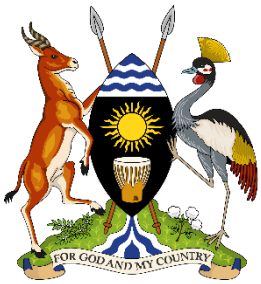
SITUATION OF FOOD SECURITY AND NUTRITION IN NORTHERN UGANDA

2019

DEVELOPMENT INITIATIVE FOR NORTHERN UGANDA (DINU)

unicef for every child



SITUATION OF FOOD SECURITY AND NUTRITION IN NORTHERN UGANDA 2019

Uganda Bureau of Statistics
Kampala, Uganda

Makerere University School of Public Health
Kampala, Uganda

UNICEF Uganda
Kampala, Uganda

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The *2019 Food Security and Nutrition Assessment* in Northern Uganda (2019 FSNA) was implemented by the *Makerere University School of Public Health (MakSPH)* under the aegis of *UNICEF*. Data collection took place from 13th May – 14th July, 2019. Funding for the survey was provided by the *European Union (EU) and UNICEF*. *UBOS* provided technical assistance.

Additional information about the 2019 FSNA may be obtained from the Socio-Economic Survey Section, Uganda Bureau of Statistics, Colville Street, PO Box 7186, Kampala, Uganda

Additional information about the 2019 FSNA may be obtained from the UNICEF Uganda Country Office, George Street, PO Box 7047, Kampala, Uganda

Please note that this is the FINAL APPROVED document.

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FOREWORD

Uganda has made tremendous progress in reducing the number of people living below the poverty line, however, progress in reducing under nutrition and food insecurity remains slow due to the multiple nature of the causal factors. UNICEF is one of the key partners that have been at the forefront in supporting the government of Uganda to scale up nutrition interventions in planning, implementation and monitoring of nutrition action at all levels. The European Union is currently funding UNICEF, through the Development Initiative for Northern Uganda (DINU) project, to strengthen nutrition governance for improved nutrition outcomes for children and women in Northern Uganda and West Nile. Likewise, the Department for International Development is funding UNICEF to implement nutrition integration actions through health system strengthening in Karamoja sub-region.

Evidence data continues to be critical for informed decision-making in order to monitor the investments in nutrition and inform the implementation processes. The Uganda Bureau of Statistics is appreciative of UNICEF's effort to support periodic surveys in addition to ensuring functionality of routine management information systems at district Local Government level. The current Food Security and Nutrition Assessment (FSNA) not only provides baseline data for the DINU project in Northern Uganda and West Nile but also provides a synthesis of secondary data from the Karamoja sub-region.

The Uganda Bureau of Statistics would like to acknowledge the effort of Makerere University School of Public Health that has implemented this FSNA, and our own staff who supported the planning, implementation and analysis of data. We would also like to thank all the study participants, communities and districts namely Nebbi, Zombo, Koboko, Yumbe, Moyo and Adjumani in West Nile; and Omoro, Pader, Otuke and Kole in Northern Uganda, for providing all the necessary information and supporting the field data collection activities.

We urge all districts in Northern Uganda, West Nile and Karamoja, as well as the entire public to utilise the findings of this survey to measure progress and make informed decisions for effective programing and policy development.

Chris Mufiti Mukiza
Executive Director
Uganda Bureau of Statistics

ACKNOWLEDGEMENTS

This report is an outcome of a collaborative process and would not have been possible without the contributions of different partners and individuals. Special appreciation to Mr. Sumit Karn and the entire UNICEF team for the tireless effort in ensuring all responsible stakeholders were engaged in the process and for overseeing the technical aspects of the report. The baseline survey would not have been possible without the support of the European Union under the Development Initiative for Northern Uganda (DINU).

The Principal Investigator, Dr. Henry Wamani, and the co-Investigators; Dr. Simon Peter Kibira and Mr. Gerald Onyango the, would like to convey sincere thanks to Mr. Vincent Ssenono and the entire team at Uganda Bureau of Statistics for the technical guidance provided in planning, data collection and analysis of the study findings. The cooperation and support of the District Health Officers of Nebbi, Zombo, Koboko, Yumbe, Moyo, Adjumani, Pader, Omoro, Otuke and Kole where the baseline was carried out, was highly instrumental in data collection. The 12 Enumerators and 2 Supervisors in each district are greatly acknowledged for the excellent team-spirit, adherence to standard operating procedures and for ensuring that good quality data was gathered.

Lastly, I appreciate the note-worthy efficiency of the Management of Makerere University School of Public Health (MakSPH) in ensuring that all the necessary logistics were provided to facilitate the swift execution of the baseline assessment.

Thank you all.

ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
ARI	Acute Respiratory Infection
BMI	Body Mass Index
CAPI	Computer-Assisted Personal Interviewing
CARI	Consolidated Approach to Reporting Indicators of Food Security
DDS	Dietary Diversity Score
DFID	Department for International Development
DHO	District Health Officer
DINU	Development Initiative for Northern Uganda
ECD	Early Childhood Development
ECDI	Early Child Development Index
ENA	Emergency Nutrition Assessment
EU	European Union
FCG	Food Consumption Group
FCS	Food Consumption Score
FGDs	Focus Group Discussions
FSNA	Food Security and Nutrition Assessment
GAM	Global Acute Malnutrition
HH	Household
IDIs	In-depth Interviews
IYCF	Infant and Young Child Feeding
KII	Key Informant Interviews
KNP	Karamoja Nutrition Programme
MAD	Minimum Acceptable Diet
MakSPH	Makerere University School of Public Health
MIYCN	Maternal, Infant, and Young Child Nutrition
MOH	Ministry of Health
MUAC	Middle Upper Arm Circumference
ODK	Open Data Kit
OPM	Office of the Prime Minister
PPS	Probability Proportional to Size selection
SMART	Standardized Monitoring and Assessment of Relief and Transition
TLU	Tropical Livestock Units
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UNAP II	Uganda Nutrition Action Plan II
UNICEF	The United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WRA	Women of Reproductive Age

INTRODUCTION

The 2019 Food Security and Nutrition Assessment (FSNA) is part of the evaluation of the EU-UNICEF Joint Nutrition Actions under the broader framework of Development Initiative for Northern Uganda (DINU). The survey was implemented by Makerere University School of Public Health (MakSPH) under the aegis of Uganda Bureau of Statistics (UBOS). The survey was carried out by UNICEF and funded by the European Union (EU).

FSNA OBJECTIVES

The primary objective of the 2019 FSNA was to provide up-to-date estimates of basic demographics, food security and nutrition indicators. The FSNA provides a comprehensive estimate of food security and nutrition for households, women and children in selected districts in Northern Uganda and West Nile.

The specific objectives were to determine:

1) Levels of retrospective crude mortality rates and age-specific mortality rates for children under five years (U5 / 0-59 months) in a specific time period;
2) Prevalence of malnutrition (wasting, stunting and underweight) among children aged 0-59 months (and/or measuring 65-110 cm in length or height);
3) Coverage of nutrition specific interventions, such as vitamin A supplementation and deworming among children under five years; and iron folic acid supplementation amongst pregnant and lactating women;
4) Prevalence of common diseases (diarrhoea, measles and ARI) among children aged 0-59 months, two weeks prior to the assessment and access to/ uptake of health services for treatment;
5) Infant and Young Child Feeding (IYCF) practices;
6) Current food security status of households, including food consumption and dietary diversity (using 7-day dietary recall methods);
7) Minimum dietary diversity in women 15-49 years of age;
8) Factors that determine household food security status;
9) Anaemia prevalence in children 6-59 months and women 15-49 years of age
10) Early Child Development (ECD) related behavioural indicators; and
11) Water, Sanitation and Hygiene (WASH) related indicators.

SURVEY METHODOLOGY

A population-based survey with sample representatives at the district level was carried out in six districts of West Nile namely Nebbi, Zombo, Koboko, Yumbe, Moyo, and Adjumani; and four in northern Uganda namely Pader, Omoro, Otuke and Kole. A mix of quantitative and qualitative survey tools were used for this FSNA.

A secondary compilation of data for key selected indicators was done from the 2018 FSNA carried out in Karamoja. The detailed methodology for the 2018 FSNA can be found in the 2018 Report.

SAMPLE DESIGN

The ENA for SMART software was used to calculate sample size and for sampling purposes. District representative samples were drawn based on estimates derived from the 2016 Uganda District Health Survey (UDHS). The effect measure used to calculate the sample sizes was prevalence of wasting based at regional estimates, where West Nile regional prevalence was used to estimate samples for Nebbi, Zombo, Koboko, Yumbe, Moyo and Adjumani; Acholi regional prevalence used for Pader and Omoro districts; and Lango regional prevalence for Otuke and Kole districts, Other parameters and assumptions are indicated (Table 1).

Table 1: **Sample size calculation**

Region	Average HH Size	Prevalence of Wasting	Desired Precision	Children U5 Years	Design Effect	Non responsive HHs	Sample of Children	HH Sample
West Nile	5	10.4	3.8	18	1.5	3	405	515
Acholi	5	3.9	2.4	18	1.5	3	408	520
Lango	5	5.0	2.7	18	1.5	3	409	520

The sampling frame included all villages and their corresponding populations as was provided by the respective district population officers. A two-stage cluster sampling approach was used to sample households. At the first stage, probability samples were selected from the list of all villages in the district using Probability Proportional to Size (PPS) selection. A total of 30 villages/clusters were sampled per district. At the second stage, a fixed number of households (17 or 18) were systematically sampled from the newly established village household listing for each sampled village. Household sampling was performed in the field by the Supervisors supported by the village Chairman. The interviews were conducted in only the sampled households and no replacements, changes or substitution of the selected households was allowed during survey implementation in order to minimize bias. In every household all children below five years were assessed.

Exploratory qualitative assessments were conducted in a sub-sample of three districts; Zombo, Omoro and Otuke, to dig deeper into the social, cultural, gender, economic and other factors with influence on food security, maternal and childcare and feeding practices, dietary practices, WASH, ECD, social dynamics, health and nutrition service seeking behaviours. Care was taken to understand key drivers of major outcomes. Focus Group Discussion (FGDs), In-depth Interviews (IDIs) and Key Informant Interviews (KIIs) were performed with community members and stakeholders. Further analysis was carried out with secondary data from FSNAs that were carried out in 2018 in the Karamoja region.

QUESTIONNAIRE

For quantitative survey, three questionnaires were used for 2019 FSNA; Household Questionnaire, Women Questionnaire and Biomarker Questionnaire. The questionnaires, based on the DHS Program's Standard (DHS-7) Questionnaires and other Standard Questionnaires, were adapted to reflect the food security and

nutrition context in Uganda. The updated questionnaire was discussed with all relevant stakeholders representing Ministries, Departments and Agencies (MDAs), Office of the Prime Minister, UBOS and partners namely World Food Programme. The 2019 FSNA required informed consent from the head of the household to conduct the interviews, anthropometric measurement and anaemia testing.

ANTHROPOMETRY AND ANAEMIA TESTING

Two biomarkers were collected involving anthropometry and anaemia testing for both mothers aged 15-49 years and infants as well as young children aged 0-59 months. Anthropometry consisting of height, weight and mid-upper arm circumference (MUAC) were recorded for all eligible children and mothers, while anaemia tests were done on a sub-sample – two out of every three – eligible children after obtaining consent from mothers. Anaemia testing was done on site using haemocue analysers and children found to have a haemoglobin level below 8 g/dl were referred for health care. Likewise non-pregnant mothers with haemoglobin levels below 8 g/dl and pregnant mothers below 7g/dl were counselled and referred for care.

PRETEST

Pre-testing of tools was undertaken in Kampala from 6th – 10th May 2019 during the training of supervisors to ensure adequacy and validity of the data collection tools. Two supervisors with previous experience in FSNAs were centrally trained and were collectively responsible for one district. Pre-testing of the data collection tool was done in Kafeero Zone, Mulago II parish on day four of training and included standardization tests, principles and organisation of carrying out anthropometric measurements following the SMART methodology; and use of the computer-assisted personal interviewing (CAPI) skills. A debriefing session was held to obtain feedback from the pre-testing exercise and tools were finalized for data collection.

TRAINING OF FIELD STAFF

Decentralised training of enumerators was done in individual districts. The training of enumerators was done between 13th – 17th May, 2019 and aimed at ensuring that the research assistants;

- Became conversant with the tools for data collection;
- Obtained adequate skills with the android data collection devices;
- Developed sufficient familiarity with extraction and exporting data using the Open Data Kit (ODK) platform;
- Acquire and/or refreshed knowledge on nutrition, food security and health issues;
- Learned the etiquette and skills of conducting research among mothers and/or caretakers, and measuring human body parts to assess nutrition status; and
- Learned the basics of carrying out qualitative open-ended questions with probes.

A total of 12 enumerators were recruited and trained per district.

FIELDWORK

Data was collected in home settings with a tool that was administered face-to-face to mothers and/or household heads. Prior to data collection, field teams conducted an entrance meeting with the district authorities. There were four field teams per district, two of which were headed by a Supervisor. Enumerators with minimum

qualification of a Bachelors' degree were recruited locally at district level, but included at least two health workers per district to facilitate drawing of blood samples, and two drivers. The teams were facilitated with computer tablets/smart phones for data collection, weighing scales and tape measures for weight and height measurement respectively, as well as interview guides and materials to facilitate data collection.

Quantitative field data collection lasted a total of 11 days in each of the districts. Data collection in the six West Nile districts took place on May 13 – June 2, 2019 while in the 4 districts in Northern Uganda; June 24 – July 14, 2019. Given that successful data collection in Uganda is hinged on the use of local and civic leaders, local officials were identified and acted as guides to identify households for interviews and to support anthropometric measurements.

All the questionnaires were finalised in English and were programmed into smartphones to facilitate computer-assisted personal interviewing (CAPI) for data collection purposes. The interviewer administered the questionnaire electronically using an open source web-based data collection platform powered by the Open Data Kit (ODK) software. Collected data was automatically saved on a central server specially paid for by the study team (https://ona.io/home/). The software was downloaded on tablet computers or smart phones. The electronic tool enabled use of data checks and skip patterns to minimize spurious entries by data collectors. Key variables that are prone to error, like age, were carefully assessed based on child health cards. In the absence of cards, care was taken to discuss with the mother/caregiver using a calendar of local events developed for the assessment. In addition to ensuring there was internal consistency of data, the electronic approach reduced time and energy spent on manual data entry. Before training of the enumerators, the application was demonstrated to the UNICEF team highlighting seamless fusion, effectiveness and perfect placement of the processes including automatic skip patterns, range and logical checks. The study team also ensured the backup of completed data (by timely uploads to the server) which would then be merged with existing data.

DATA PROCESSING

The processing of the 2019 FSNA began simultaneously with the field work. As the data collection was completed in each district, the electronic data was transferred to the Central Office at MakSPH in Kampala. These data files were registered and checked for inconsistencies, incompleteness and outliers. The field team were immediately alerted to any inconsistencies or errors. MakSPH central team carried out the secondary editing and coding of open-ended questions. The data was processed by the Team Leader and the Programmer who were also involved in the Supervisor training.

RESPONSE RATES

A total of 5,170 households were selected for the sample, of which 5,312 households were interviewed yielding the response rate as 103 per cent. In the interviewed households, 6,295 women were eligible for the individual interview of which 5,312 were interviewed yielding a response rate of 84 per cent. Household response rates in Adjumani, Yumbe, Moyo and Koboko were higher compared to other districts.

Table 2: **Results of the household and individual interviews**

Number of households, number of interviews and response rates (unweighted), FSNA 2019

	District										Total
	Nebbi	**Zombo**	**Pader**	**Omoro**	**Otuke**	**Kole**	**Adjumani**	**Yumbe**	**Moyo**	**Koboko**	
Households selected	515	515	520	520	520	520	515	515	515	515	5,170
Households interviewed	496	499	503	511	497	501	626	562	544	573	5,312
Household response rate	0.96	0.97	0.97	0.98	0.96	0.96	1.22	1.09	1.06	1.11	1.03
Women eligible	590	558	623	592	519	652	760	650	600	751	6,295
Women interviewed	496	499	503	511	497	501	626	562	544	573	5,312
Eligible women response rate	0.84	0.89	0.81	0.86	0.96	0.77	0.82	0.86	0.91	0.76	0.84

HOUSING CHARACTERISTICS AND HOUSEHOLD POPULATION

This section presents information on household population and composition, education attainment, family living arrangements, disability, sources of drinking water, sanitation, wealth distribution, household possessions, type of fuel used for cooking and hand washing.

HOUSEHOLD POPULATION AND COMPOSITION

The 2019 FSNA covered 5312 households with a total of 25,416 individuals as the household members, among whom 12,071 were male and 13,345 female. Children under five and under 15 years constituted 23 per cent and 50 per cent, respectively, of the population within the surveyed households (Table 3). The adolescent population constituted 19.7 per cent of the total population.

Table 3: **Household population by age and sex**

Percentage distribution of the household population by various age groups, and percentage of the household population aged 10-19 years, according to sex, FSNA 2019

Age in years	Household members		
	Total	Male	Female
<5	23.0	23.5	22.5
5 – 9	16.0	16.5	15.7
10 – 14	11.1	10.8	11.3
15 – 19	8.6	7.1	9.9
20 – 24	9.6	7.4	11.6
25 – 29	8.7	8.4	9.0
30 – 34	7.0	7.3	6.8
35 – 39	5.4	6.3	4.6
40 – 44	3.6	4.3	2.9
45 – 49	2.8	3.7	2.0
50 – 54	1.5	1.9	1.2
55 – 59	0.9	1.1	0.7
60 – 64	0.7	0.7	0.7
65 – 69	0.4	0.4	0.3
70 – 74	0.3	0.3	0.3
75 – 79	0.2	0.2	0.1
80 – 84	0.1	0.1	0.1
85+	0.1	0.0	0.1
Total	100	100	100
0-14	50.1	50.8	49.5
15-64	48.8	48.2	49.4
65+	1.1	1.0	0.9
Adolescents 10-19	19.7	17.9	21.2
Number of persons	**25,376**	**12,034**	**13,342**

HOUSEHOLD CHARACTERISTICS

Table 4 presents information on housing characteristics in Mid North and West Nile. These characteristics are usually a function of the household's socioeconomic situation and have a direct bearing on the health and welfare of household members. The table includes information on access to electricity, type of floor material, number of rooms used for sleeping, the place used for cooking, and the type of fuel used for cooking.

Table 4: **Household characteristics**

Percentage distribution of households and population by housing characteristics, percentage using solid fuel for cooking, percentage using clean fuel for cooking, according to district, according to residence and district, FSNA 2019

Housing Characteristics	District										
	Nebbi	Zombo	Pader	Omoro	Otuke	Kole	Adjumani	Yumbe	Moyo	Koboko	Total
Electricity (Grid)											
No	98.4	96.9	97.9	97.8	98.7	89.8	95.4	99.1	95.2	96.6	96.6
Yes	1.6	3.1	2.1	2.2	1.3	10.2	4.6	0.9	4.8	3.4	3.4
Total	100	100	100	100	100	100	100	100	100	100	
Functional Solar Panel											
No	77.5	65.1	77.5	69.6	83.1	62.7	53.8	72.3	53.2	54.6	66.9
Yes	22.5	34.9	22.5	30.4	16.9	37.3	46.2	27.7	46.8	45.4	33.1
Total	100	100	100	100	100	100	100	100	100	100	
Flooring material											
Earth / Sand	90.1	21.0	12.3	39.2	3.8	0.5	75.8	31.7	73.3	82.5	43.0
Dung	0.6	59.0	80.0	54.1	90.5	75.2	7.8	28.2	5.7	8.4	41.0
Cement	9.0	18.3	7.5	6.7	5.7	24.0	15.8	7.2	18.6	8.2	12.1
Other[1]	0.2	1.8	0.2	0.0	0.0	0.2	0.6	32.9	2.5	0.9	3.9
Total	100	100	100	100	100	100	100	100	100	100	
Rooms used for sleeping											
One	73.1	55.4	47.6	55.3	48.9	38.3	47.0	59.8	58.5	36.5	52.0
Two	15.9	30.1	31.8	24.6	30.5	31.6	32.8	26.6	25.6	30.0	28.0
Three or more	11.1	14.5	20.6	20.1	20.5	30.1	20.3	13.7	15.9	33.5	20.0
Total	100	100	100	100	100	100	100	100	100	100	
Cooking Place											
In a separate room used as kitchen	43.0	79.5	35.0	38.2	46.0	56.7	54.1	31.8	43.6	47.9	47.6
Elsewhere in the house	3.7	4.0	31.4	11.4	1.0	2.5	2.0	0.5	4.2	2.6	6.3
In a separate building	18.7	1.1	26.9	42.2	33.7	33.3	18.1	6.7	25.6	20.5	22.7
Outdoors	34.4	14.4	6.5	7.3	19.1	7.5	25.8	61.1	26.4	28.6	23.1
Other	0.2	1.0	0.2	0.9	0.1	0.0	0.0	0.0	0.2	0.4	0.3
Total	100	100	100	100	100	100	100	100	100	100	
Cooking Fuel											
Electricity	0.3	0.7	0.0	0.0	0.0	1.1	0.2	0.0	0.9	0.0	0.3
Charcoal	10.8	10.7	7.3	8.0	3.3	8.3	29.3	10.7	22.5	18.0	12.9
Firewood	88.1	88.3	87.7	91.4	96.5	88.6	70.1	88.4	75.2	80.8	85.5
Others[2]	0.8	0.4	5.0	0.5	0.1	2.1	0.5	0.9	1.4	1.1	1.3
Total	100	100	100	100	100	100	100	100	100	100	100

[1] Includes wood planks, palm/bamboo, parquet or polished wood, vinyl or asphalt strips, ceramic tiles, carpet, linoleum and others.

