Caritas, KDDS, UNICEF
	Kaabong	Caritas, DADO, KaDLoG, KDDS, UNDP	ADRA, DADO, KaDLoG, SCiU, SIL Uganda, UNICEF, WFP	Baptist Mission, Caritas, DADO , FAO, KaDLoG, KDDS, NAADS, Oxfam, WFP	ACF, Caritas, CUAMM, KDDS, KaDLoG, MSF, UNICEF, UNFPA, WFP, WHO	DADO, KaDLoG, KDDS, OHCHR, UHRC, UNFPA, UNICEF	ADRA, Caritas, KaDLoG, Medair, Oxfam, UNICEF
	Kotido	Caritas, KoDLoG, KOPEIN, UNDP	ADRA, JICAHWA, KDDS, KoDLoG, Oxfam, SCiU, UNICEF, WFP	Caritas, FAO, JICAHWA, KoDLoG, Oxfam, URCS, WFP	CUAMM, FAO, KDDS, KoDLoG, Malaria Consortium, Oxfam, UNFPA, UNICEF, WFP, WHO	IRC, KoDLoG, OHCHR, UHRC, UNFPA, UNICEF	ADRA, Caritas, KDDS, KoDLoG, Oxfam, 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, 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, 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); Food and Agriculture Organizations (FAO), Friends of Christ Revival Ministries (FOC-REV), International Rescue Committee (IRC), Jie Community Animal Health Workers Association(JICAHWA), Karamoja Christian Ethno-veterinary Programme (KACHEP), Karamoja Women's Association for Peace (KAWOSEP), Karamoja Diocesan Development Services (KDDS), Kotido Peace Initiative (KOPEIN), Medical Environmental Development with Air Assistance (Medair), 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), Pokot Zonal Development Programme (POZIDEP), 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).