[2] Includes liquefied petroleum gas (LPG)/natural gas, biogas, kerosene/paraffin, straw/shrubs/grass, animal dung and others including no food being cooked in the household.

Overall, majority of households (95%) in Northern Uganda and West Nile did not have access to grid electricity. Earth/sand and dung were the two most commonly used flooring materials with earth/sand utilised by 43 per cent of the HHs and dung by 41 per cent.

The number of rooms used for sleeping provides an indication of the extent of crowding in households. More than half (52%) of the households used one room for sleeping and another half (48%) used a separate room as the kitchen. Most households (85%) used firewood as their main source of cooking fuel.

HOUSEHOLD COMPOSITION

Table 5 shows that 86 per cent of the households were headed by men with only 14 per cent of households headed by women. The average household size was 4.7 with approximately 45 per cent of households comprising three to four members. Less than one per cent were single-member households.

Table 5: **Household Composition**

Percentage distribution of households by sex of household head and by household size, and mean size of households according to residence and district, FSNA 2019

Characteristics	District										
	Nebbi	Zombo	Pader	Omoro	Otuke	Kole	Adjumani	Yumbe	Moyo	Koboko	Total
Household headship											
Male	86.0	86.9	81.4	81.7	80.3	82.8	85.4	93.3	85.6	91.4	**86.0**
Female	14.0	13.1	18.6	18.3	19.7	17.2	14.6	6.7	14.4	8.6	**14.0**
Total	100	100	100	100	100	100	100	100	100	100	**100**
Disability											
Disabled	0.6	0.7	0.5	5.5	0.9	2.1	1.6	1.8	2.8	0.4	**1.5**
Chronically ill	1.1	5.7	1.6	8.4	0.0	8.2	1.6	2.2	1.4	3.6	**3.6**
Able bodied	98.3	93.6	98.0	86.1	99.1	89.7	96.9	96.0	95.9	96.1	**94.9**
Total	100	100	100	100	100	100	100	100	100	100	**100**
Number of usual household members											
1.0	1.1	0.4	0.7	0.8	6.5	0.5	0.4	0.0	0.0	0.2	**0.8**
2.0	18.4	6.6	8.5	7.8	13.2	2.6	3.7	2.4	4.3	2.2	**6.9**
3.0	25.7	22.9	21.7	33.6	24.7	18.5	26.0	19.2	28.8	12.6	**22.8**
4.0	18.3	19.6	29.3	25.4	22.0	23.3	19.5	18.9	31.4	19.6	**22.1**
5.0	13.4	19.1	15.5	10.0	13.2	15.3	16.3	17.6	13.1	18.8	**15.7**
6.0	10.0	11.0	8.1	10.1	7.9	14.9	13.4	12.2	11.6	15.4	**11.5**
7.0	7.1	7.4	4.5	7.3	6.4	10.5	8.4	10.4	5.0	12.0	**8.1**
8.0	2.8	5.5	4.4	2.4	2.6	6.1	6.2	9.1	2.5	8.4	**5.4**
9+	3.3	7.5	7.3	2.5	3.5	8.3	6.2	10.2	3.3	10.8	**6.7**
Total	100	100	100	100	100	100	100	100	100	100	**100**
Mean size of households	4.2	4.9	4.7	4.1	4.1	5.3	5.0	5.5	4.4	5.7	**4.7**
Number of households	623	796	548	409	340	648	455	772	312	406	**701**

On average 95 per cent of households had able bodied members, however Omoro district had the highest proportion of disabled (5.5%) and chronically ill (8.4%) HH heads.

EDUCATION ATTAINMENT OF HOUSEHOLD HEADS

Table 6 presents data on the education attainment of household heads aged 15 years and more. More households from urban residences had secondary education and above (18.7% and 3.3% respectively) compared to rural households (9.6% and 1.2% respectively). The median number of years of schooling completed was six years in urban and five years in rural areas. A similar range of household heads in both urban (23.2%) and rural (27.2%) areas had had no education.

More than half of the household heads in all 10 districts had primary education. Moyo was the only district that had about 20 per cent attainment of secondary education compared to Zombo which had only five per cent of its household heads attaining secondary education. As expected, households in the highest wealth quintile had the least proportion of heads with no formal education (21.8%) and the highest proportion of heads with education above secondary level (2.8%). Similarly, households in the lowest wealth quintile had the highest

proportion of heads with no formal education (32.5%) and none had attained education beyond secondary level.

Table 6: **Education status of the household head**

Background characteristics	Highest level of schooling of household head (%)				Total	Number of persons	Median
	No formal education	Primary	Secondary	Higher or above Secondary			
Age in years							
15 – 19	18.0	76.2	5.8	0.0	100	62	6.0
20 – 24	13.0	77.0	9.5	0.6	100	604	6.0
25 – 29	13.9	69.9	14.8	1.4	100	963	6.0
30 – 34	22.0	60.9	14.6	2.5	100	890	6.0
35 – 39	26.8	60.6	10.9	1.7	100	767	6.0
40 – 44	39.3	50.0	9.6	1.1	100	550	5.0
45 – 49	40.2	54.3	4.6	0.8	100	476	5.0
50 – 54	41.9	53.3	4.5	0.2	100	245	5.0
55 – 59	46.6	43.5	8.2	1.7	100	165	5.0
60+	51.3	38.9	7.9	1.9	100	286	5.0
Residence							
Urban	23.2	54.7	18.7	3.3	100	616	6.0
Rural	27.7	61.5	9.6	1.2	100	4,392	5.0
District							
Nebbi	26.2	62.2	9.9	1.7	100	597	5.0
Zombo	37.5	56.7	5.0	0.8	100	719	4.0
Pader	31.9	54.5	11.5	2.1	100	534	6.0
Omoro	24.2	64.0	10.3	1.6	100	347	6.0
Otuke	38.8	54.4	6.3	0.6	100	303	5.0
Kole	19.2	67.2	11.6	2.0	100	635	6.0
Adjumani	9.8	70.9	17.2	2.2	100	419	6.0
Yumbe	33.6	57.0	8.9	0.5	100	756	5.0
Moyo	19.0	59.9	19.5	1.6	100	298	6.0
Koboko	22.0	62.4	14.1	1.6	100	400	5.0
Wealth quintile							
Lowest	32.5	63.1	4.4	0.0	100	953	5.0
Second	30.3	61.1	7.6	1.0	100	1,026	5.0
Middle	26.2	62.0	10.8	1.0	100	1,012	5.0
Fourth	25.3	58.1	14.3	2.2	100	,002	6.0
Highest	21.8	59.2	16.3	2.8	100	1,017	6.0

POLYGAMY AND DISABILITY AMONG HOUSEHOLD HEADS

16 per cent of urban and 15 per cent of rural household heads were living in a polygamous marriage or an informal union outside of first marriage. Yumbe (23.2%) and Zombo (21.6%) had the highest proportion of household heads in polygamous relationship(s) while Adjumani (4.4%) had the lowest proportion. Household heads in the highest wealth quintile had the highest proportion (18.1%) of polygamous marriages compared to 11.8 per cent in the lowest wealth quintile.

Disability and chronically ill status were nearly the same in both urban and rural areas. Omoro had both the highest proportion of disabled (5.5%) and chronically ill (8.4%) among all ten districts. Similarly, the lowest wealth quintile had 3.2 per cent disabled status of household heads compared to 0.8 per cent in the highest wealth quintile. However, highest wealth quintile had the biggest (4.5%) composition of chronically ill household heads.

Table 7: **Polygamy and disability among household heads according to background characteristics**

Percentage distribution of heads of households by polygamy and physical status, and by residence and district, FSNA 2019

Background characteristics	Polygamous	Number of Households	Physical status of head of households				Number of households
			Disabled	Chronically ill	Able bodied	Total	
Residence							
Urban	16.3	701.	1.2	4.3	94.5	100	701
Rural	14.8	4,608.	1.6	3.5	94.9	100	4,608
District							
Nebbi	12.7	623	0.6	1.1	98.3	100	623
Zombo	21.6	796	0.7	5.7	93.6	100	796
Pader	8.6	548	0.5	1.6	98.0	100	548
Omoro	19.8	409	5.5	8.4	86.1	100	409
Otuke	11.5	340	0.9	0.0	99.1	100	340
Kole	10.7	648	2.1	8.2	89.7	100	648
Adjumani	4.4	455	1.6	1.6	96.9	100	455
Yumbe	23.2	772	1.8	2.2	96.0	100	772
Moyo	8.4	312	2.8	1.4	95.9	100	312
Koboko	20.1	406	0.4	3.6	96.1	100	406
Wealth quintile							
Lowest	11.8	1,020	2.1	3.2	94.7	100	1,020
Second	15.0	1,076	1.9	3.7	94.4	100	1,076
Middle	14.5	1,076	1.5	3.9	94.6	100	1,076
Fourth	15.3	1,059	1.4	2.7	95.8	100	1,059
Highest	18.1	1,078	0.8	4.5	94.8	100	1,078
Total	**15.0**	**5,309**	**1.5**	**3.6**	**94.9**	**100**	**5,309**

SOURCES OF DRINKING WATER

The majority (79%) of households in West Nile and Northern Uganda had access to an improved source of drinking water (Table 8). The most common sources of drinking water under this category were tube wells, boreholes (63% of all households), followed by protected wells (6%). Among the unimproved sources were unprotected wells (9%) followed by unprotected springs (2.9%). More than half of households (59%) took up to 30 minutes to obtain drinking water, and a quarter of the households took longer than 30 minutes. Boiling was the most common method of treating water prior to drinking.

Table 8: **Sources of drinking water**

Percentage distribution of households by source of drinking water and by time to obtain drinking water, percentage of households using various methods to treat drinking water, and percentage using an appropriate treatment method, according to residence and district, FSNA 2019

Characteristics	District											
	Nebbi	Zombo	Pader	Omoro	Otuke	Kole	Adjumani	Yumbe	Moyo	Koboko	Total	
Source of drinking water												
Improved source	**77.7**	**39.6**	**81**	**72.2**	**82.3**	**88.9**	**98.7**	**92.7**	**98.4**	**80.9**	**79.0**	**4197**
Piped into dwelling	1.1	0.8	0.7	0.4	0.0	0.7	9.8	0.3	2.0	3.2	1.7	90
Piped into compound, yard or plot	3.2	1.8	0.5	0.8	0.2	0.4	1.5	1.5	6.7	0.3	1.6	84
Piped to neighbour	3.8	4.1	0.2	2.1	0.3	0.2	1.3	2.2	8.6	3.7	2.5	134
Public tap / standpipe	7.0	4.0	0.6	0.5	2.2	2.2	4.3	4.0	12.4	9.5	4.3	231
Tube well, borehole	60.0	18.5	74.6	59.1	73.5	73.7	80.4	83.2	65.7	55.9	62.9	3,339
Protected well	2.6	10.4	4.4	9.3	6.1	11.7	1.4	1.5	3.0	8.3	6.0	319
Unimproved source	**5.2**	**30.2**	**5.7**	**2.5**	**1.7**	**4.2**	**0.6**	**0.0**	**0.9**	**4.4**	**7.0**	
Unprotected well	10.4	16.9	5.1	20.3	15.6	6.7	0.6	5.3	0.0	8.9	9.2	488
Unprotected spring	4.7	6.6	4.5	5.1	0.3	0.1	0.0	0.6	0.3	4.9	2.9	155
Rainwater collection	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	4
Tanker-truck	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pond, canal, irrigation channel)	1.6	5.3	0.0	0.0	0.2	0.0	0.0	1.3	0.0	0.2	1.2	64
Bottled water[1]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other sources[2]	**0.4**	**1.0**	**3.7**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.4**	**0.4**	**0.6**	**33**
Total												
Time to obtain drinking water (round trip)												
Water on premises[3]	5.2	12.7	18.9	25.3	1.5	28.2	18.7	3.8	12.6	5.4	13.3	698
Up to and including 30 minutes	66.7	58.9	54.4	52.0	59.0	55.4	61.7	49.7	63.8	77.5	59.0	3,092
More than 30 minutes	27.0	17.1	16.1	20.4	34.1	12.4	19.6	46.5	23.6	17.1	23.7	1,245
Don't know/missing	1.1	11.4	10.6	2.2	5.5	4.0	0.0	0.0	0.0	0.0	4.0	209
Total												
Water treatment prior to drinking[4]												
Boil	4.5	10.3	5.3	1.5	2.2	1.6	1.6	2.3	3.1	7.8	4.3	226
Add bleach / chlorine	0.6	2.4	0.4	1.3	2.5	2.8	3.5	1.1	0.8	3.7	1.9	97
Strain through a cloth	0.8	2.6	0.0	1.3	0.3	2.2	1.0	2.3	0.0	5.8	1.7	91
Use water filter	0.0	0.0	0.0	0.5	0.3	0.2	0.0	0.0	0.0	0.1	0.1	5
Solar disinfection	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	9
Let it stand and settle	4.0	3.9	0.0	0.0	1.2	5.6	0.5	2.2	0.0	1.0	2.2	117
Other	0.7	0.5	0.2	0.3	0.0	0.3	0.0	0.0	0.2	1.2	0.3	18
No treatment	90.3	82.7	94.1	95.3	94.2	88.7	94.5	92.2	95.9	81.4	90.3	4,728

[1] Households using bottled water or sachet water for drinking are classified as using an improved or unimproved source according to their water source for cooking and hand washing.
[2] Includes cart with small tank/ drum and other sources
[3] Includes water piped to a neighbour
[4] Some respondents reported multiple treatment methods, so the sum of treatment exceeded 100%.

AVERAGE USE OF WATER

The average water usage in urban and rural areas was 43 litres and 30 litres per capita respectively (Table 9). Only 63.7 per cent of urban and 55 per cent of rural households were able to meet the WHO water use standard of 20 litres per capita. Adjumani at 60.5 litres had the highest per capita usage which was nearly three times

the usage in Yumbe with an average per capita of 21.8 litres. Households in the highest wealth quintile had the highest average water consumption per capita at 33.5 litres.

Table 9: **Average use of water**

Percentage of households meeting the WHO water standard (20L per person per day) by background characteristic, FSNA 2019					
Background characteristics	**Per Capita water use**	**Households meeting WHO water use standard (20L per person per day)**			
	Mean Litres	**No**	**Yes**	**Total**	
Residence					
Urban	42.9	36.3	63.7	100	698
Rural	30.1	44.8	55.2	100	4,590
District					
Nebbi	26.5	46.5	53.5	100	623
Zombo	26.0	57.3	42.7	100	792
Pader	28.8	44.2	55.8	100	548
Omoro	27.6	36.2	63.8	100	392
Otuke	36.6	36.1	63.9	100	340
Kole	32.5	49.7	50.3	100	648
Adjumani	60.5	20.4	79.6	100	455
Yumbe	21.8	54.6	45.4	100	772
Moyo	33.9	28.3	71.7	100	312
Koboko	39.1	32.8	67.2	100	406
Wealth quintile					
Lowest	26.5	44.5	55.5	100	1,011
Second	31.3	42.4	57.6	100	1,074
Middle	32.4	43.4	56.6	100	1,073
Fourth	34.8	44.2	55.8	100	1,056
Highest	33.5	43.7	56.3	100	1,074
Total	**31.8**	**43.6**	**56.4**	**100**	**5,288**

SANITATION

Overall, majority of households used unimproved toilet facilities. A pit latrine without a slab was the most commonly used form of sanitation facilities. Open defecation was reported in Omoro (0.7%), Yumbe (0.4%), Pader (0.3%) and Koboko (0.2%) (Table 10).

Table 10: **Household sanitation facilities**

Percentage distribution of households by type of toilet/latrine facilities and percentage distribution of households with a toilet/latrine facility by location of the facility, according to district, FSNA 2019										
Type of toilet facilities	**District**									
	Nebbi	Zombo	Pader	Omoro	Otuke	Kole	Adjumani	Yumbe	Moyo	Koboko
Flush toilet	1.0	0.6	0.2	0.0	0.0	0.0	1.6	0.3	1.3	0.2
Pit latrine with slab/VIP	9.5	23.4	13.9	21.8	28.2	26.8	24.0	12.5	9.2	6.6
Pit latrine without slab	80.1	56.0	75.8	47.6	69.9	67.2	73.3	72.9	87.9	82.7
Open pit (no super structure)	9.2	19.5	9.5	28.4	1.9	6.0	1.1	13.6	1.5	10.1
Bucket latrine	0.2	0.5	0.3	1.5	0.0	0.0	0.0	0.2	0.0	0.2
Bush (Open Air)	0.0	0.0	0.3	0.7	0.0	0.0	0.0	0.4	0.0	0.2

HOUSEHOLD POSSESSIONS

Table 11 shows the availability of selected consumer goods by residence. In all 10 districts, more than half of the households owned a mobile phone even though only a small proportion of households had grid electricity. Overall, a hoe was the most common agricultural tool in possession of most households in all districts. A bicycle/rickshaw was still a predominantly used mode of transport compared to a motorcycle or scooter.

Table 11: **Household possessions**

Percentage of households possessing various household effects, means of transportation, agricultural land, and livestock/farm animals by residence and district, FSNA 2019

Possessions	District									
	Nebbi	Zombo	Pader	Omoro	Otuke	Kole	Adjumani	Yumbe	Moyo	Koboko
Household Effects										
Electricity	1.8	3.3	1.3	1.1	0.8	3.1	3.0	0.4	4.8	0.5
Radio	33.4	39.8	23.6	29.6	30.1	45.5	36.7	32.3	36.6	39.8
Television	2.1	3.4	0.9	4.7	0.3	3.4	3.9	0.7	3.5	3.4
Non-mobile phone	0.7	6.2	0.3	0.5	2.0	1.9	5.0	5.0	4.5	3.7
Refrigerator	0.7	0.0	0.2	0.0	0.0	0.3	0.4	0.4	0.7	0.3
Solar Panel	22.5	34.8	22.5	30.3	16.8	37.3	46.3	27.7	46.7	45.4
Table	75.0	80.6	37.7	45.7	58.1	86.4	59.0	61.0	81.2	83.1
Chair	82.8	81.7	73.1	65.2	91.3	94.1	83.2	78.5	92.2	82.6
Bed/Cot	54.0	65.1	28.9	42.5	47.8	92.4	73.6	92.2	82.4	88.3
Sofa set	8.3	15.5	1.5	5.0	0.9	9.3	7.4	4.3	11.1	11.1
Wardrobe/Cupboard	7.8	7.3	0.7	5.1	0.8	4.5	2.7	2.0	5.3	6.3
Computer-Desktop	1.1	0.5	0.7	0.4	0.0	1.4	1.8	0.4	1.9	1.4
Wall clock	4.1	6.1	0.5	2.6	0.0	3.3	5.0	2.4	3.7	5.5
Electric fan	0.5	0.6	0.2	0.2	0.0	0.3	1.8	0.1	1.0	0.2
Mattress	83.9	88.9	81.4	68.3	89.4	94.7	88.9	96.5	87.6	97.4
Productive Assets										
Sewing Machine	0.2	0.8	1.2	8.6	1.7	4.3	3.8	3.3	3.0	6.4
Motorcycle	11.3	13.3	5.4	10.2	5.0	12.8	14.5	11.1	12.4	14.3
Axe	45.4	57.3	74.5	72.5	64.6	64.0	67.5	56.8	63.4	58.6
Panga/Machete	72.9	78.1	76.0	62.1	61.4	66.0	75.9	76.3	82.5	75.6
Hoe	92.8	95.6	96.6	87.6	95.4	94.2	97.0	95.5	97.1	90.8
Ox-plough	0.6	0.2	31.0	13.3	26.5	12.3	14.0	0.0	7.1	0.5
Water tank	1.5	3.9	1.4	1.4	0.6	4.9	0.8	0.1	1.4	6.8
Seed store	6.3	6.0	26.6	2.0	7.5	23.5	1.5	11.8	3.8	25.3
Food store	19.3	24.0	41.9	4.5	16.9	30.6	14.8	24.0	9.4	34.3
Hand tractor	0.0	0.0	0.2	0.3	0.0	0.0	0.4	0.3	0.1	0.1
Watch	5.2	19.0	2.2	6.8	2.4	9.8	13.0	5.3	7.8	15.3
Mobile telephone	54.7	61.2	36.8	51.5	37.0	63.1	65.2	57.2	52.8	61.9
Means of Transport										
Bicycle/rickshaw	15.6	19.6	27.6	26.0	45.4	52.4	32.2	44.6	16.1	29.2
Motorcycle or scooter	7.9	13.8	5.1	10.3	3.3	11.6	12.4	10.1	11.5	13.4
Animal-drawn cart	0.0	0.0	1.3	0.2	0.0	0.1	0.6	10.1	1.3	0.2
Car or truck	0.7	0.6	0.2	0.0	0.0	0.5	0.8	0.7	1.0	0.8
Boat	0.0	0.2	0.5	0.4	0.0	0.0	1.7	0.0	1.3	0.0
Access to agricultural land	**87.5**	**89.8**	**93.2**	**85.0**	**95.6**	**94.6**	**82.3**	**88.3**	**89.8**	**80.7**
Ownership of livestock	**52.5**	**56.0**	**68.0**	**67.7**	**60.2**	**73.9**	**61.9**	**73.0**	**60.2**	**67.9**

WEALTH QUINTILES

Table 12 presents percentage distribution of households by wealth quintiles by residence and districts. A little over half of urban residents (52%) were in the upper two wealth quintiles, while about 62 per cent of rural residents were in the other three quintiles. The rural population were nearly equally distributed across all quintiles. By region, populations in most districts were more spread out across the quintiles.

Table 12: **Wealth quintiles**

Per cent distribution of households by wealth quintiles, according to residence and district, FSNA 2019

Residence/District	Household socioeconomic positioning						Number of Households
	Lowest	Second	Middle	Fourth	Highest	Total	
Residence							
Urban	9.1	18.8	20.2	24.0	28.0	100	701
Rural	20.8	20.5	20.3	19.3	19.1	100	4,608
District							
Nebbi	27.9	22.2	18.3	18.9	12.8	100	623
Zombo	20.3	22.6	21.9	17.8	17.4	100	796
Pader	27.8	23.9	20.5	15.2	12.6	100	548
Omoro	21.6	22.7	17.5	20.1	18.2	100	409
Otuke	27.6	18.2	21.7	17.0	15.5	100	340
Kole	10.7	17.9	17.9	20.4	33.1	100	648
Adjumani	12.0	18.0	19.7	23.0	27.3	100	455
Yumbe	16.8	19.1	20.8	21.9	21.4	100	772
Moyo	18.2	16.5	23.2	22.6	19.6	100	312
Koboko	10.0	18.6	22.4	24.7	24.4	100	406
Total	**19.3**	**20.0**	**20.4**	**20.2**	**20.2**	**100**	**5,309**

USE OF FUEL FOR COOKING

Charcoal (50%) and firewood (48%) were the two most common solid fuels used for cooking in urban areas whereas firewood was mostly used (92%) in rural areas (Table 13). Overall, 98 per cent of the households in the ten districts used a solid type of fuel for cooking, with wood being predominant (86%) and charcoal being utilised by 12 of households. Use of liquefied petroleum gas/ natural gas and animal dung was not reported in any of the districts.

Table 13: **Type of fuel used for cooking**

Percentage distribution of households by fuel used for cooking by background characteristics, FSNA 2019

Background characteristics	Charcoal	Firewood	Others*	Total	Number of households
Residence					
Urban	50.2	47.6	2.2	100	701
Rural	6.5	92.0	1.5	100	4,608
District					
Nebbi	10.8	88.1	1.1	100	623
Zombo	10.7	88.3	1.1	100	796
Pader	7.3	87.7	5	100	548
Omoro	8.0	91.4	0.5	100	409
Otuke	3.3	96.5	0.1	100	340
Kole	8.3	88.6	3.2	100	648
Adjumani	29.3	70.1	0.7	100	455
Yumbe	10.7	88.4	0.9	100	772
Moyo	22.5	75.2	2.3	100	312
Koboko	18.0	80.8	1.1	100	406
Total	**12.2**	**86.1**	**1.7**	**100**	**5,309**

* Others included electricity, natural gas, biogas, kerosene, paraffin, straw, shrubs, grass, animal dung and others

HAND WASHING

Among households in which the place for hand washing was observed, 48 per cent had soap and water, 11 per cent had water but no soap, and 31 per cent had neither water, nor soap, or any cleansing agent (Table 14). Up to 75.9 per cent of Omoro's households had soap and water present in the area of hand washing, which was the highest among all districts, compared to only 25.2 per cent of households in Adjumani, which was the lowest.

Table 14: **Hand washing**

Percentage of households in which the place most often used for washing hands was observed among households in which the place for hand washing was observed, percentage distribution by availability of water, soap, and other cleansing agents, according to background characteristics, FSNA 2019

Background characteristics	Among households in which place for hand washing was observed, percentage with:					
	Soap and water present	Water only	Soap but no water	No water, no soap, no other cleaning agent	Total	Number of households in which a place for hand washing was observed
Residence						
Urban	39.4	9.9	6.3	23.2	100	462
Rural	50.2	11.2	6.7	32.3	100	2,436
District						
Nebbi	35.0	7.3	3.5	24.2	100	368
Zombo	70.7	13.2	10.2	47.3	100	557
Pader	57.2	14.7	5.0	37.5	100	281
Omoro	75.9	3.7	16.6	55.6	100	276
Otuke	55.7	27.2	1.1	27.4	100	75
Kole	60.5	11.3	7.0	42.2	100	316
Adjumani	25.2	10.6	2.5	12.2	100	348
Yumbe	26.2	3.7	1.9	20.6	100	140
Moyo	24.8	7.9	7.5	9.4	100	277
Koboko	33.5	18.3	3.1	12.1	100	259
Wealth quintile						
Lowest	58.9	10.8	6.3	41.7	100	469
Second	53.6	14.0	4.7	34.9	100	567
Middle	45.7	10.3	6.3	29.2	100	592
Fourth	43.1	9.4	8.6	25.1	100	625
Highest	44.2	10.7	7.0	26.5	100	645
Total	**48.5**	**11.0**	**6.6**	**30.8**	**100**	**2,898**

CHARACTERISTICS OF RESPONDENTS

This section presents information on the demographic and socioeconomic characteristics such as age, education, place of residence, marital status, employment, and wealth status. This information is useful for understanding the context of the food security and nutritional status of women and children.

BACKGROUND CHARACTERISTICS OF RESPONDENTS

Over half of both women (65.3%) and men (51.4%) are in the 15-29 years age group, while 30 per cent of women and 24 per cent of men are in the 30-39 years age group (Table 15). The distribution of both women and men tended to decline with increasing age, reflecting the comparatively young age structure of the Northern Uganda and West Nile population.

The majority of respondents were Christian (78% of women and 77% of men) of which Catholicism (56.1% of women and 55.4% of men) was the predominant denomination followed by Anglicanism (14.8% of women and 14.6% of men), and 21.5 per cent of women and 22.7 per cent of men were Muslim.

Majority of women (87.2 %) and men (87.5%) lived in rural areas. Yumbe was the most populous of the ten districts (16% of women and 17.1% of men), while the least populous districts were Otuke (5.5% of women and 5.2% of men) and Moyo (5.5% of women and 5.3% of men). The population were nearly equally distributed across all wealth quintiles.

Table 15: **Background characteristics of respondents**

Percentage distribution of total household members aged 15-49 years by selected background characteristics, FSNA 2019

Background Characteristics	Male			Female		
	Weighted percentage	Weighted number	Unweighted number	Weighted percentage	Weighted number	Unweighted number
Age						
15 - 19	15.8	861	800	21.3	1,313	1,236
20 - 24	16.7	908	865	24.8	1,530	1,607
25 - 29	18.9	1,027	1,048	19.2	1,185	1,238
30 - 34	16.3	887	897	14.5	895	917
35 - 39	14.2	772	788	9.7	601	619
40 - 44	9.7	528	537	6.2	381	389
45 - 49	8.3	450	439	4.3	268	243
Religion						
Anglican	14.6	1,768	1,776	14.8	1,958	1,969
Catholic	55.4	6,723	6,809	56.1	7,429	7,707
Muslim	22.7	2,759	2,581	21.5	2,845	2,670
Pentecostal / Born again / Evangelical	6.6	799	824	6.8	904	917
Seventh day Adventist	0.4	44	30	0.3	45	32
No religion	0.1	15	15	0.1	12	12
Other religion	0.3	36	30	0.3	40	38
Residence						
Urban	12.5	1,517	1,430	12.8	1,695	1,648
Rural	87.5	10,627	10,635	87.2	11,538	11,697
District						
Nebbi	9.7	1,183	962	10.5	1,386	1,132
Zombo	15.4	1,874	1,185	15.1	1,994	1,282
Pader	9.6	1,169	1,099	10.4	1,371	1,280

Omoro	6.6	801	973	6.5	862	1,159
Otuke	5.2	635	961	5.5	731	1,110
Kole	13.0	1,585	1,228	13.6	1,803	1,412
Adjumani	8.6	1,040	1,420	8.3	1,100	1,529
Yumbe	17.1	2,072	1,503	16.0	2,116	1,529
Moyo	5.3	648	1,119	5.5	723	1,283
Koboko	9.4	1,136	1,615	8.7	1,146	1,629
Wealth quintile						
Lowest	16.0	1,939	1,912	16.4	2,171	2,213
Second	19.3	2,340	2,255	19.3	2,557	2,529
Middle	20.2	2,457	2,504	20.5	2,709	2,771
Fourth	20.9	2,533	2,569	20.6	2,721	2,797
Highest	23.7	2,874	2,825	23.2	3,074	3,035
Total	**20.0**	**12,143**	**12,065**	**20.0**	**13,232**	**13,345**

BACKGROUND CHARACTERISTICS OF CHILDREN 0-59 MONTHS OF AGE

Up to 46 per cent of children were under the age of two years. A little over half (51.5%) of children aged 0-59 months were female while 48.5 per cent were male (Table 16). The majority; 88.2 per cent of children aged 0-59 months were from rural areas with only 11.8 per cent from urban areas.

Sixty per cent of children aged 0-59 months had mothers who had primary education. Only 2.2 per cent of children hade mothers who had education higher or more than secondary level. The population of children were nearly equally distributed across all wealth quintiles.

Table 16: **Background characteristics of children 0-59 months of age**

Percentage distribution of children aged 0-59 months by selected background characteristics, FSNA 2019

Background Characteristics	U5 Children		
	Weighted	Weighted N	Unweighted N
Age (in months)			
0-6	11.9	738	734
6-11	12.2	758	766
12-23	22.2	1,375	1,384
24-35	20.1	1,245	1,235
36-47	18.6	1,154	1,163
48-59	14.9	920	908
Sex			
Male	48.5	3,002	2,993
Female	51.5	3,189	3,197
Residence			
Urban	11.8	732	727
Rural	88.2	5,459	5,463
District			
Nebbi	11.4	704	543
Zombo	13.0	805	513
Pader	8.0	495	454
Omoro	7.9	489	604
Otuke	5.4	335	564
Kole	11.6	719	563
Adjumani	9.6	593	781
Yumbe	18.8	1,166	820
Moyo	6.3	390	664

Koboko	8.0	496	684
Mother's education status			
No formal education	27.3	1,693	1,631
Primary	60.4	3,737	3,758
Secondary	10.1	627	670
Higher or above	2.2	135	131
Wealth quintile			
Lowest	19.2	1,187	1,188
Second	20.1	1,242	1,220
Middle	19.8	1,226	1,240
Fourth	20.3	1,258	1,281
Highest	20.6	1,278	1,261
Total	**20.0**	**6,191**	**6,190**

EDUCATIONAL ATTAINMENT OF MOTHERS AND FEMALE CAREGIVERS OF CHILDREN

Table 17 shows that 73 per cent of women aged 15-49 years have attended school. Overall, rural women (71%) were at par with urban women (77%) in attaining education. However only 10.5 per cent of rural women had attained education beyond primary level, compared to 23.2 per cent of urban women. Otuke had the highest proportion of mothers and female caregivers of children with no formal education (42.6%) while Adjumani had the lowest proportion (10.2%).

Up to 34.3 per cent of women in the lowest wealth quintile and 22.6 per cent in the highest wealth quintile had no education. Almost twice as many women in the highest quintile (4.7%) had more than secondary education, compared with middle wealth quintile (2.2%).

Table 17: **Educational attainment of mothers and female caregivers of children**

Percentage distribution of the mothers and female caretakers of children by highest level of schooling attended or completed and median years completed, according to background characteristics, FSNA 2019

Background Characteristics	Highest level of schooling				Total Number
	No formal education	Primary	Secondary	Higher or above	
Age					
15-19	13.4	77.8	8.5	0.3	824
20-24	15.7	68.3	14.2	1.8	1,279
25-29	25.3	59.5	11.5	3.7	1,077
30-34	33.3	53.2	9.2	4.3	722
35-39	46.9	44.9	5.1	3.1	499
40-44	46.5	48.2	3.6	1.6	250
45-49	49.6	41.0	4.0	5.4	147
Residence					
Urban	22.6	54.2	17.3	5.9	640
Rural	28.9	60.5	8.5	2.0	4,438
District					
Nebbi	26.8	61.0	9.8	2.4	605
Zombo	39.9	53.5	4.6	2.0	731
Pader	33.6	53.8	8.7	3.9	541
Omoro	23.6	64.0	9.8	2.5	355
Otuke	42.6	51.3	5.7	0.4	304
Kole	18.3	67.2	11.0	3.6	646
Adjumani	10.2	69.2	16.8	3.8	425

Yumbe	33.4	57.0	8.2	1.3	762
Moyo	19.7	60.0	17.6	2.6	305
Koboko	25.7	62.7	9.6	2.1	405
Wealth quintile					
Lowest	34.3	61.4	4.3	0.0	955
Second	30.5	60.9	6.9	1.8	1,034
Middle	27.8	60.2	9.7	2.2	1,028
Fourth	26.0	58.0	12.6	3.5	1,018
Highest	22.6	58.4	14.4	4.7	1,043
Total	**28.1**	**59.7**	**9.7**	**2.5**	**5,078**

WOMEN EXPOSURE TO MASS MEDIA

Exposure to media was assessed by asking respondents how often they read a newspaper, watched television, or listened to radio. Radio was the dominant medium of information for women across Northern Uganda and West Nile: 27 per cent of women listened to the radio at least once a week while 15.6% watched television at least once a week. Zombo had the highest proportion (29.9%) of women who had access to any of the three forms of media at least once a week, whereas, only 6.5 per cent of women in Otuke used any of the three forms of media at least once a week (Table 18).

Exposure to any of the three forms of mass media increased with increasing education. The proportion of women with exposure to any of the three forms of media increased from 16.6 per cent among those with no education to 26.6 per cent among those with secondary education and to 41.3 per cent for women with education higher than secondary level.

More women in the highest wealth quintile (6.7%) read newspaper at least once a week and more women in the second lowest wealth quintile (14.1%) listened to radio at least once a week. Television was more popular among women in the fourth lowest wealth quintile (7.3%).

Table 18: **Women exposure to mass media**

Percentage of women aged 15-49 years who are exposed to specific media on a weekly basis, by background characteristics, FSNA 2019

Background Characteristics	Percentage of women who:			All three media at least once a week [1]	Utiilised any media at least once a week	Total Number of women
	Read a newspaper at least once a week	Listened to radio at least once a week	Watched television at least once a week			
Residence						
Urban	6.7	14.8	11.8	0.9	26.0	701
Rural	3.3	12.2	3.8	0.2	17.2	4,608
District						
Nebbi	1.1	10.6	3.1	0.0	13.2	623
Zombo	4.2	21.3	8.5	0.3	29.9	796
Pader	1.1	3.7	3.6	0.0	8.2	548
Omoro	3.2	14.0	2.8	0.2	18.0	409
Otuke	0.8	4.9	1.2	0.0	6.5	340
Kole	6.2	14.8	3.3	0.2	22.1	648
Adjumani	5.7	13.4	4.9	1.0	18.9	455
Yumbe	3.2	10.2	3.7	0.3	15.3	772
Moyo	5.0	14.6	5.9	0.3	21.0	312
Koboko	8.0	14.1	11.0	0.5	25.4	406
Education						
No formal education	2.0	12.3	4.3	0.2	16.6	1,498

Primary	2.8	12.1	4.1	0.2	16.9	3,155
Secondary	8.9	15.5	8.2	0.7	26.6	526
Higher or above	26.7	15.1	13.8	1.8	41.3	130
Wealth quintile						
Lowest	1.1	8.4	2.5	0.2	10.8	1,020
Second	2.6	14.1	3.8	0.3	17.8	1,076
Middle	3.4	13.9	4.4	0.2	18.7	1,076
Fourth	5.0	13.6	7.3	0.5	21.8	1,059
Highest	6.7	12.7	6.2	0.2	22.5	1,078
Total	**3.8**	**12.5**	**4.8**	**0.3**	**18.3**	**5,309**

INTERNET USE BY WOMEN

The highest proportion of women who had ever used the Internet were from the age group 20-24 years Internet (Table 19). Among women who used the Internet in the past 12 months, more women had access at least once a week, and Internet use by women in the past 12 months was more common in urban (7.2%) than in rural areas (1.0%). Adjumani had the highest proportion of women who had ever used the Internet (4.3%) and also used the Internet in the past 12 months (3.5%). Otuke, at0.5 per cent, had the lowest proportion of women Internet who had used the Internet in the past 12 months or ever used it at all. Internet usage in women increased with increasing education and wealth quintile. 31 per cent of women with more than a secondary education had used the Internet in the past 12 months, as compared to 0.2 per cent usage among women with no education. Similarly, 2.5 per cent of women in the highest wealth quintile had used the Internet during the past 12 months, compared with 0.1 per cent of women in the lowest wealth quintile.

Table 19: **Internet usage by women**

Percentage of women age 15-49 who have ever used the Internet, and percentage who have used the Internet in the past 12 months; and among women who have used the Internet in the past 12 months, per cent distribution by frequency of Internet use in the past month, according to background characteristics, FSNA 2019

Background characteristics	Ever used the Internet	Used the Internet in the past 12 months	Number of women	Among women who have used the Internet in the past 12 months, percentage who, in the past month, used the Internet:				
				Almost every day	At least once a week	Less than once a week	Not at all	Number of women
Age in years								
15-19	1.3	1.2	873	13.6	56.5	24.8	5.1	12
20-24	3.3	2.3	1,320	19.6	33.6	7.5	39.3	44
25-29	2.2	1.9	1,133	15.7	41.1	18.3	24.9	25
30-34	2.7	2.4	751	21.3	32.6	18.8	27.3	20
35-39	2.3	1.8	518	25.9	44.7	0.0	29.4	12
40-44	1.3	1.3	262	38.0	62.0	0.0	0.0	3
45-49	1.8	1.8	156	100	0.0	0.0	0.0	3
Residence								
Urban	8.0	7.2	701	37.8	37.2	4.4	20.6	56
Rural	1.4	1.0	4,608	7.1	39.5	19.2	34.2	63
District								
Nebbi	1.9	1.6	623	33.6	37.0	0.0	29.4	12
Zombo	2.1	1.9	796	49.8	33.6	0.0	16.6	17
Pader	2.0	1.4	548	8.7	53.2	9.4	28.7	11
Omoro	2.3	2.3	409	6.5	59.7	27.3	6.5	9
Otuke	0.5	0.5	340	0.0	0.0	100	0.0	2
Kole	2.4	1.4	648	0.0	24.6	34.2	41.2	15
Adjumani	4.3	3.5	455	17.3	38.7	7.6	36.4	20
Yumbe	1.9	1.0	772	23.5	28.1	0.0	48.4	14
Moyo	2.6	2.6	312	46.1	47.2	6.7	0.0	8
Koboko	2.8	2.4	406	11.6	45.4	18.3	24.7	11

Education								
No formal education	0.2	0.0	1,498	0.0	0.0	19.9	80.1	3
Primary	0.8	0.6	3,155	22.2	36.7	11.5	29.5	26
Secondary	8.8	6.7	526	14.2	35.7	9.9	40.2	46
Higher or above	34.2	31.3	130	29.8	44.4	14.7	11.1	44
Wealth quintile								
Lowest	0.2	0.1	1,020	0.0	22.0	0.0	78.0	2
Second	1.0	0.8	1,076	38.7	29.2	13.1	19.0	10
Middle	3.1	2.8	1,076	23.7	44.9	11.2	20.2	34
Fourth	3.3	2.7	1,059	25.3	31.5	13.9	29.3	35
Highest	3.4	2.5	1,078	12.4	42.8	12.2	32.6	37
Total	**2.2**	**1.8**	**5,309**	**20.0**	**34.1**	**10.1**	**35.8**	**23.6**

ALCOHOL CONSUMPTION BY WOMEN

Women from rural areas (2.4%) were more likely to consume at least one alcoholic drink before 15 years than women from urban areas (1.8%). Zombo had the highest proportion of women (25.4%) who had consumed at least one alcoholic beverage at any time during the last one month compared to Nebbi which had 2.3 per cent (Table 20).

Women were less likely to consume alcoholic beverage with increasing level of education. Up to 3.7 per cent and 11.6 per cent of women with no formal education had at least one alcoholic drink before 15 years and at least one alcoholic drink at any time during the last one month respectively as compared to zero and 4.7 per cent of women with education higher than secondary level.

Table 20: **Alcohol consumption by women**

Percentage of women who drink alcohol, and among those who drink alcohol, the number of days at least one alcoholic drink was consumed in the last one month, by background characteristics, FSNA 2019

Background Characteristics	Percentage of women who:			Number of women
	Never had an alcoholic drink	Had at least one alcoholic drink before 15 years	Had at least one alcoholic drink at any time during the last one month	
Residence				
Urban	81.4	1.8	8.2	701
Rural	84.0	2.4	8.9	4,608
District				
Nebbi	92.1	0.6	2.3	623
Zombo	58.5	10.4	25.4	796
Pader	94.4	0.0	4.6	548
Omoro	89.9	0.9	6.5	409
Otuke	81.1	1.8	7.8	340
Kole	86.2	1.6	7.3	648
Adjumani	74.0	1.4	7.5	455
Yumbe	94.3	0.8	4.4	772
Moyo	80.0	1.0	11.8	312
Koboko	90.4	0.6	4.9	406
Education				
No formal education	81.0	3.7	11.6	1,498
Primary	84.5	2.0	8.4	3,155
Secondary	86.7	1.7	4.2	526
Higher or above	82.0	0.0	4.7	130

Wealth quintile				
Lowest	83.5	2.3	9.2	1,020
Second	84.8	2.3	8.6	1,076
Middle	83.8	2.3	8.2	1,076
Fourth	81.9	2.5	9.6	1,059
Highest	84.2	2.5	8.3	1,078
Total	**83.6**	**2.4**	**8.8**	**5,309**

HEALTH SEEKING BEHAVIOUR

Health centres were the primary place where both rural households (72.1%) and urban households (48.5%) first went to seek treatment when sick (Table 21). The second most frequented place to seek treatment was the main hospital by the urban population (26.7%) and village health teams (VHTs) by rural households.

Herbalists were the least visited source of treatment followed by drug shops. However, a small proportion of households in Zombo (6.1%) and Kole (8.1%) preferred going to the drug shop as a first option. Though health centres were still the most visited throughout all wealth quintiles, the proportion of households visiting private clinics and main hospitals increased with an increase in the wealth quintile. Similarly, almost twice as many households visited the VHT from the lowest wealth quintile (17.8%) as compared to the households in the highest wealth quintile (10.1%).

Table 21: **Health seeking behaviour for households**

Percentage distribution of households by choice of medical treatment by background characteristics

Background characteristic	FIRST option for treatment when sick							Number of Households	Where MOSTL go for treatment when sick							Number of Households
	Main Hospital	Health Centre	Private Clinic	Herbalist	Village Health Team (VHT)	Drug Shop	Other		Main Hospital	Health Centre	Private Clinic	Herbalist	Village Health Team (VHT)	Drug Shop	Other	
Residence																
Urban	26.7	48.5	13.8	0.0	7.9	3.1	0.1	701	31.1	59.4	9.2	0.0	0.0	0.3	0.0	701
Rural	4.0	72.1	7.4	0.2	13.9	2.3	0.2	4,608	6.3	86.8	4.6	0.1	1.2	0.9	0.2	4,608
District																
Nebbi	16.4	48.6	2.0	0.2	30.3	1.4	1.1	623	22.5	73.9	1.8	0.0	0.4	0.3	1.1	623
Zombo	6.4	68.3	19.0	0.0	0.0	6.1	0.2	796	7.5	78.0	11.1	0.0	0.0	3.3	0.2	796
Pader	0.6	43.5	5.1	0.5	48.4	1.9	0.0	548	0.9	97.8	0.5	0.0	0.7	0.2	0.0	548
Omoro	12.4	69.0	7.0	0.0	11.4	0.2	0.0	409	14.4	70.8	9.1	0.2	5.2	0.0	0.2	409
Otuke	0.3	80.9	1.5	0.0	17.2	0.0	0.0	340	0.0	99.0	0.3	0.0	0.7	0.0	0.0	340
Kole	0.8	64.8	21.8	0.3	4.2	8.1	0.0	648	2.1	81.8	13.5	0.3	0.6	1.7	0.0	648
Adjumani	18.2	79.7	1.9	0.0	0.0	0.0	0.1	455	19.5	79.6	0.9	0.0	0.0	0.0	0.0	455
Yumbe	2.3	82.1	3.2	0.2	12.0	0.2	0.0	772	10.4	84.6	2.7	0.0	2.0	0.2	0.0	772
Moyo	10.1	89.2	0.5	0.0	0.0	0.2	0.0	312	11.2	88.3	0.5	0.0	0.0	0.0	0.0	312
Koboko	6.3	80.0	8.6	0.0	4.5	0.6	0.0	406	6.8	86.0	5.4	0.0	1.6	0.2	0.0	406
Wealth Quintile																
Lowest	4.3	70.8	5.5	0.2	17.8	1.3	0.2	1,020	5.5	88.0	4.3	0.0	1.3	0.7	0.2	1,020
Second	7.0	68.1	7.8	0.1	14.7	2.1	0.2	1,076	10.0	82.2	5.4	0.0	1.5	0.8	0.2	1,076
Middle	6.8	69.1	8.7	0.3	12.6	2.3	0.2	1,076	9.6	82.6	5.7	0.0	0.9	1.0	0.3	1,076
Fourth	8.7	69.5	8.3	0.0	10.8	2.6	0.1	1,059	11.9	81.2	4.9	0.2	1.0	0.9	0.0	1,059
Highest	8.1	67.4	10.8	0.1	10.1	3.5	0.1	1,078	10.8	82.1	5.7	0.1	0.6	0.6	0.1	1,078
Total	**7.0**	**69.0**	**8.2**	**0.1**	**13.1**	**2.4**	**0.2**	**5,309**	**9.6**	**83.1**	**5.2**	**0.1**	**1.0**	**0.8**	**0.2**	**5,309**

FOOD SECURITY

HOUSEHOLD FOOD SECURITY BY CARI CONSOLE

Based on the consolidated index for assessing food security, four out of 10 households (42%) were food secure and also marginally food secure (41.7%) (Table 22). Up to 15 per cent of households were moderately food insecure while only 1.5 per cent were severely food insecure.

Table 22: **Household food security by CARI console**

Percentage of HH who were classified as food secure based on the CARI console, according to background characteristics, FSNA 2019

Background Characteristics	Final Food Security Status (CARI)*				
	Food secure	Marginally food secure	Moderately food insecure	Severely food insecure	Number of Households
Residence					
Urban	45.1	47.1	7.4	0.4	701
Rural	41.5	40.8	16.0	1.7	4,608
District					
Nebbi	48.6	40.8	9.8	0.8	623
Zombo	54.2	37.8	7.1	1.0	796
Pader	39.6	39.2	19.9	1.4	548
Omoro	32.4	42.0	24.5	1.1	409
Otuke	15.5	40.2	34.9	9.4	340
Kole	45.1	40.9	13.0	1.0	648
Adjumani	23.5	55.6	19.8	1.1	455
Yumbe	45.3	42.8	11.1	0.8	772
Moyo	34.8	49.4	14.8	1.0	312
Koboko	57.8	32.3	9.5	0.5	406
Wealth quintile					
Lowest	28.0	42.7	26.3	3.1	1,020
Second	35.4	46.0	16.3	2.3	1,076
Middle	41.2	42.3	15.3	1.2	1,076
Fourth	48.5	41.2	9.9	0.4	1,059
Highest	56.0	36.2	7.2	0.6	1,078
Have access to agricultural land					
No	36.6	47.5	14.1	1.9	589
Yes	42.6	40.9	15.0	1.4	4,720
Own any livestock					
No	33.4	42.5	21.1	3.0	1,894
Yes	46.7	41.2	11.4	0.7	3,415
Education level of household head					
No formal education	36.2	41.3	20.0	2.5	1,421
Primary	42.3	42.1	14.3	1.3	3,176
Secondary	49.5	41.4	8.5	0.6	577
Higher or above	67.5	31.8	0.7	0.0	75
Total	**42.0**	**41.7**	**14.9**	**1.5**	**5,309**

* The household food security CARI console for this survey was constructed using the indicators on food consumption score, food expenditure share and livelihood coping strategy categories. The outcomes of each console indicators were converted into a standard 4-point classification scale as "food secure", "marginally food secure", "moderately food insecure" and "severely food insecure".

Koboko district had the highest percentage of food secure households. Almost six out of 10 households were food secure in Koboko compared to only two out of 10 in Otuke. More than one-third of households were moderately food insecure in Otuke followed by Omoro (24.5%), Pader (19.9%) and Adjumani (19.8%), while

Zombo had 7 per cent. Otuke had the highest proportion of severely food insecure households (9.4%) while Koboko had 0.5 per cent severely food insecure households.

HOUSEHOLD FOOD SECURITY BY FOOD CONSUMPTION SCORE

More than three quarters of the households had "Acceptable", 17 per cent had "Borderline" and 5 per cent had "Poor" food consumption (Table 23).

Table 23: **Household food security by food consumption score**

Percentage of HHs that consumed different food groups over the previous seven days, according to background characteristics, FSNA 2019

Background Characteristics	HH categorised as per Food Consumption Score*				Number of Households
	Poor	Borderline	Acceptable	Total	
Residence					
Urban	1.6	9.0	89.3	100	701
Rural	5.1	18.2	76.7	100	4,608
District					
Nebbi	2.8	8.6	88.5	100	623
Zombo	2.1	8.7	89.2	100	796
Pader	9.8	28.1	62.1	100	548
Omoro	6.3	29.0	64.7	100	409
Otuke	14.0	37.6	48.5	100	340
Kole	2.6	17.3	80.1	100	648
Adjumani	3.6	18.9	77.5	100	455
Yumbe	4.2	10.1	85.7	100	772
Moyo	3.4	16.0	80.6	100	312
Koboko	2.6	12.4	85.0	100	406
Education level of household head					
No formal education	7.0	21.2	71.8	100	1,421
Primary	4.2	16.5	79.3	100	3,176
Secondary	2.6	12.6	84.8	100	577
Higher or above	0.0	1.1	98.9	100	75
Wealth quintile					
Lowest	9.0	26.1	64.9	100	1,020
Second	5.0	19.4	75.6	100	1,076
Middle	4.8	17.0	78.2	100	1,076
Fourth	2.5	13.0	84.5	100	1,059
Highest	2.1	9.7	88.1	100	1,078
Have access to agricultural land					
No	4.7	15.1	80.2	100	589
Yes	4.7	17.2	78.2	100	4,720
Own any livestock					
No	7.4	20.7	71.8	100	1,894
Yes	3.1	14.8	82.0	100	3,415
Total	**4.7**	**16.9**	**78.4**	**100**	**5,309**

* Food Consumption Score (FCS) is a WFP-developed index. It aggregates HH level data on the diversity and frequency of food groups consumed over the previous 7 days. HHs are categorised as having "Poor (0-21), Borderline (21.5-35) and Acceptable (>35) food consumption based on WFP's recommended cut-offs to the FCS

HHs in Otuke (14%), Pader (9.8%) and Omoro (6.3%) were more likely to have "Poor" food consumption than other districts. The HH food consumption varied notably by household head's education status, wealth quintile and area of residence. HHs with no formal education had 7 per cent "Poor" food consumption compared to none in households where the head having a higher level of education. Rural HHs (5.1%) were more likely to

have poor food consumption than urban HHs (1.6%). HHs in the lowest wealth quintile (9%) were more likely to have "Poor" food consumption than HHs in the highest wealth quintile (2.1%).

HOUSEHOLD FOOD SECURITY BY FOOD EXPENDITURE SHARE

Majority of households (79%) were food secure, 10.2 per cent were marginally food secure, while 4.9 per cent were moderately food insecure and 5.9 per cent severely food insecure (Table 24).

Table 24: **Situation of household food security by food expenditure share**

Percentage of HHs with food security using food expenditure share, according to background characteristics, FSNA 2019

Background Characteristics	HH categorised as per Food Expenditure Share*					Total number of Households
	Food Secure	Marginally food secure	Moderately food insecure	Severely food insecure	Total	
Residence						
Urban	84.3	9.0	4.1	2.6	100	687
Rural	78.2	10.3	5.0	6.4	100	4,543
District						
Nebbi	75.4	12.0	7.6	5.0	100	621
Zombo	83.4	9.6	4.0	3.0	100	793
Pader	69.2	14.7	6.7	9.4	100	523
Omoro	79.6	6.6	4.5	9.2	100	406
Otuke	65.6	11.2	8.3	14.9	100	336
Kole	85.8	7.4	2.5	4.3	100	644
Adjumani	74.2	13.0	5.1	7.7	100	422
Yumbe	79.0	11.7	4.5	4.7	100	767
Moyo	83.7	7.5	4.1	4.8	100	311
Koboko	89.8	6.0	2.9	1.4	100	406
Education level of household head						
No formal education	74.3	11.5	6.0	8.1	100	1,398
Primary	79.3	10.4	4.8	5.6	100	3,128
Secondary	85.2	7.6	3.8	3.4	100	570
Higher or above	95.0	3.3	1.0	0.7	100	75
Wealth quintile						
Lowest	66.9	14.9	7.4	10.9	100	998
Second	76.0	10.8	6.7	6.4	100	1,055
Middle	81.0	9.8	3.8	5.4	100	1,057
Fourth	83.4	8.9	3.7	4.0	100	1,048
Highest	87.1	6.8	3.1	3.1	100	1,072
Have access to agricultural land						
No	74.1	13.3	5.3	7.3	100	571
Yes	79.6	9.8	4.9	5.7	100	4,659
Total	**79.0**	**10.2**	**4.9**	**5.9**	**100**	**5,230**

* Food Expenditure Scale (FES) is a WFP-developed indicator which measures the economic vulnerability of a household. HH food security based on the level of data on food expenditure share are categorised as "Food Secure" (<50%), "Marginally Food Secure" (50%-65%), "Moderately Food Insecure" (65%-75%) and "Severely Food Insecure" (≥75%) food consumption based on WFP's recommended cut-offs to the FCS

Otuke had the most households (14.2%) with severe food insecurity followed by Pader (9.4%), Omoro (9.2%) and Adjumani (7.2%). Koboko had the least households (1.4%) with severe food insecurity. Only 0.7 per cent of the HHs with the head having higher or above secondary education had severe food insecurity compared to 8.1 per cent for HHs whose head had no formal education. HHs in the highest wealth quintile (3.1%) were less likely to be severely food insecure compared to HHs in the lowest wealth quintile (10.9%).

HOUSEHOLD FOOD SECURITY BY LIVELIHOOD COPING STRATEGIES

High percentage of households (97%) did not adopt any coping strategies (Table 25). Only 1.3 per cent, 0.9 per cent and 0.8 per cent adopted emergency, crisis and stress coping strategies in 30 days prior to survey respectively.

Table 25: **Situation of household food security by livelihood coping strategies**

Percentage of HHs with food security using livelihood coping strategies, according to background characteristics, FSNA 2019

Background Characteristics	HH categorised as per Livelihood Coping Strategies*					Total number of Households
	HHs not adopting coping strategies	Stress coping strategies	Crisis coping strategies	Emergency coping strategies	Total	
Residence						
Urban	97.0	0.8	0.9	1.3	100	701
Rural	94.7	1.7	1.2	2.4	100	4,547
District						
Nebbi	97.4	1.0	1.0	0.6	100	623
Zombo	94.8	1.7	0.4	3.1	100	796
Pader	95.3	1.0	0.9	2.9	100	548
Omoro	92.1	1.9	2.4	3.7	100	409
Otuke	92.7	1.9	0.9	4.6	100	340
Kole	96.6	0.3	0.3	2.8	100	648
Adjumani	96.5	1.8	0.8	0.9	100	440
Yumbe	95.4	2.1	1.9	0.6	100	749
Moyo	92.4	3.3	2.4	1.9	100	301
Koboko	94.0	1.8	1.7	2.6	100	394
Education level of household head						
No formal education	95.2	1.7	1.0	2.1	100	1,406
Primary	95.1	1.6	1.2	2.1	100	3,142
Secondary	93.8	1.5	1.2	3.5	100	566
Higher or above	98.2	0.0	0.9	0.9	100	74
Wealth quintile						
Lowest	92.8	2.4	1.8	3.0	100	1,014
Second	95.6	1.7	0.8	1.9	100	1,062
Middle	95.3	1.5	1.0	2.2	100	1,058
Fourth	96.2	1.1	1.2	1.5	100	1,046
Highest	95.3	1.2	1.0	2.5	100	1,067
Have access to agricultural land						
No	95.8	1.1	1.6	1.6	100	587
Yes	95.0	1.6	1.1	2.3	100	4,661
Total	**95.0**	**1.6**	**1.2**	**2.2**	**100**	**5,248**

* Livelihood coping strategies (LCS) is an indicator which measures the household's coping capacity using the household's experience with livelihood stress and asset depletion during 30 days prior to survey. The LCS are classified into four broad groups as "HH not adopting coping strategies", "Stress coping strategies", "Crisis coping strategies" and "Emergency coping strategies".

SITUATION OF FOOD STOCK AT HOUSEHOLD LEVEL

Less than half (43%) of households had any food stock and the projected median duration of available food stock was 13 weeks (Table 26).

Table 26: **Availability of food stock at households and projected duration**

Background Characteristics	Have any food stocks		N	Weeks food stocks will last
	No	Yes		Median
Residence				
Urban	54.9	45.1	701	9.0
Rural	56.9	43.1	4,608	13.6
District				
Nebbi	60.4	39.6	623	13.5
Zombo	33.8	66.2	796	23.4
Pader	53.8	46.2	548	7.4
Omoro	76.2	23.8	409	10.9
Otuke	97.1	2.9	340	10.3
Kole	72.4	27.6	648	20.6
Adjumani	66.1	33.9	455	6.7
Yumbe	44.6	55.4	772	8.8
Moyo	47.2	52.8	312	10.1
Koboko	40.3	59.7	406	4.4
Education level of household head				
No formal education	60.6	39.4	1,421	14.6
Primary	55.9	44.1	3,176	12.5
Secondary	53.2	46.8	577	12.7
Higher or above	44.7	55.3	75	9.7
Wealth quintile				
Lowest	67.5	32.5	1,020	10.7
Second	61.7	38.3	1,076	11.9
Middle	55.5	44.5	1,076	12.5
Fourth	51.6	48.4	1,059	11.7
Highest	47.2	52.8	1,078	16.8
Have access to agricultural land				
No	69.8	30.2	589	7.1
Yes	55.0	45.0	4,720	13.5
Own any livestock				
No	69.3	30.7	1,894	10.5
Yes	49.6	50.4	3,415	13.9
Mothers education status				
No formal education	59.9	40.1	1,498	14.4
Primary	55.9	44.1	3,155	12.3
Secondary	54.0	46.0	526	13.2
Higher or above	45.5	54.5	130	14.4
Total	**56.6**	**43.4**	**5,309**	**13.0**

SOURCE OF FOOD STOCK

More than 8 in 10 (82%) households produced their own food (Table 27).

Table 27: **Sources of household food stock**

Background Characteristics	Source of food stock						Number of Households
	WFP/Partner food distribution	Own production	Gifts	Markets	Other	Total	
Residence							
Urban	4.2	58.1	1.6	35.7	0.4	100	316
Rural	2.0	85.9	1.5	10.5	0.2	100	1,987
District							
Nebbi	0.5	96.6	0.7	2.2	0.0	100	247
Zombo	0.9	92.4	1.3	5.3	0.0	100	527
Pader	7.3	78.1	0.0	14.6	0.0	100	253
Omoro	0.0	84.6	5.3	8.8	1.3	100	97
Otuke	0.0	52.5	20.0	27.5	0.0	100	10
Kole	0.0	89.6	2.2	8.1	0.0	100	179
Adjumani	4.2	54.0	0.5	40.8	0.5	100	154
Yumbe	1.4	75.4	2.5	20.2	0.6	100	428
Moyo	5.4	65.8	0.6	28.2	0.0	100	165
Koboko	2.9	84.0	0.9	11.9	0.3	100	243
Education level of household head							
No formal education	3.3	80.9	1.7	14.1	0.0	100	560
Primary	1.7	84.5	1.3	12.2	0.3	100	1,402
Secondary	2.9	74.5	2.4	19.7	0.5	100	270
Higher or above	6.0	69.3	0.0	24.7	0.0	100	41
Wealth quintile							
Lowest	1.2	85.4	2.0	11.4	0.0	100	331
Second	1.9	86.8	0.2	11.2	0.0	100	412
Middle	2.5	80.9	2.6	14.1	0.0	100	478
Fourth	2.7	81.3	1.5	13.8	0.7	100	512
Highest	2.8	78.3	1.2	17.4	0.3	100	569
Have access to agricultural land							
No	4.4	24.2	2.4	68.0	1.0	100	178
Yes	2.1	86.9	1.4	9.4	0.2	100	2,125
Own any livestock							
No	2.7	73.4	1.5	22.2	0.2	100	582
Yes	2.2	85.0	1.5	11.1	0.2	100	1,721
Mother's education level							
No formal education	2.8	81.0	1.6	14.6	0.0	100	600
Primary	1.8	84.5	1.3	12.2	0.3	100	1,390
Secondary	3.9	74.1	3.1	18.4	0.6	100	242
Higher or above	3.5	70.7	0.0	25.8	0.0	100	71
Total	**2.3**	**82.1**	**1.5**	**13.9**	**.2**	**100**	**2,303**

LIVESTOCK OWNERSHIP

Slightly less than two thirds of households (64%) owned livestock (Table 28). However, one quarter (26%) of households had negligible livestock holding (<0.5 Tropical Livestock Units (TLU)). Kole (74%) and Yumbe (73%) had the highest proportion of households with livestock.

The average livestock holding was 2.08 TLU. The average number of chickens, among households that owned chicken, was seven (Not reflected in table).

Table 28: **Household livestock ownership**

Background Characteristic	Own any livestock	Total livestock holding (Tropical Livestock Units)						Number of Households
		No livestock	Negligible holding (<0.5TLU)	Low holding (0.5 - 2 TLU)	Slightly high holding (2-5 TLU)	High livestock (>5 TLU)	Total	
Residence								
Urban	46.2	56.4	19.4	12.9	6.5	4.8	100	701
Rural	67.1	36.0	27.2	19.7	9.9	7.2	100	4,608
District								
Nebbi	52.5	48.5	33.7	12.1	3.1	2.7	100	623
Zombo	56.0	47.3	26.0	19.0	2.6	5.2	100	796
Pader	68.0	34.4	19.8	28.2	14.8	2.8	100	548
Omoro	67.7	37.4	31.3	17.3	8.9	5.0	100	409
Otuke	60.2	42.5	16.0	20.5	13.6	7.4	100	340
Kole	73.9	31.5	34.5	19.0	8.3	6.8	100	648
Adjumani	61.9	40.5	25.1	16.6	8.1	9.7	100	455
Yumbe	73.0	30.2	24.6	19.3	13.3	12.5	100	772
Moyo	60.2	40.9	20.3	16.5	14.0	8.3	100	312
Koboko	67.9	34.6	22.1	19.0	15.5	8.9	100	406
Education level of household head								
No formal education	62.5	40.7	23.5	20.7	9.1	6.1	100	1,421
Primary	65.1	37.9	27.7	18.0	9.4	7.0	100	3,176
Secondary	63.9	38.8	25.1	18.1	9.9	8.1	100	577
Higher or above	71.5	29.4	25.7	25.2	11.7	7.9	100	75
Wealth quintile								
Lowest	44.5	58.0	24.0	11.5	3.8	2.7	100	1,020
Second	55.4	48.4	26.3	16.1	6.0	3.2	100	1,076
Middle	65.3	37.8	27.1	18.6	8.7	7.8	100	1,076
Fourth	74.2	29.2	28.8	21.7	11.6	8.8	100	1,059
Highest	81.2	20.9	24.5	25.7	17.1	11.8	100	1,078
Have access to agricultural land								
No	29.4	72.8	13.5	6.1	3.8	3.8	100	589
Yes	68.7	34.4	27.7	20.4	10.2	7.3	100	4,720
Total	**64.3**	**38.7**	**26.1**	**18.8**	**9.5**	**6.9**	**100**	**5,309**

HOUSEHOLD KITCHEN GARDEN

More than two-thirds of households (67.5%) had their own kitchen garden (Table 29). The rural areas had more households (69.3%) with kitchen gardens compared to the urban areas (55.2%). Additionally, households with access to agricultural land had more kitchen gardens (71%) as compared to households with no access to agricultural land (40%).

Table 29: **Household ownership of backyard or kitchen garden**

Background Characteristics	Have a Kitchen Garden		Number of Households
	No	Yes	
Residence			
Urban	44.8	55.2	701
Rural	30.7	69.3	4,608
District			
Nebbi	40.9	59.1	623
Zombo	22.5	77.5	796
Pader	28.4	71.6	548
Omoro	34.8	65.2	409
Otuke	70.4	29.6	340
Kole	41.7	58.3	648
Adjumani	42.5	57.5	455
Yumbe	14.3	85.7	772
Moyo	26.2	73.8	312
Koboko	24.5	75.5	406
Education level of household head			
No formal education	32.1	67.9	1,421
Primary	32.9	67.1	3,176
Secondary	34.3	65.7	577
Higher or above	18.5	81.5	75
Wealth quintile			
Lowest	42.6	57.4	1,020
Second	35.1	64.9	1,076
Middle	33.0	67.0	1,076
Fourth	28.3	71.7	1,059
Highest	24.1	75.9	1,078
Have access to agricultural land			
No	60.0	40.0	589
Yes	29.1	70.9	4,720
Total	**32.5**	**67.5**	**5,309**

Majority of households in Yumbe (85.7%) had kitchen gardens while only 30 per cent in Otuke had kitchen gardens. Up to 81.5 per cent of households with household head with higher level of education had kitchen garden compared to 67 per cent for households whose heads had no formal education and/or primary education. Households in the highest wealth quintile were more likely to have kitchen gardens (75.9%) compared to households in other wealth quintiles.

HOUSEHOLD CROP PRODUCTION

The most commonly produced crops were cassava and maize while the least grown were rice and millet (Table 30). There was noteworthy decline in the production of some traditional staple foods.

Table 30: **Crops commonly cultivated by households**

Crop cultivated	Among households that cultivated crops, percentage that cultivated:												Number of households
	Maize	Beans	Cassava	Millet	Sorghum	Potato	Bananas	Rice	Groundnuts	Simsim	Soya	Other crops	
Residence													
Urban	62.1	47.5	64.2	4.2	14.6	28.7	10.5	3.0	37.5	8.0	5.8	7.0	468
Rural	63.0	46.9	70.1	6.2	22.7	27.8	7.8	3.7	32.1	20.4	13.4	8.5	4,252
District													
Nebbi	51.7	20.2	92.9	.4	5.7	7.2	7.5	1.5	14.6	1.1	1.6	16.8	545
Zombo	75.2	79.7	92.1	3.1	14.8	33.6	34.6	.9	23.3	1.8	4.6	4.1	715
Pader	56.9	28.2	29.9	7.5	65.9	9.8	2.5	1.8	28.8	26.6	19.2	18.2	510
Omoro	38.6	59.9	49.4	7.3	14.0	12.2	1.0	2.1	11.7	18.5	37.5	5.3	347
Otuke	10.4	32.6	40.6	19.2	17.2	15.4	.8	13.3	22.4	23.8	15.2	10.9	325
Kole	59.3	65.0	76.7	10.7	4.0	45.2	3.5	3.5	21.4	28.4	40.1	6.3	612
Adjumani	75.9	11.0	44.6	2.4	12.8	27.7	.6	2.5	56.0	46.1	1.7	3.2	375
Yumbe	80.6	52.9	78.5	3.2	37.4	40.5	.2	1.2	49.5	25.3	1.3	3.4	682
Moyo	80.9	15.9	67.6	2.3	20.4	42.2	4.8	4.0	55.1	16.0	4.1	4.7	280
Koboko	82.1	71.5	91.0	9.1	21.3	36.6	10.3	14.5	61.1	13.3	.4	12.6	328
Total	**63.0**	**47.0**	**69.5**	**6.0**	**21.9**	**27.9**	**8.0**	**3.6**	**32.6**	**19.1**	**12.6**	**8.4**	**4,720**

CONSTRAINTS TO AGRICULTURAL PRODUCTION

The main constraint to agriculture was cited as low rainfall (Table 31).

Table 31: **Constraints to agricultural production**

Constraint	District										
	Nebbi	**Zombo**	**Pader**	**Omoro**	**Otuke**	**Kole**	**Adjumani**	**Yumbe**	**Moyo**	**Koboko**	**Total**
No constraints	10.1	7.8	1.1	11.8	0.3	6.0	15.9	4.5	8.3	10.2	7.3
Insecurity	2.6	0.2	0.0	0.0	0.0	0.3	5.3	0.2	5.3	6.5	1.6
Prohibited by the clan	0.5	1.7	0.9	0.9	0.0	0.0	0.0	0.0	0.0	0.9	0.5
Prohibited by spouse/ husband	0.4	0.2	0.0	0.0	0.0	0.0	0.2	0.3	0.4	0.0	0.1
Infertile/marginal land	4.9	17.8	2.2	3.4	6.7	0.5	4.4	3.5	7.2	8.1	6.1
Prohibited by the government	0.0	0.4	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.1
Sickness or physical inability	8.7	28.3	1.6	4.1	1.3	3.9	3.6	3.3	2.7	8.1	7.8
Inadequate seeds and tools	4.8	7.1	1.3	3.2	2.8	1.1	4.3	2.2	2.5	4.5	3.5
Insufficient family/household labour	0.9	3.6	1.4	2.3	0.7	0.8	7.6	2.1	5.7	4.5	2.7
Non-agriculturalists	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.4	0.9	0.2
Land conflicts	1.0	2.2	1.6	4.5	0.6	2.9	0.9	2.2	1.3	1.3	1.9
Drought/low rainfall	59.6	19.9	87.6	58.1	84.9	77.8	47.1	75.8	55.3	32.9	59.8
Other	6.5	10.6	2.1	11.2	2.6	6.7	10.7	6.0	11.0	21.8	8.3
Total	100	100	100	100	100	100	100	100	100	100	100
Number of households	**545**	**715**	**510**	**347**	**325**	**612**	**375**	**682**	**280**	**328**	**4,720**

MORTALITY

Information on infant and child mortality is an important indicator of the country's socioeconomic development and quality of life. It can also help identify children who may be at higher risk of death and lead to strategies to reduce this risk, such as promoting birth spacing.

Omoro District had the highest Crude Mortality Rate of 1.75 (Table 32). Mortality was generally within acceptable limits except in Omoro where both under-five and crude mortality was greater than 1 but less than 2, which is classified as serious but under control.

Table 32: **Retrospective mortality**

INDICATOR	District									
	Nebbi	Zombo	Pader	Omoro	Otuke	Kole	Adjumani	Yumbe	Moyo	Koboko
Crude Mortality Rate	0.42	0.76	0.05	1.75	0.24	0.23	0.52	0.75	0.32	0.77
Lower CI	-0.85	-0.95	-0.38	-0.84	-0.72	-0.71	-0.89	-0.95	-0.79	-0.95
Upper CI	1.70	2.47	0.47	4.34	1.20	1.17	1.93	2.44	1.44	2.48
Under5 Mortality Rate	0.77	1.79	0.00	1.98	0.19	0.10	0.42	0.85	0.31	1.35
Lower CI_Under5	-0.95	-0.83	0.00	-0.78	-0.67	-0.51	-0.85	-0.96	-0.78	-0.93
Upper CI_Under5	2.50	4.42	0.00	4.74	1.05	0.70	1.69	2.66	1.40	3.62

MATERNAL AND CHILD HEALTH

Health and nutrition services during pregnancy, childbirth and after delivery are important for the survival and well-being of both the mother and the child. A quality antenatal care (ANC) visit necessitates that medical professionals closely monitor and screen mothers and their babies to identify potential maternal health problems or conditions such as infections, anaemia, and other complications. Nutrition counselling during ANC visits can improve the infant and young child feeding practices. Appropriate preventive or treatment services can then be provided, thus improving health and nutrition outcomes for both mothers and new-borns.

This section presents information on providers of ANC, number and timing of ANC visits, and different components of antenatal care.

ANTENATAL CARE BY SERVICE PROVIDER

Antenatal care from a skilled provider is important to monitor pregnancy and reduce the risk of morbidity for mother and baby during pregnancy and delivery. The quality of antenatal care can be monitored through the content of services received and the kind of information mothers are given during their visits.

Almost all women (96%) aged 15-49 years who had a child less than three years at the time of the survey received ANC from a skilled provider (a doctor, a nurse, or a midwife) at least once for their most recent birth (Table 33). 89 per cent of women received antenatal care from a nurse or midwife, while 7.1 per cent received care from a medical doctor. Urban women (99.2%) were slightly more likely than rural women (96.1%) to receive antenatal care services from skilled health personnel.

In all districts, at least 95 per cent or more of women received antenatal care from a skilled provider. Receipt of antenatal care services from a skilled provider increased slightly with increasing education and wealth. Up to 95 per cent of women in the lowest wealth quintile received antenatal care services from a skilled provider, compared to 97 per cent in the highest wealth quintile.

Table 33: **Antenatal care by service provider**

Percentage distribution of women aged 15-49 years who had a live birth in the 2 years preceding the survey by antenatal care (ANC) provider during the pregnancy for the most recent birth and percentage who received antenatal care from a skilled provider for the most recent birth, according to background characteristics, FSNA 2019

Background Characteristics	Provider of antenatal care [A]						Total	Percentage of women who were attended to at least once by skilled health personnel	Number of women with a live birth in the last 2 years
	Medical doctor	Nurse / Midwife	Other qualified personnel	Traditional birth attendant	Community health worker	No ANC			
Residence									
Urban	8.4	90.3	0.2	0.3	0.0	0.9	100	60.5	701
Rural	7.0	88.7	0.3	0.0	0.1	3.9	100	63.1	4,608
District									
Nebbi	6.2	91.9	0.0	0.0	0.0	1.8	100	69.4	623
Zombo	3.8	91.3	0.0	0.0	0.0	4.9	100	52.8	796
Pader	19.9	75.8	0.4	0.4	0.0	3.4	100	44.6	548
Omoro	28.8	66.1	1.1	0.0	0.0	4.0	100	56.5	409
Otuke	2.1	96.1	0.0	0.0	0.9	0.8	100	57.5	340
Kole	4.8	91.4	0.0	0.3	0.0	3.5	100	56.1	648
Adjumani	2.0	96.0	0.0	0.0	0.0	2.0	100	78.6	455
Yumbe	4.9	88.3	0.9	0.0	0.0	5.9	100	72.1	772
Moyo	3.7	93.0	0.0	0.0	0.0	3.3	100	79.7	312
Koboko	4.8	91.6	0.2	0.0	0.0	3.4	100	68.9	406

Mother's education status									
No formal education	6.1	87.5	0.7	0.3	0.2	5.3	100	53.4	1,498
Primary	6.9	89.9	0.2	0.0	0.0	3.1	100	66.2	3,155
Secondary	8.8	88.4	0.0	0.0	0.0	2.8	100	69.0	526
Higher or above	16.8	81.4	0.0	0.0	0.0	1.8	100	61.0	130
Wealth quintile									
Lowest	8.5	86.0	0.4	0.1	0.0	5.0	100	65.6	1,020
Second	6.4	90.5	0.3	0.2	0.3	2.4	100	62.3	1,076
Middle	7.4	87.9	0.4	0.0	0.0	4.4	100	62.6	1,076
Fourth	6.5	90.3	0.3	0.0	0.0	2.9	100	62.5	1,059
Highest	6.8	90.2	0.0	0.0	0.0	3.0	100	60.7	1,078
Total	**7.1**	**88.9**	**0.3**	**0.1**	**0.1**	**3.6**	**100**	**62.7**	**5,309**

NUMBER OF ANC VISITS AND TIMING OF FIRST VISIT

Regular antenatal care is helpful in identifying and preventing adverse pregnancy outcomes when it is sought early in the pregnancy and is continued until delivery. The World Health Organization (WHO) recommends that women have at least eight antenatal care visits during each pregnancy.

Seven in 10 women with a birth in the five years preceding the survey (71%) attended the up to four ANC visits during the pregnancy leading to their most recent birth. About 4 in 10 women (41%) had their first ANC visit during the first trimester of pregnancy (Table 34).

Women from Adjumani (84.2%), Moyo (83.2%), Nebbi (76.5%) and Koboko (75.1%) were more likely to have had four or more antenatal visits than women from rest of the districts. Up to 30 to 58 per cent of women made their first antenatal care visit between the fourth and fifth months of pregnancy, and less than 5.4 per cent made their first visit before the fourth month of pregnancy. The timing of the first ANC visit was fairly consistent across districts.

Table 34: **Number of antenatal care visits and timing of first visit**

Percentage distribution of women aged 15-49 years who had a live birth in the two years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth and by the timing of the first visit, and among women who received ANC, according to district, FSNA 2019

Number of ANC visits and timing of first visit	District									
	Nebbi	**Zombo**	**Pader**	**Omoro**	**Otuke**	**Kole**	**Adjumani**	**Yumbe**	**Moyo**	**Koboko**
Number of ANC visits										
None	2.1	5.4	4.2	3.6	0.8	3.5	1.1	5.5	0.6	1.3
1	1.1	.8	0.0	0.7	0.3	1.6	0.5	3.0	0.2	0.0
2 - 3	18.8	24.3	27.6	33.7	37.8	27.4	14.1	20.7	15.9	23.6
4+	76.5	66.4	61.7	61.6	58.3	61.0	84.2	70.8	83.2	75.1
Don't know/missing	1.5	3.2	6.5	0.3	2.8	6.5	0.0	0.0	0.0	0.0
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Number of months pregnant at time of first ANC visit										
No Antenatal visits	2.1	5.4	4.2	3.6	0.8	3.8	1.8	5.5	0.6	1.3
<4	24.1	23.4	57.9	60.0	48.3	29.5	53.7	35.2	66.7	50.6
4 - 5	57.8	52.1	34.6	31.1	46.2	54.8	40.4	44.8	29.6	37.8
6 - 7	15.5	18.2	3.3	5.0	4.2	10.4	4.1	13.8	2.6	9.5
8+	0.3	0.6	0.0	0.0	0.3	0.6	0.0	0.7	0.5	0.9
Don't know / missing	0.3	0.3	0.0	0.3	0.2	0.8	0.0	0.0	0.0	0.0
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Number of women	441	442	254	241	199	377	362	593	253	286

COMPONENTS OF ANTENATAL CARE

Pregnant women were more likely to have a blood sample taken (98%), to be weighed (98%), and to have their blood pressure measured (89%) than to have a urine sample taken (63%). More than 9 in 10 (92%) women took iron tablets or syrup at least once, and more than 6 in 10 (65%) took anti- intestinal parasite medication at least once in both urban and rural households (Table 35).

Districts with high proportions of women taking iron supplements (Moyo, 98.5%; Adjumani, 97.4%; Omoro, 96.8%; Otuke 96.4%; Nebbi, 94.7%) varied in the proportion of women taking anti-parasitic drugs (Moyo, 80.3%; Adjumani, 49.1%; Omoro, 70.4%; Otuke 60.9%; Nebbi, 64.5%). Women with no education and women in the lowest wealth quintile were less likely to take either iron supplements or anti-parasitic drugs than women with some education and those in wealthier households. Women with more education than secondary level had 100 per cent likelihood of taking iron supplements and 75.1 per cent likelihood for parasitic drugs.

Similar proportion of women took both iron supplements as well as anti-parasitic drugs across all wealth quintiles, with slightly highest proportion of women in the highest quintile taking both iron supplements (94.2%) and anti-parasitic drugs (70.2%).

Table 35: **Components of antenatal care**

Among women aged 15-49 years with a live birth in the 2 years preceding the survey, the percentage who took iron tablets or syrup and anti-parasitic drugs during the pregnancy of the most recent live birth, and among women receiving antenatal care (ANC) for the most recent live birth in the 2 years preceding the survey, the percentage who received specific antenatal services, according to background characteristics, FSNA 2019

Background Characteristics	Among women with a live birth in the past 5 years, percentage who during the pregnancy of their most recent live birth:			Among women who received antenatal care for their most recent birth in the past 5 years, the percentage with selected services:				
	Took iron tablets or syrup	Took anti - intestinal parasite drugs	Number of women with a live birth in the past 2 years	Blood pressure measured	Urine sample taken	Blood sample taken	Weighed	Number of women who received ANC for their most recent birth
Residence								
Urban	92.6	67.2	425	89.0	62.8	98.2	97.5	425
Rural	92.0	65.1	2,928	80.1	56.5	95.7	95.3	2,928
District								
Nebbi	94.7	64.5	432	78.4	59.8	98.6	97.1	432
Zombo	87.2	71.8	428	79.8	57.9	96.2	95.1	428
Pader	85.6	58.0	246	86.6	85.2	98.8	94.0	246
Omoro	96.8	70.4	232	78.3	57.4	95.3	96.8	232
Otuke	96.4	60.9	197	62.1	36.6	89.1	91.1	197
Kole	88.5	62.8	364	71.5	54.4	92.9	87.5	364
Adjumani	97.4	49.1	359	88.4	60.9	96.7	99.7	359
Yumbe	91.2	70.4	561	89.0	53.7	96.4	97.2	561
Moyo	98.5	80.3	251	95.6	77.3	98.4	98.3	251
Koboko	88.5	62.9	283	73.6	31.5	95.6	97.5	283
Education								
No formal education	88.9	66.5	816	78.2	54.7	94.6	93.4	816
Primary	92.8	64.7	2,095	81.2	57.2	96.6	96.1	2,095
Secondary	93.7	64.3	364	86.3	61.4	96.4	97.2	364
Higher or above	100	75.1	79	87.9	69.5	96.6	98.4	79

Wealth quintile								
Lowest	92.9	62.1	673	75.8	56.6	96.4	94.8	673
Second	91.3	62.9	676	82.2	56.9	96.3	94.4	676
Middle	90.1	66.8	677	83.2	56.6	95.8	95.7	677
Fourth	92.2	64.9	668	80.8	57.1	96.7	96.7	668
Highest	94.2	70.2	659	84.0	59.4	95.1	96.5	659
Total	**92.5**	**65.1**	**3,353**	**80.3**	**57.5**	**95.8**	**95.4**	**3,353**

CHILD HEALTH

This section presents information on birth weight and vaccination status for young children. It also considers the prevalence of, and treatment practices for, three common childhood illnesses: symptoms of acute respiratory infection (ARI), fever, and diarrhoea.

WEIGHT OF CHILD AT BIRTH

A child's birth weight or size at birth is an important indicator of the child's vulnerability to the risk of childhood illnesses and chances of survival. More than half (56%) of the children were weighed at birth. Moyo district had the highest proportion (80%) of children weighed at birth where one in ten children weighed below 2,500 grams at birth (Table 36). Pader district had only 33.4% of children weighed at birth, t the lowest among all ten districts.

Table 36: **Child's weight at birth**

Percentage distribution of live births in the 2 years preceding the survey that have a reported birth weight, and among live births in the 2 years preceding the survey with a reported birth weight, percentage less than 2.5 kg, according to background characteristics, FSNA 2019

Background Characteristics	Percentage of live births weighed at birth:			Number of women with a live birth in the last 2 years	Percentage of weighed live births recorded below 2,500 grams (crude low birth weight) [B]:			Number of women with a live birth in the last 2 years whose most recent live-born child has a recorded or recalled birth weight
	From card	From recall	Total		From card	From recall	Total	
Residence								
Urban	33.3	28.8	57.1	701	6.8	4.2	10.1	394
Rural	35.8	26.8	55.6	4,608	6.1	5.0	9.8	2,529
District								
Nebbi	20.4	36.0	51.8	623	6.2	8.3	12.3	321
Zombo	26.8	28.0	46.9	796	4.1	6.4	8.8	359
Pader	10.4	22.5	33.4	548	1.9	3.9	5.8	171
Omoro	27.8	30.9	50.9	409	6.7	5.6	10.2	206
Otuke	22.1	28.2	44.5	340	3.3	3.0	5.0	150
Kole	25.3	29.5	46.0	648	5.1	6.8	10.2	290
Adjumani	57.9	19.3	77.1	455	6.9	2.6	9.5	349
Yumbe	64.1	12.7	75.5	772	8.5	2.9	11.4	582
Moyo	62.2	46.9	80.3	312	8.2	5.6	10.4	250
Koboko	45.1	29.4	60.1	406	6.4	4.5	9.7	243
Mother's education status								
No formal education	28.4	22.4	46.9	1,498	5.0	5.5	9.5	694
Primary	37.5	28.6	58.6	3,155	6.5	5.0	10.3	1,818
Secondary	44.4	30.6	65.1	526	6.7	3.7	8.8	341
Higher or above	32.0	28.8	54.4	130	8.3	2.0	8.3	69
Wealth quintile								
Lowest	32.2	29.7	55.3	1,020	8.3	7.1	13.3	559
Second	34.7	27.3	55.1	1,076	4.6	5.4	8.5	585
Middle	35.6	26.5	56.1	1,076	5.4	3.4	7.9	592
Fourth	37.1	27.2	56.7	1,059	7.1	4.6	10.5	594
Highest	37.8	24.5	56.0	1,078	5.7	4.2	9.3	593
Total	**35.5**	**27.0**	**55.8**	**5,309**	**6.2**	**4.9**	**9.9**	**2,923**

VACCINATION

Immunising children against vaccine-preventable diseases can greatly reduce childhood morbidity and mortality. Table 37 presents vaccination coverage (according to card information and mothers' reports) among children aged 12-23 months by background characteristics. Up to 93.4 per cent of children received measles immunisation and 95.5 per cent of children received DPT3 immunisation. A little over one per cent received neither measles nor DPT3 immunisation. Both measles and DPT3 vaccine coverage were similar in urban and rural area. Nebbi had the highest proportion of children who did not get either of the vaccines (measles 10.4%; DPT3 7.7%).

Vaccination coverage increased with increase in mother's education; almost 100 per cent (measles, 97 % and DPT3, 100%) of children whose mothers had more than secondary education were fully immunised, as compared with children whose mothers had no education (measles, 85.7% and DPT3, 92.6%). Coverage of vaccinations was similar across all wealth quintiles.

Table 37: **Vaccinations by background characteristics**

Percentage of children aged 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report) by background characteristics, FSNA 2019

Background Characteristics	Measles Immunisation						DPT3 Immunisation					
	Yes, with card[1]	Yes, without card	No, with card[1]	No, without card	I don't know	Number of Children	Yes, with card[1]	Yes, without card	No, with card[1]	No, without card	I don't know	Number of Children
Residence												
Urban	69.3	26.8	1.0	2.1	1.0	161	69.5	26.3	1.9	1.8	0.5	161
Rural	66.1	26.9	2.5	3.4	1.1	1,214	67.4	27.9	1.2	1.9	1.5	1,214
District												
Nebbi	49.5	39.4	1.4	9.0	0.7	169	50.2	41.4	0.7	7.0	0.7	169
Zombo	64.8	29.2	1.4	0.0	4.5	195	62.3	29.5	2.8	0.8	4.5	195
Pader	60.4	36.6	1.0	0.8	1.1	118	60.4	36.0	1.8	0.8	0.9	118
Omoro	58.8	30.4	4.3	6.4	0.0	111	64.2	32.2	1.5	2.2	0.0	111
Otuke	58.8	33.7	0.9	4.8	1.8	58	57.0	23.2	3.6	7.5	8.7	58
Kole	58.6	31.2	4.5	5.7	0.0	143	60.9	37.3	0.0	1.0	0.8	143
Adjumani	70.1	23.9	2.8	2.1	1.1	130	72.4	25.8	0.0	0.7	1.1	130
Yumbe	81.8	14.0	3.6	0.6	0.0	241	86.2	13.1	0.8	0.0	0.0	241
Moyo	84.9	15.1	0.0	0.0	0.0	102	84.5	15.0	0.5	0.0	0.0	102
Koboko	69.3	23.3	1.6	5.1	0.7	108	68.1	26.7	1.9	2.7	0.7	108
Mother's education status												
No formal education	59.0	31.5	3.2	2.9	3.3	353	61.3	31.3	1.3	2.2	3.9	353
Primary	68.5	25.7	1.9	3.5	0.4	839	69.3	26.6	1.3	2.2	0.7	839
Secondary	68.7	25.5	3.4	2.4	0.0	148	70.1	28.5	1.0	0.4	0.0	148
Higher or above	83.3	15.1	0.0	1.6	0.0	35	83.3	16.7	0.0	0.0	0.0	35
Wealth quintile												
Lowest	61.3	32.7	1.5	4.0	0.5	294	61.9	35.1	0.7	1.2	1.2	294
Second	64.8	28.4	2.7	2.3	1.8	288	64.7	29.4	1.9	2.0	2.1	288
Middle	69.0	23.0	3.5	3.2	1.2	289	70.8	24.4	2.0	1.9	0.9	289
Fourth	69.3	23.0	1.5	4.5	1.7	254	70.7	23.2	0.7	3.0	2.5	254
Highest	68.7	26.9	2.4	2.0	0.0	250	71.2	25.7	0.9	1.7	0.4	250
Total	**66.5**	**26.9**	**2.3**	**3.2**	**1.1**	**1,375**	**67.7**	**27.8**	**1.2**	**1.9**	**1.4**	**1,375**

[1] Vaccination card, booklet, or other home-based record

DEWORMING AND VITAMIN A SUPPLEMENTATION

Up to 88.5 per cent of the eligible children were dewormed, and more than 9 in 10 (94%) received Vitamin A supplementation (Table 38). De-worming and Vitamin A supplementation coverage was similar in urban (de-worming, 88.2%; Vitamin A supplementation, 96.5%) and rural (de-worming, 88.6%; Vitamin A supplementation, 94%) areas.

Table 38: **De-worming and vitamin A supplementation by background characteristics**

Percentage of children age 12-23 months who were de-wormed and/or received vitamin A supplementation at any time before the survey, by source of information (vaccination card or mother's report) by background characteristics, FSNA 2019

Background Characteristics	De-worming						Vitamin A Supplementation					
	Yes, with card[1]	Yes, without card	No, with card[1]	No, without card	I don't know	Number of Children	Yes, with card[1]	Yes, without card	No, with card[1]	No, without card	I don't know	Number of Children
Residence												
Urban	62.3	25.9	7.1	4.2	0.5	161	69.4	27.1	2.3	0.0	1.2	161
Rural	61.5	27.1	4.6	4.8	2.0	1,214	66.5	27.5	2.4	2.3	1.3	1,214
District												
Nebbi	50.2	40.0	1.5	7.6	0.7	169	51.0	44.4	0.7	3.2	0.7	169
Zombo	52.5	24.7	11.1	5.8	5.9	195	64.7	25.8	4.3	0.0	5.3	195
Pader	56.0	36.7	1.7	2.8	2.8	118	60.4	36.9	1.8	0.8	0.0	118
Omoro	61.1	31.5	1.8	4.9	0.8	111	61.0	31.0	2.6	4.5	0.8	111
Otuke	49.9	27.3	2.0	16.7	4.1	58	53.7	29.6	0.9	11.1	4.7	58
Kole	48.6	35.1	7.7	5.7	2.9	143	56.9	33.8	6.0	2.4	0.8	143
Adjumani	68.6	24.7	4.9	0.7	1.1	130	71.2	26.0	1.7	0.0	1.1	130
Yumbe	81.7	16.4	0.0	1.8	0.0	241	85.6	14.4	0.0	0.0	0.0	241
Moyo	77.6	13.9	7.8	0.0	0.7	102	85.0	14.4	0.6	0.0	0.0	102
Koboko	57.5	22.4	11.7	8.4	0.0	108	64.5	23.3	5.6	6.6	0.0	108
Mother's education status												
No formal education	53.9	31.8	6.6	4.9	2.8	353	59.1	33.2	4.1	1.3	2.4	353
Primary	63.8	25.3	4.1	5.1	1.7	839	68.8	25.7	2.0	2.5	1.1	839
Secondary	64.2	25.7	6.7	3.4	0.0	148	70.4	26.0	1.2	2.0	0.4	148
Higher or above	75.8	20.8	0.0	0.0	3.4	35	83.3	16.7	0.0	0.0	0.0	35
Wealth quintile												
Lowest	56.6	34.0	3.1	4.3	1.9	294	62.1	33.7	1.3	2.3	0.6	294
Second	58.2	28.2	6.7	5.2	1.7	288	64.5	28.9	2.0	2.0	2.6	288
Middle	65.6	24.5	4.8	3.8	1.3	289	70.9	24.0	2.9	1.1	1.0	289
Fourth	64.1	21.3	5.5	5.8	3.2	254	68.5	23.3	2.5	4.0	1.7	254
Highest	64.1	25.5	4.4	4.8	1.2	250	68.7	26.6	3.3	1.1	0.4	250
Total	**61.6**	**26.9**	**4.9**	**4.7**	**1.9**	**1,375**	**66.8**	**27.4**	**2.4**	**2.1**	**1.3**	**1,375**

[1] Vaccination card, booklet, or other home-based record

PREVALENCE OF SYMPTOMS OF ARI, DIARRHOEA AND FEVER

Acute Respiratory Infection (ARI) is among the leading causes of child morbidity and mortality in Uganda. Mothers reported that two per cent of children under five years had symptoms of ARI in the 2 weeks before the assessment.

Prevalence of diarrhoea episodes and symptoms of ARI in the last two weeks were comparable in urban (diarrhoea, 5.8% and ARI, 2.2%) and rural residences (diarrhoea, 4.8% and ARI, 2.3%) (Table 39). Rural residences (33.1%) had higher proportion of children having an episode of fever compared to urban households (25.9%). An episode of diarrhoea decreased with increasing status of mother's education; however symptoms of ARI increased with increasing status of mother's education

Table 39: **Prevalence of Symptoms of ARI, Diarrhea and Fever**

Among children under five years , percentage who had symptoms of acute respiratory infection (ARI), diarrhoea, or fever in the two weeks preceding the survey according to background characteristics, FSNA 2019

Background Characteristics	Percentage of children who in the last two weeks had:			Number of children
	An episode of diarrhoea	Symptoms of ARI	An episode of fever	
Sex of the child				
Male	5.5	2.2	31.9	3,005
Female	4.4	2.3	32.6	3,221
Age in months				
0 - 5	3.9	1.5	12.4	718
6 - 11	9.0	3.7	28.8	767
12 - 23	8.1	2.5	34.8	1,364
24 - 35	4.3	3.0	37.8	1,266
36 - 47	2.4	1.6	36.4	1,164
48 - 59	1.7	1.2	34.2	947
Residence				
Urban	5.8	2.2	25.9	729
Rural	4.8	2.3	33.1	5,497
District				
Nebbi	4.4	1.8	21.9	547
Zombo	8.2	5.8	44.0	514
Pader	1.5	0.4	12.7	456
Omoro	3.5	2.5	48.5	604
Otuke	1.8	0.0	7.4	568
Kole	5.3	3.4	52.0	564
Adjumani	7.0	3.7	33.8	782
Yumbe	7.3	1.2	30.0	824
Moyo	4.8	3.1	30.0	669
Koboko	3.6	0.7	38.3	698
Mother's education status				
No formal education	4.6	2.0	27.7	1,652
Primary	5.0	2.2	34.9	3,772
Secondary	5.5	2.8	31.1	671
Higher or above	2.3	4.6	22.9	131
Wealth quintile				
Lowest	4.5	1.9	29.9	948
Second	4.0	1.4	30.8	931
Middle	4.5	2.1	30.8	953
Fourth	5.8	2.3	34.1	950
Highest	4.9	2.7	36.5	933
Total	**4.9**	**2.3**	**32.3**	**6,226**

PREVALENCE AND TREATMENT OF DIARRHOEA

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children, although the condition can be easily halted with prompt treatment, including oral rehydration therapy (ORT). Table 40 shows the percentage of children with diarrhoea who according to the mother's report received specific treatments, by background characteristics.

Mothers reported that 5.7 per cent of children under five years had a diarrhoeal episode in the two weeks preceding the survey. Advice or treatment was sought for 81 per cent of children with diarrhoea.

Children of mothers with education higher than secondary level were more (100 %) likely than others to visit a health facility or provider for advice or treatment. A relatively significant proportion of children (18.5%) still were not taken to any health facilities or providers for advice or treatment.

Table 40: **Prevalence and treatment of diarrhoea**

Percentage of children under five years who had diarrhoea in the two weeks preceding the survey; among children with diarrhoea in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, according to background characteristics, FSNA 2019

Background Characteristic	Percentage of children with diarrhoea for whom: Advice or treatment was sought from: Health facilities or providers: Public	Private	Community health provider	Other source	A health facility or provider	No advice or treatment sought	Number of children with diarrhoea in the last two weeks
Sex of the child							
Male	70.9	26.4	19.5	3.3	79.2	16.2	181
Female	60.8	24.8	20.3	4.3	72.7	21.2	156
Residence							
Urban	58.9	32.6	6.3	2.6	68.1	20.1	52
Rural	67.6	24.5	22.3	4.0	77.7	18.2	286
District							
Nebbi	59.5	44.3	19.6	8.3	71.9	16.1	33
Zombo	56.2	34.6	14.7	9.2	65.6	31.8	65
Pader	55.8	10.8	30.3	0.0	55.8	33.3	9
Omoro	63.6	19.1	17.5	4.5	77.1	22.9	17
Otuke	62.3	18.9	9.4	0.0	81.1	9.4	6
Kole	65.1	45.5	32.7	0.0	100	0.0	38
Adjumani	90.2	10.7	7.0	0.0	91.9	8.1	43
Yumbe	63.4	20.1	27.5	2.1	68.4	20.3	90
Moyo	84.5	13.1	10.3	7.5	90.0	7.0	19
Koboko	63.1	11.5	15.0	0.0	67.1	32.9	19
Mother's education							
No formal education	60.5	21.8	16.1	5.2	62.4	28.5	83
Primary	68.4	25.5	21.5	2.3	80.9	16.5	209
Secondary	62.4	34.4	18.3	5.7	77.4	10.6	41
Higher or above	100	26.6	26.6	26.6	100	0.0	5
Wealth Quintile							
Lowest	66.6	23.0	20.0	0.0	73.1	19.3	60
Second	62.3	31.6	23.2	3.9	69.8	18.8	70
Middle	66.1	22.3	13.6	0.0	77.9	19.3	60
Fourth	71.3	24.2	18.2	8.8	79.4	19.9	75
Highest	64.7	26.6	23.3	4.7	80.4	15.3	74
Total	**66.2**	**25.7**	**19.9**	**3.8**	**76.2**	**18.5**	**338**

FEEDING PRACTICES DURING DIARRHOEA

Mothers are encouraged to continue feeding children with diarrhoea normally and to increase the amount of fluids. These practices help to reduce dehydration and minimise the adverse consequences of diarrhoea on the child's nutritional status.

Only 30 per cent of children under five years who had diarrhoea in the two weeks preceding the survey were given more liquids than usual, as recommended (Table 41). 22 per cent received the same amount of liquids while 46 per cent were given either less liquid than usual (38%) or no liquid at all (8%).

Table 41: **Feeding practices during diarrhoea**

Percentage distribution of children under five years who had diarrhoea in the two weeks preceding the survey by amount of liquids offered compared with normal practice, according to background characteristics, FSNA 2019

Background Characteristics	Drinking practices during diarrhoea: Child was given to drink:							Number of children with diarrhoea
	Much less	Somewhat less	About the same	More	Nothing	Don't Know/Missing	Total	
Sex of the child								
Male	30.0	8.3	20.2	32.8	7.5	1.2	100	181
Female	27.4	11.1	23.3	27.1	7.8	3.4	100	156
Residence								
Urban	17.9	19.6	20.5	26.6	8.4	6.9	100	52
Rural	30.7	7.8	21.9	30.7	7.5	1.4	100	286
District								
Nebbi	16.5	3.2	17.2	24.1	32.4	6.5	100	33
Zombo	32.3	16.4	28.9	18.1	4.2	0.0	100	65
Pader	48.3	0.0	41.4	0.0	10.3	0.0	100	9
Omoro	25.2	4.8	30.9	23.7	11.0	4.5	100	17
Otuke	5.7	7.9	39.5	28.4	10.5	7.9	100	6
Kole	40.5	9.4	11.4	34.0	0.0	4.6	100	38
Adjumani	13.7	15.4	23.6	45.5	1.8	0.0	100	43
Yumbe	37.6	3.7	10.9	37.6	8.2	2.1	100	90
Moyo	23.3	19.5	21.4	33.6	0.0	2.2	100	19
Koboko	14.3	13.6	48.8	23.3	0.0	0.0	100	19
Age of child (months)								
0 – 5	40.6	2.0	32.5	10.4	9.1	5.3	100	34
6 - 11	26.5	7.8	23.8	30.1	11.9	0.0	100	77
12 - 23	27.2	8.6	23.5	33.1	4.3	3.4	100	123
24 - 35	19.5	19.9	20.2	31.1	6.4	3.0	100	57
36 - 47	56.2	7.1	0.0	34.4	2.3	0.0	100	29
48 - 59	9.9	7.9	20.0	39.9	22.3	0.0	100	16
Mother's education status								
No formal education	28.9	11.5	19.8	34.3	4.9	.5	100	83
Primary	29.4	6.4	22.9	28.4	10.3	2.6	100	209
Secondary	26.2	19.4	22.2	32.2	0.0	0.0	100	41
Higher or above	21.0	29.0	0.0	21.0	0.0	29.0	100	5
Wealth quintile								
Lowest	34.2	4.8	25.1	23.4	9.1	3.4	100	60
Second	37.6	3.9	16.5	31.2	6.5	4.4	100	70
Middle	38.0	7.0	26.9	18.3	9.1	.8	100	60
Fourth	16.5	12.5	27.8	35.4	7.9	0.0	100	75
Highest	20.8	17.7	13.4	39.2	6.1	2.9	100	74
Total	**28.7**	**9.6**	**21.7**	**30.1**	**7.6**	**2.3**	**100**	**338**

PREVALENCE AND TREATMENT OF FEVER

Fever is a symptom of malaria but is also associated with other childhood illnesses that may contribute to high levels of malnutrition, morbidity, and mortality in young children.

Over 9 in 10 children (93.3%) under five years had a fever in the two weeks preceding the survey (Table 42). The prevalence of fever was highest among children in Yumbe (98.4%) and Kole (98.2%) districts and lowest in Nebbi district (73.3%) which was still considerably high. Patterns of care seeking were similar to those for ARI: 85.6 per cent of children were taken for advice or treatment, and for 88.6 per cent, that advice or treatment was sought on the same or next day. Nearly all (97.5%) children with a fever received antibiotics.

Prevalence of fever and patterns of care-seeking were similar in all children with mothers of different education status and wealth quintiles.

Table 42: **Prevalence and treatment of fever**

Among children under five years, the percentage who had a fever in the 2 weeks preceding the survey, and among children with a fever in the two weeks preceding the survey, percentage for whom advice or treatment was sought, and percentage who received antibiotics as treatment, according to background characteristics, FSNA 2019

Background Characteristics	Among children under five years		Among children under five years with fever			
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought[1]	Percentage for whom treatment was sought same or next day	Percentage who took antibiotic drugs	Number of children
Age in months						
<6	90.5	109	84.5	84.9	93.9	99
6-11	93.8	248	83.5	89.9	98.0	233
12-23	94.1	530	86.8	86.2	97.0	499
24-35	92.1	520	85.6	89.7	98.8	479
36-47	93.9	456	86.2	88.1	97.2	428
48-59	93.4	341	84.6	91.5	97.7	318
Sex						
Male	93.1	1,045	85.7	88.6	97.7	973
Female	93.4	1,159	85.5	88.6	97.3	1,083
Residence						
Urban	88.7	231	83.4	84.7	98.6	205
Rural	93.8	1,974	85.8	89.0	97.4	1,851
District						
Nebbi	73.3	209	91.7	92.1	96.7	153
Zombo	91.1	378	71.4	78.8	95.6	344
Pader	95.3	62	91.8	93.9	97.3	59
Omoro	97.0	247	86.9	94.4	99.0	240
Otuke	95.0	29	73.3	59.3	88.2	28
Kole	98.2	369	91.4	91.9	98.7	362
Adjumani	97.8	208	96.1	93.7	98.2	203
Yumbe	98.4	364	82.0	79.7	98.6	359
Moyo	94.1	126	96.1	97.5	95.8	119
Koboko	89.2	212	82.3	97.9	97.4	189
Mother's education status						
No formal education	92.8	517	77.8	87.3	95.3	480
Primary	93.5	1,447	87.4	88.8	98.0	1,352
Secondary	93.4	211	91.4	90.5	98.9	197
Higher or above	90.2	31	90.9	86.8	100	28
Wealth quintile						
Lowest	91.9	367	84.7	87.9	95.5	337

Second	92.5	451	84.7	87.1	96.4	417
Middle	92.1	436	87.8	90.3	98.5	402
Fourth	95.0	484	85.6	88.3	98.1	460
Highest	94.3	467	85.0	89.2	98.7	440
Total	**93.3**	**2,205**	**85.6**	**88.6**	**97.5**	**2,056**

[1] Includes advice or treatment from the following sources: public sector, private medical sector, shop, market, and itinerant drug seller. Excludes advice or treatment from a traditional practitioner.

SOURCE OF ADVICE OR TREATMENT OF FEVER

Table 43 presents information on the source of advice or treatment for children under five years with a fever. Among children with a fever for whom advice or treatment was sought, 62% went to public health facilities, while 26% went to the private medical sector.

Rural households were more (85%) likely to go to a public or community health provider compared to urban households (70%). More households (65%) in the lowest wealth quintile sought advice from public health facilities. Advice or treatment seeking from private health facilities increased as the wealth quintile increased.

*Table 43: **Source of advice or treatment for children with fever***

Percentage of children under five years with fever in the two weeks preceding the survey for whom advice or treatment was sought from specific sources; and among children under five years with fever in the two weeks preceding the survey for whom advice or treatment was sought, the percentage for whom advice or treatment was sought from specific sources, according to background characteristics, FSNA 2019

Background Characteristics	Percentage of children with fever for whom: Advice or treatment was sought from: Health facilities or providers: Public	Private	Community health provider	Other source	A health facility or provider	No advice or treatment sought	Number of children age 0-59 months with fever in last two weeks
Sex of the child							
Male	62.1	26.7	18.1	2.2	83.2	14.3	973
Female	61.7	24.4	19.8	1.8	82.2	14.5	1,083
Residence							
Urban	59.7	29.1	10.3	1.7	82.2	16.6	205
Rural	62.1	25.1	20.0	2.0	82.7	14.2	1,851
District							
Nebbi	69.5	26.4	27.3	0.0	87.5	8.3	153
Zombo	45.2	29.0	10.3	4.0	69.2	28.6	344
Pader	83.1	12.5	36.0	0.0	88.1	8.2	59
Omoro	61.6	29.3	21.6	0.6	84.9	13.1	240
Otuke	64.0	3.8	42.0	0.0	67.8	26.7	28
Kole	49.5	42.4	25.3	4.0	86.3	8.6	362
Adjumani	84.5	13.8	1.3	0.8	94.8	3.9	203
Yumbe	62.5	18.7	26.0	1.7	79.7	18.0	359
Moyo	84.0	11.1	0.0	0.8	92.2	3.9	119
Koboko	63.7	22.8	21.6	1.5	80.7	17.7	189
Age of child							
0 - 5	58.2	26.3	12.0	0.7	82.7	15.5	99
6 - 11	64.8	22.5	17.9	1.7	81.9	16.5	233
12 - 23	61.4	25.8	17.1	3.0	82.8	13.2	499
24 - 35	61.6	25.6	15.6	1.4	82.8	14.4	479
36 - 47	60.8	28.4	24.3	2.1	83.7	13.8	428
48 - 59	63.4	22.8	22.8	1.8	81.4	15.4	318

Mother's education							
No formal education	55.4	24.3	18.7	1.9	75.2	22.2	480
Primary	63.4	25.4	19.6	2.0	84.1	12.6	1,352
Secondary	67.3	27.6	13.8	1.8	90.0	8.6	197
Higher or above	60.8	33.0	29.4	4.9	88.8	9.1	28
Wealth quintile							
Lowest	65.0	20.1	22.9	1.9	81.0	15.3	337
Second	64.2	24.9	17.3	0.3	83.1	15.3	417
Middle	62.8	26.5	18.4	3.1	83.8	12.2	402
Fourth	60.3	25.4	16.1	2.6	83.3	14.4	460
Highest	58.0	29.2	21.0	2.0	81.9	15.0	440
Total	**61.9**	**25.5**	**19.0**	**2.0**	**82.7**	**14.4**	**2,056**

EARLY CHILDHOOD DEVELOPMENT

LEARNING MATERIALS

Exposure to books in the early years provides a child with greater understanding of the nature of print and provides an opportunity to see others such as older siblings reading or doing schoolwork. Early exposure to reading is important for later school performance. Mothers of children under five years were asked about the number of word or picture books available for the child, and about the availability of playthings such as homemade toys, toys from a shop, household objects (such as pots and bowls) and objects found in the environment (such as sticks, rocks, animal shells, or leaves).

Only 2.4 per cent of children under five years lived in a household where at least three children's books were present. None of the children living in the households had 10 or more children's books (Table 44).

Around 1 in 5 children had access to two or more types of playthings, with 25.7 per cent having homemade toys, 19.9 per cent having toys from a shop, and 50.8 per cent using household objects or objects found in the environment, as playthings. The proportion of children living in a household with three or more children's books varied substantially by district, ranging from none in Otuke to 4.6 per cent in Moyo.

Children aged 24–59 months were much more likely than those aged 0–23 months to have access to a variety of playthings. The households whose mother had education higher or above secondary level were more likely to have three or more children's books compared to those with secondary, primary or no formal education.

Table 44: **Child learning materials available at household**

Percentage of children under five by number of children's books present in the household, and by playthings for children ; 2019 FSNA

Background Characteristics	Percentage of children living in households that have for the child:		Percentage of children who play with:				Number of children
	3 or more children's books	10 or more children's books	Homemade toys	Toys from a shop / manufactured toys	Household objects/objects found outside	Two or more types of playthings	
Age of child (in months)							
0 - 23	0.4	0.0	15.0	11.1	36.9	15.7	2,871
24 - 59	2.8	0.0	28.9	15.9	60.8	28.8	3,320
Sex							
Male	1.4	0.0	24.0	13.8	50.5	24.0	3,002
Female	1.9	0.0	21.0	13.6	48.9	21.6	3,189
Residence							
Urban	3.2	0.0	28.8	28.1	52.1	32.8	732
Rural	1.5	0.0	21.6	11.7	49.4	21.4	5,459
District							
Nebbi	0.9	0.0	10.2	9.9	32.2	12.9	704
Zombo	0.7	0.0	25.5	14.5	64.2	26.0	805
Pader	0.4	0.0	9.5	9.2	39.6	8.7	495
Omoro	1.3	0.0	24.1	15.0	55.7	24.6	489
Otuke	0.0	0.0	18.0	4.4	38.9	13.0	335
Kole	3.5	0.0	30.3	14.4	49.9	29.0	719
Adjumani	3.4	0.0	20.0	19.9	46.9	22.0	593
Yumbe	1.3	0.0	23.8	14.0	46.5	24.6	1,166
Moyo	4.6	0.0	20.0	10.8	50.9	19.7	390
Koboko	1.1	0.0	39.5	20.2	72.3	40.1	496

Mother's education status							
No formal education	0.8	0.0	19.0	8.5	49.0	17.3	1,693
Primary	1.4	0.0	22.4	13.6	49.5	23.1	3,737
Secondary	3.6	0.0	30.1	23.9	52.0	31.8	627
Higher or above	11.7	0.0	31.3	34.3	52.7	39.6	135
Wealth quintile							
Lowest	0.4	0.0	15.6	5.7	42.5	14.2	1,187
Second	0.8	0.0	19.4	10.7	49.4	18.4	1,242
Middle	0.9	0.0	21.0	11.5	48.3	20.4	1,226
Fourth	3.7	0.0	26.2	17.2	53.1	26.9	1,258
Highest	2.3	0.0	29.5	22.6	54.7	33.0	1,278
Total	**2.4**	**0.0**	**25.7**	**19.9**	**50.8**	**27.1**	**6,191**

INADEQUATE CARE

Leaving children under five years alone or in the care of other young children is known to increase the risk of injuries. Two questions were asked to find out whether children aged 0–59 months were left alone or in the care of children under 10 years of age for more than one hour at least once during the week preceding the survey.

Table 45 shows that 37.7 per cent of children were left alone during the preceding week and 51.2 per cent were left in the care of another child younger than 10 years of age. Combining data on these two indicators showed that 58.2 per cent of children were left with inadequate care during the week preceding the survey. The highest proportion of children under five with inadequate care was in Yumbe (77%) and the lowest proportion in Pader (23%). Older children were more likely than younger children to have inadequate care (72% compared to 44.5%). A mother's education level had inverse correlation with a child being left with inadequate care.

Table 45: **Proportion of households exercising inadequate care of children**

Percentage of children under five left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the week preceding the survey, 2019 FSNA

Background Characteristics	Percentage of children under five years of			Number of children
	Left alone in the past week	Left under the supervision of another child younger than 10 years of age in the past week	Left with inadequate supervision in the past week	
Age of child (in months)				
0 - 23	24.6	39.0	44.5	2,871
24 - 59	50.7	63.4	71.9	3,320
Sex				
Male	39.5	53.1	60.0	3,002
Female	37.8	51.1	58.4	3,189
Residence				
Urban	35.0	46.1	54.7	732
Rural	39.1	52.9	59.8	5,459
District				
Nebbi	24.6	47.9	49.8	704
Zombo	43.4	63.9	69.1	805
Pader	13.0	20.4	23.0	495
Omoro	44.8	54.5	62.4	489
Otuke	32.5	42.7	46.7	335

Kole	35.1	39.4	53.4	719
Adjumani	43.1	47.9	56.5	593
Yumbe	45.1	71.9	77.1	1,166
Moyo	50.9	56.0	66.0	390
Koboko	48.9	48.0	61.9	496
Mother's education status				
No formal education	37.8	54.8	60.6	1,693
Primary	39.4	52.3	59.6	3,737
Secondary	36.9	46.5	55.6	627
Higher or above	35.1	36.1	47.1	135
Wealth quintile				
Lowest	35.9	50.0	55.9	1,187
Second	37.3	51.9	57.8	1,242
Middle	38.2	52.0	59.6	1,226
Fourth	42.4	53.7	61.4	1,258
Highest	39.1	52.6	61.0	1,278
Total	**37.7**	**51.2**	**58.2**	**6,191**

EARLY CHILDHOOD DEVELOPMENT INDEX

Early childhood development is defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio–emotional development and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development. A 10-item module was used to calculate the early childhood development index (ECDI). ECDI was then calculated as the percentage of children who were developmentally on track in at least three of these four domains. About half (51.6%) of the children were developmentally on track (Table 46).

Table 46: **Early childhood development index***

Percentage of children aged 36–59 months who were developmentally on track in literacy–numeracy, physical, social–emotional, and learning domains, and the early childhood development index score; 2019 FSNA

Background Characteristics	Percentage of children age 3-4 years who were developmentally on track for indicated domains				Early childhood development index score	Number of children age 3-4 years
	Literacy-numeracy	Physical	Social-Emotional	Learning		
Age (in months)						
36 - 47	21.3	87.3	54.3	75.5	47.5	1,154
48 - 59	32.9	92.2	50.0	81.6	55.6	920
Sex						
Male	25.2	89.7	50.1	77.9	48.3	954
Female	27.5	89.2	54.4	78.5	53.5	1,120
Residence						
Urban	40.1	88.2	48.0	80.4	55.2	223
Rural	24.8	89.6	52.9	77.9	50.6	1,851
District						
Nebbi	10.9	88.6	50.2	65.8	38.4	204
Zombo	29.1	83.7	43.4	80.1	50.8	240
Pader	17.4	84.4	70.0	64.8	46.9	153
Omoro	30.2	92.7	60.4	85.4	64.5	181
Otuke	18.8	91.8	69.4	66.9	55.3	145
Kole	28.8	87.2	55.7	84.8	54.1	282
Adjumani	42.3	95.5	57.8	85.9	62.5	169

Yumbe	20.9	89.6	40.0	76.3	37.4	411
Moyo	51.5	96.2	58.2	84.3	71.9	125
Koboko	27.6	90.2	43.5	86.5	54.3	165
Attendance of early childhood education						
Attending	63.1	95.4	54.9	91.3	75.5	444
Not attending	16.5	87.8	51.7	74.6	44.5	1,631
Mother's education level						
No formal education	19.7	86.0	53.1	74.2	44.6	660
Primary	27.5	90.3	52.4	79.2	52.8	1,199
Secondary	40.3	94.9	51.4	83.2	61.4	180
Higher or above	47.7	97.9	43.3	92.8	61.2	36
Wealth quintile						
Lowest	18.8	90.5	54.8	72.9	48.4	363
Second	23.0	87.4	50.3	76.0	47.2	413
Middle	25.0	87.5	55.1	77.8	51.1	393
Fourth	32.5	91.0	50.8	81.0	53.6	438
Highest	31.1	90.6	51.7	82.1	54.2	466
Total	**27.1**	**89.8**	**52.2**	**78.6**	**51.6**	**2,074**

* The ECDI is based on 4 domains that children are expected to achieve by the ages of 3 and 4 namely 1) Literacy–numeracy 2) Physical 3) Social–emotional and 4) Learning

NUTRITION OF CHILDREN AND WOMEN

This section focuses on the nutritional status of children and women. It also describes the nutritional status of children under five years and infant and young child feeding practices, including breastfeeding and feeding with solid/semi-solid foods. The chapter also addresses the diversity of foods, the frequency of feeding, micronutrient status, supplementation, fortification, and other relevant aspects of the nutritional status of women aged 15-49 years.

NUTRITIONAL STATUS OF CHILDREN

In the 10 surveyed districts, almost 24 per cent of children under five years of age were short for their age i.e. stunted (Table 47). One in ten children under five years was underweight. While 4.6 per cent children were wasted (too thin for their height), 4.2 per cent children were overweight (weighed more for their height). As per WHO's new prevalence threshold for stunting, the region had a "high" burden of stunting, a "low" burden of wasting and overweight.

The data showed a gradual increase in stunting rate with the increasing age of children. The growth retardation started before birth and continued to increase and peaked for children 18-23 months of age and then started to reduce. Children in rural areas (24.4%) were more likely to be stunted than those in urban areas (20.2%). The stunting rate was highest (27.6%) among children of women with no formal education and lowest (12.4%) among children of women with higher or above secondary education. Households in the lowest wealth quintile had the highest rate of stunting (28.4%) while the households in the highest wealth quintile had the lowest rate of stunting (18.2%). The stunting rate varied among districts with Kole having the lowest prevalence (15.2%) and Zombo the highest (35%). Out of ten districts, five districts namely Omoro, Otuke, Kole, Adjumani and Moyo had stunting prevalence between 10-20 per cent i.e. a "medium" burden of stunting. Nebbi, Pader, Yumbe and Koboko had stunting prevalence between 20-30 per cent also categorised as "high" burden of stunting. One district Zombo had "very high" rate of stunting (35.7%).

The wasting rates were higher among children under two years of age and in households in the lowest wealth quintile. The prevalence of wasting was highest in Otuke (6.1%) followed by Moyo (4.4), Zombo (4.1%) and Pader (4%). The lowest prevalence was in Adjumani (1.4%).

Table 47: **Nutritional status of children under five years of age**

Percentage of children under five years classified as malnourished using the anthropometric measurement as recommended by the WHO (Weight-for-age, Height-for-age and Weight-for-height), according to background characteristics, 2019 FSNA

Background Characteristics	Weight for age				Height for age				Weight for height					
	Underweight		Mean Z-Score (SD)	Number of children with weight and age	Stunted		Mean Z-Score (SD)	Number of children with height and age	Wasted		Overweight		Mean Z-Score (SD)	Number of children with weight and height
	Percentage below				Percentage below				Percentage below		Percentage above			
	- 2 SD	- 3 SD			- 2 SD	- 3 SD			- 2 SD	- 3 SD	+ 2 SD	+ 3 SD		
Residence														
Urban	8.9	2.7	-0.5	700	20.5	6.4	-1.0	656	3.3	1.3	3.8	1.1	0.0	700
Rural	10.9	3.0	-0.7	5,223	24.3	8.4	-1.1	4,809	4.8	1.9	4.2	1.9	-0.1	5,223
District														
Nebbi	11.7	2.5	-0.7	664	28.8	9.0	-1.4	632	3.1	0.9	3.0	1.3	0.0	673
Zombo	14.9	4.6	-0.9	754	36.3	10.9	-1.6	720	3.7	1.4	4.1	0.9	0.0	764
Pader	9.4	2.0	-0.6	448	23.2	6.5	-0.9	409	4.4	1.5	4.0	1.5	-0.1	475
Omoro	10.2	2.4	-0.5	453	17.1	7.3	-0.9	428	5.9	2.4	2.6	0.9	-0.1	455
Otuke	8.8	2.9	-0.5	308	22.2	8.1	-0.8	297	6.1	2.2	6.1	2.9	0.0	311
Kole	6.2	1.7	-0.5	658	14.4	6.5	-0.7	585	3.9	1.2	3.8	1.1	-0.2	660
Adjumani	7.6	1.9	-0.6	591	15.6	3.5	-0.8	534	4.7	1.2	1.4	0.3	-0.2	592
Yumbe	10.8	2.3	-0.7	1151	25.7	8.1	-1.2	1061	3.8	1.1	3.3	0.9	0.0	1,157
Moyo	8.0	1.6	-0.5	386	18.8	3.4	-.7	346	4.4	1.3	4.4	1.8	-0.1	387
Koboko	12.1	2.9	-0.7	487	26.5	9.9	-1.1	453	3.2	0.8	3.3	0.4	-0.1	494
Age (in months)														
0-5	5.4	2.1	-0.1	706	10.7	4.1	-0.4	570	6.3	3.4	10.7	2.7	0.2	706
6-11	11.4	3.5	-0.6	725	18.2	5.4	-0.8	702	6.4	3.0	3.7	1.8	-0.2	725
12-17	12.5	3.6	-0.7	647	25.1	8.6	-1.1	617	6.8	2.4	4.1	1.7	-0.3	647
18-23	13.5	4.4	-0.8	668	29.5	7.3	-1.2	629	5.9	2.0	3.1	1.6	-0.2	668
24-35	12.2	2.6	-0.7	1,191	26.3	9.7	-1.2	1107	4.0	1.8	3.8	1.5	-0.1	1,191
36-47	9.2	2.8	-0.7	1,104	26.0	10.5	-1.2	1029	2.2	0.8	2.7	1.6	0.0	1,104
48-59	10.7	2.1	-0.9	880	26.4	8.5	-1.3	810	3.3	0.9	3.4	1.9	-0.2	880
Mother's education														
No formal education	11.5	2.6	-0.7	1,620	27.5	10.8	-1.2	1,431	3.8	1.5	4.7	2.5	0.0	1,620
Primary	11.1	3.2	-0.7	3,575	24.1	7.7	-1.1	3,348	5.0	2.1	4.2	1.6	-0.1	3,575
Secondary	6.3	1.9	-0.5	600	15.5	4.9	-0.8	560	4.4	2.0	3.0	0.6	-0.1	600
Higher or above	10.4	3.3	-0.7	129	12.4	3.7	-0.8	126	5.0	0.8	3.2	1.5	-0.3	129
Wealth quintile														
Lowest	14.2	4.1	-0.8	1,136	28.4	10.2	-1.3	1,051	5.6	2.3	4.5	1.8	-0.1	1,136
Second	10.1	2.9	-0.7	1,188	24.6	8.6	-1.1	1,096	4.2	1.4	3.9	2.0	-0.1	1,188
Middle	10.0	2.5	-0.7	1,173	23.8	7.5	-1.1	1,086	4.2	1.7	4.1	1.9	-0.1	1,173
Fourth	10.8	3.2	-0.6	1,203	24.6	8.1	-1.0	1,117	4.6	1.8	4.7	2.0	-0.1	1,203
Highest	8.5	1.9	-0.6	1,223	18.2	6.5	-0.9	1,114	4.5	2.1	3.7	1.2	-0.1	1,223
Total	**10.7**	**2.9**	**-0.7**	**5,464**	**23.8**	**8.2**	**-1.1**	**5,464**	**4.7**	**1.9**	**4.2**	**1.8**	**-0.1**	**5,490**

SEVERE ACUTE MALNUTRITION BY WEIGHT-FOR-HEIGHT AND OEDEMA

Provide a summary of data from the table below.

Table: Prevalence of acute malnutrition by Weight-for-Height and/or Oedema

Percentage of children age 6-59 months classified as acutely malnourished based on Weight-for-Height Z-scores and/or oedema as recommended by the SMART methodology according to background characteristics, FSNA 2020

Background Characteristic	Prevalence of malnutrition by WHZ Z-Score and/or Oedema									Number of children
	Severe malnutrition (<-3 Z-Score and/or Oedema)			Moderate malnutrition (<-2 Z-Score and >-=3 Z-Score, no Oedema)			Global Acute Malnutrition (<-2 Z-Score and/or Oedema)			
	n	%	95% CI	n	%	95% CI	n	%	95% CI	
Age in months										
6 – 17										
18-29										
30-41										
42-53										
54-59										
Sex										
Male										
Female										
Residence										
Urban										
Rural										
District										
Nebbi										
Zombo										
Pader										
Omoro										
Otuke										
Kole										
Adjumani										
Yumbe										
Moyo										
Koboko										
Mothers education status										
No formal education										
Primary										
Secondary										

Higher or above

Wealth quintile
Lowest
Second
Middle
Fourth
Highest

Total

SEVERE ACUTE MALNUTRITION BY MUAC

Provide a summary of data from the table below.

Table: Prevalence of acute malnutrition by MUAC

Percentage of children age 5 years classified as acutely malnourished using the mid-upper arm circumference (MUAC) Cut Off and/or Oedemas as recommended by the SMART Methodology according to background characteristics, FSNA 2020

Background Characteristic	Prevalence of malnutrition by WHZ Z-Score and/or Oedema									Oedema	Number of children
	Severe malnutrition (< 115 mm and/or Oedema)			Moderate malnutrition (< 125 mm and >= 115 mm, no Oedema)			Global Acute Malnutrition (< 125 mm and/or Oedema)				
	n	%	95% CI	n	%	95% CI	n	%	95% CI		
Age in months											
6 – 17											
18-29											
30-41											
42-53											
54-59											
Sex											
Male											
Female											
Residence											
Urban											
Rural											
District											
Nebbi											
Zombo											
Pader											
Omoro											
Otuke											
Kole											

Adjumani	
Yumbe	
Moyo	
Koboko	
Mothers education status	
No formal education	
Primary	
Secondary	
Higher or above	
Wealth quintile	
Lowest	
Second	
Middle	
Fourth	
Highest	
Total	

PREVALENCE OF ANAEMIA IN CHILDREN

Anaemia is a condition that is marked by low levels of haemoglobin in the blood. Iron is a key component of haemoglobin, and iron deficiency is estimated to be responsible for half of all anaemia globally. Other causes of anaemia include malaria, hookworm and other helminths as well as other nutritional deficiencies, chronic infections, and genetic conditions. Anaemia is a serious concern for children because it can impair cognitive development, with associated long-term health and economic consequences. Severe anaemia leads to increased mortality.

Table 48: **Prevalence of anaemia in children aged 6-59 months**

Percentage of children aged 6-59 months classified as having anaemia, according to background characteristics; 2019 FSNA

Background Characteristics	Anaemia for children categorised					
	Any anaemia (<11.0 g/dl)	Severe (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Mild (<7.0 g/dl)	Not anaemic	Number of children age 6-59 months
Age in months						
0 – 5	64.1	14.1	21.4	28.6	35.8	180
6 – 8	71.7	6.7	34.7	30.3	28.3	184
9 – 11	77.3	3.6	39.7	34.0	22.7	199
12 – 17	67.5	2.0	34.9	30.6	32.5	333
18 – 23	63.8	5.4	29.5	28.9	36.2	395
24 – 35	57.4	2.9	25.9	28.6	42.6	628
36 – 47	57.0	2.7	25.8	28.5	43.1	655
48 – 59	48.2	3.5	19.8	24.9	51.7	476
Sex						
Male	61.3	3.4	29.3	28.6	38.7	1,443
Female	59.4	4.7	25.9	28.8	40.5	1,606
Residence						
Urban	50.2	9.7	17.2	23.3	49.8	323
Rural	61.6	3.4	28.8	29.4	38.4	2,726
District						
Nebbi	52.0	2.9	21.4	27.7	48.0	409
Zombo	63.4	9.6	31.0	22.8	36.6	463
Pader	65.1	8.3	22.2	34.6	35.0	372
Omoro	59.7	3.5	26.1	30.1	40.4	205
Otuke	26.3	0.7	6.3	19.3	73.7	237
Kole	66.6	1.3	33.9	31.4	33.3	387
Adjumani	70.1	2.5	35.7	31.9	29.9	207
Yumbe	72.5	3.4	35.3	33.8	27.6	394
Moyo	61.9	2.0	29.8	30.1	38.2	169
Koboko	55.5	1.0	30.6	23.9	44.5	206
Mother's education status						
No formal education	60.7	3.4	28.4	28.9	39.3	864
Primary	61.5	4.3	28.5	28.7	38.5	1,839
Secondary	53.7	4.8	19.8	29.1	46.3	280
Higher or above	52.5	5.9	21.9	24.7	47.5	66
Wealth quintile						
Lowest	63.3	5.1	29.6	28.6	36.7	607
Second	64.3	5.8	30.7	27.8	35.7	606
Middle	57.4	4.0	27.2	26.2	42.6	592
Fourth	58.7	3.9	24.9	29.9	41.3	635
Highest	58.0	1.6	25.4	31.0	41.9	610
Total	**60.3**	**4.1**	**27.5**	**28.7**	**39.7**	**3,049**

Slightly under two-thirds (60.3%) of children age 6-49 months were anaemic (haemoglobin below 11 g/dl).28.7 per cent were mildly anaemic, 27.5 per cent moderately anaemic, and 4.1% severely anaemic. Near two-thirds (64%) of children aged 0-5 months were severely anaemic (haemoglobin below 11 g/dl). The prevalence of anaemia in male compared to female children was almost the same in each of the categories of anaemia. The prevalence of anaemia was higher in rural areas (61.6%) than in urban areas (50.2%). There was regional variation in the prevalence of anaemia; 72.5 per cent of children in Yumbe district were anaemic, as compared with 52 per cent in Nebbi district and 26.3 per cent in Otuke district (Table 48). Based on this survey, the prevalence of anaemia in children aged 6-59 months decreased with increasing mother's education and household wealth in Northern Uganda and West Nile.

NUTRITIONAL STATUS OF WOMEN

Anthropometric data on height and weight among women aged 15-49 years was collected. This data was used to calculate several measures of nutritional status such as maternal height and BMI. A higher proportion (72-83%) of women aged 15-49 years had normal BMI .The proportion of overweight or obese increased with age; 2.4 per cent of women aged 15-19 years, 6 per cent of women aged 20-29 years, 10.8 per cent of women aged 30-39 years and 11.5 per cent of women aged 40-49 years were overweight (Table 49). Urban women were more likely to be overweight/obese (16.4% overweight, 6% obese) than rural women (6.4% overweight, 1.2% obese).

Table 49: **Nutritional status of women**

Percentage of women of reproductive age (15-49 years) with height under 145 cm, mean body mass index (BMI) and percentage with specific BMI levels, according to background characteristics; 2019 FSNA

Background Characteristics	Height		Body Mass Index (BMI)*				
	Percentage below 145 cm	Number of women	Underweight (<18.5)	Normal (18.5-24.9)	Overweight (25-29.9)	Obese (>30)	Number of women
Age in years							
15 - 19	2.3	455	14.0	83.6	2.4	0.0	455
20 - 29	1.0	2,137	11.0	82.0	6.0	1.0	2,137
30 - 39	1.0	1,293	12.4	73.4	10.8	3.3	1,293
40 - 49	1.2	524	12.9	72.4	11.5	3.2	524
Residence							
Urban	1.8	575	9.7	67.9	16.4	6.0	575
Rural	1.1	3,836	12.3	80.1	6.4	1.2	3,835
District							
Nebbi	2.6	525	5.9	83.6	7.4	3.0	525
Zombo	2.1	613	9.5	79.6	9.0	1.9	613
Pader	1.2	431	11.8	79.5	7.2	1.5	431
Omoro	0.2	355	9.9	75.3	11.3	3.5	355
Otuke	0.6	289	15.0	73.5	9.8	1.6	289
Kole	0.0	517	12.4	80.4	6.1	1.1	517
Adjumani	0.2	384	13.6	78.0	7.0	1.5	384
Yumbe	0.7	675	15.1	79.3	4.0	1.7	675
Moyo	0.6	273	15.7	74.4	8.8	1.2	273
Koboko	2.7	348	13.8	74.5	10.4	1.2	348
Education status							
No formal education	1.0	1,188	12.1	78.3	7.7	1.9	1,188
Primary	1.2	2,644	12.1	79.7	6.8	1.4	2,643
Secondary	0.5	463	12.5	74.3	11.4	1.8	463
Higher or above	3.5	115	6.1	69.6	12.7	11.6	115
Wealth quintile							
Lowest	2.2	838	15.6	79.0	4.9	0.5	838
Second	1.0	897	11.5	78.6	8.2	1.7	896
Middle	0.9	891	12.3	78.3	7.4	2.1	891
Fourth	0.9	886	10.8	77.9	9.0	2.3	886
Highest	0.8	898	9.9	78.7	8.7	2.6	898
Total	**1.2**	**4,410**	**12.0**	**78.5**	**7.6**	**1.8**	**4,410**

* The body mass index is expressed as the ratio of weight in kilogram to the square of height in metres (kg/m^2)
BMI Excludes pregnant women

Omoro had the highest proportion (14.8%) of overweight and obese women, followed by Koboko (11.6%) and Otuke (11.4%). The lowest proportion of overweight and obese women was registered in Yumbe district

(5.7%). The proportion of overweight or obese women increased steadily with increasing education and wealth. Women with no education (7.7%) and in the lowest wealth quintile (4.9%) were less likely to be overweight compared to women with a higher or above secondary education (12.7%), and women in the highest wealth quintile (8.7%). Similarly, women with no education (1.9%) and in the lowest wealth quintiles (0.5%) were less likely to be obese compared to women with a higher or above education (11.6%) and in the highest wealth quintile (2.6%). On the other hand though, underweight was more common among women in the lowest wealth quintile (15.6%).

PREVALENCE OF ANAEMIA IN WOMEN

Anaemia is a major concern among women, as a caused of increased maternal mortality and poor birth outcomes as well as reduction in work productivity. About one-quarter of women aged 15-39 years had some degree of anaemia and among women aged 15-19 years, 17.7% were mildly anaemic, 6.4% moderately anaemic, and 1.2% severely anaemic (Table 50).

Table 50: **Prevalence of anaemia in women**

Percentage of women aged 15-49 years with anaemia, according to background characteristics; 2019 FSNA

Background Characteristics	Anaemia status by haemoglobin level					
	Any	Severe	Moderate	Mild	Not anaemic	Number of women
Age in years						
15 - 19	25.3	1.2	6.4	17.7	74.7	304
20 - 29	22.2	0.0	6.9	15.3	77.8	1,404
30 - 39	25.8	0.0	5.5	20.3	74.2	811
40 - 49	36.5	0.0	3.1	33.4	63.5	318
Residence						
Urban	21.0	0.0	5.4	15.6	79.0	302
Rural	25.7	0.1	6.1	19.4	74.3	2,537
District						
Nebbi	13.3	0.0	3.3	10.0	86.7	349
Zombo	25.7	0.5	9.0	16.2	74.3	474
Pader	34.8	0.0	3.1	31.7	65.2	314
Omoro	26.5	0.0	6.0	20.6	73.5	186
Otuke	12.5	0.0	.8	11.7	87.5	252
Kole	23.4	0.4	4.6	18.3	76.6	322
Adjumani	26.6	0.0	9.9	16.7	73.4	190
Yumbe	34.6	0.0	9.5	25.1	65.4	392
Moyo	33.0	0.0	8.9	24.2	67.0	165
Koboko	20.4	0.0	4.3	16.1	79.6	194
Education status						
No formal education	28.2	0.0	5.2	23.0	71.8	753
Primary	24.6	0.2	6.4	18.1	75.4	1,746
Secondary	22.0	0.0	6.8	15.2	78.0	272
Higher or above	16.9	0.0	3.5	13.4	83.1	68
Wealth quintile						
Lowest	24.9	0.4	5.6	18.9	75.1	536
Second	25.2	0.0	4.4	20.8	74.8	562
Middle	28.9	0.0	7.9	21.1	71.1	562
Fourth	22.1	0.2	5.1	16.8	77.9	605
Highest	24.8	0.0	7.2	17.7	75.2	574
Total	**27.5**	**0.3**	**5.5**	**21.7**	**72.6**	**2,837**

The prevalence of anaemia was higher in rural areas (25.7%) than in urban areas (21.0%). There was regional variation in the prevalence of any degree of anaemia among women, from 12.5% in Otuke district and 23.4% in Kole district to 34.8% in Pader district. Based on the table, the prevalence of anaemia in women aged 15-49 years decreased with increasing education. 28.2 per cent women with no formal education had some form of anaemia while the proportion of anaemia was 24.6% in women with primary education, 22 per cent in women with secondary education and 16.9 per cent in women with higher or above education. The prevalence of anaemia ranged from 22-29 per cent in women across all wealth quintiles.

SEVERE ACUTE MALNUTRITION BY MUAC

Severe acute malnutrition is defined by a very low weight for height (below -3z SD of median or mid upper arm circumference (MUAC) <115 mm as per the WHO growth standards), by visible severe wasting, or by the presence of nutritional oedema. Decreasing child mortality and improving maternal health depend heavily on reducing malnutrition, which is responsible, directly or indirectly, for 35% of deaths among children under five years globally.

Overall, 0.9 per cent children had severe malnutrition, 1.9 per cent had moderate malnutrition and 2.8 per cent had global acute malnutrition (Table 51). Based on the table 51, there was insignificant difference in prevalence of malnutrition between urban and rural areas. For everyone child with global acute malnutrition in Moyo district, there were almost seven children with the same in Pader district. Omoro had the highest rate of severe malnutrition (2.0%). Variation on the prevalence of malnutrition was not significant across different wealth quintiles.

Table 51: **Prevalence of acute malnutrition by MUAC**

Background Characteristics	Prevalence of malnutrition by MUAC			Number of children
	Severe malnutrition (< 115 mm)	Moderate malnutrition (< 125 mm and >= 115 mm)	Global Acute Malnutrition (< 125 mm)	
Residence				
Urban	0.9	2.0	3.0	656
Rural	0.9	1.9	2.8	4,889
District				
Nebbi	0.9	2.7	3.6	614
Zombo	1.0	0.5	1.6	719
Pader	1.0	5.8	6.9	456
Omoro	2.0	1.8	3.8	456
Otuke	1.0	2.3	3.3	308
Kole	1.3	1.6	2.9	685
Adjumani	0.6	1.1	1.7	509
Yumbe	0.5	1.9	2.3	1,029
Moyo	0.3	0.8	1.1	348
Koboko	0.8	1.2	2.0	421
Wealth quintile				
Lowest	0.9	2.5	3.4	1,048
Second	0.8	1.8	2.6	1,114
Middle	1.2	1.4	2.7	1,092
Fourth	0.9	2.2	3.1	1,128
Highest	0.8	1.7	2.5	1,162
Total	**0.9**	**1.9**	**2.8**	**5,545**

MATERNAL, INFANT AND YOUNG CHILD FEEDING AND DIETARY PRACTICES

WOMEN DIETARY DIVERSITY

Women of reproductive age (WRA) are often nutritionally vulnerable because of the physiological demands of pregnancy and lactation. Minimum dietary diversity for WRA (MDD-W) is a proxy for adequate micronutrient density of foods and is a food group diversity indicator that has been shown to reflect one key dimension of diet quality: micronutrient adequacy.

Table 52: **Minimum dietary diversity for women**

Percentage of women of reproductive age who had at least 5 food groups in last 24 hours, according to background characteristics; 2019 FSNA

Background Characteristics	Minimum dietary diversity (MDD-W) *	Number of women aged 15-49 years
Age of women in years		
15-19	52.1	567
20 - 29	51.9	3,262
30 - 39	49.2	1,872
40 - 49	50.1	667
Residence		
Urban	60.3	799
Rural	49.6	5,569
District		
Nebbi	69.0	747
Zombo	72.2	880
Pader	47.0	574
Omoro	54.2	498
Otuke	21.9	391
Kole	52.6	720
Adjumani	29.9	561
Yumbe	47.5	1,110
Moyo	47.3	367
Koboko	42.6	520
Education		
No formal education	42.3	1,681
Primary	53.1	3,886
Secondary	55.7	646
Higher or above	70.5	155
Wealth quintile		
Lowest	42.9	1,217
Second	49.4	1,277
Middle	51.7	1,272
Fourth	53.3	1,288
Highest	56.9	1,316
Total	**50.9**	**6,368**

* Minimum dietary diversity for women (MDD-W) is a population-level indicator of diet diversity for women aged 15-49 years old. The MDD-W is a dichotomous indicator based on 10 food groups. Women who have consumed at least 5 of the 10 possible food groups over a 24-hour recall period are classified as having minimally adequate diet diversity.

Overall, approximately 50 per cent of women of reproductive age received a minimum acceptable diet in the 24 hours preceding the interview. Women from urban residence were 1.5 times more likely to receive a minimum acceptable diet as compared to women from rural residence (Table 52).

Seven in 10 (70%) WRA with higher than secondary education consumed a minimum dietary diversity compared to only four in 10 WRA with no formal education. Similarly, less than half (41.9%) of women in the lowest wealth quintile had an MDD-W compared to 56.9 per cent of women in the highest wealth quintile. In total, about half of the WRA (50.9%) only received a minimum acceptable diet.

Table 53 presents data on the types of diverse foods consumed by women of reproductive age (WRA). Grains, white roots, tubers and plantain were the most common food eaten by 92 per cent of WRA, consumed 24 hours prior to the interview. Protein-rich foods such as beans, peas and lentils were consumed by seventy-seven per cent of WRA followed by dark green leafy vegetables (55.3%). Less than half of the women consumed meat, fish, poultry (45.6%), nuts and seeds (42.9%) and vitamin A rich fruits and vegetables (43.3%). Consumption of dairy products (9.5%) and eggs (11.6%) was extremely low.

Table 53: **Foods and liquids consumed by women in the day or night preceding the interview**

Percentage of women of reproductive age by type of foods consumed by type of foods consumed in the day or night preceding the interview according to background characteristics; 2019 FSNA

Background Characteristics	Grains, white roots, tubers and plantain	Beans, peas and lentils	Nuts and seeds	Dairy products	Meat, fish, poultry	Eggs	Dark green leafy vegetables	Other vitamin A rich fruits and vegetables	Other vegetables	Other fruits	Number of women
Age of women in years											
15-19	91.8	75.4	44.7	8.1	46.8	14.6	52.7	51.0	70.1	20.0	**567**
20 - 29	92.0	78.6	43.7	10.1	45.8	13.2	54.6	42.0	69.5	17.5	**3,262**
30 - 39	90.6	75.0	41.5	8.1	45.8	8.8	57.2	41.7	64.3	15.0	**1,872**
40 - 49	93.3	76.1	41.9	11.5	42.8	9.4	55.5	47.7	67.4	16.0	**6,67**
District											
Nebbi	91.2	90.1	35.5	6.6	75.2	6.9	69.4	66.9	75.0	30.7	**747**
Zombo	88.7	77.6	43.3	6.2	64.7	16.8	56.4	61.8	84.2	48.5	**880**
Pader	97.0	66.4	37.3	6.1	47.9	7.0	46.2	43.5	79.8	1.6	**574**
Omoro	97.6	68.5	34.7	7.2	38.6	8.3	56.3	75.1	76.1	13.0	**498**
Otuke	88.3	66.6	23.1	10.4	3.9	1.3	37.3	48.0	35.6	0.9	**391**
Kole	96.3	79.3	37.1	17.5	23.0	9.6	43.8	78.1	67.6	8.0	**720**
Adjumani	93.7	66.0	46.9	18.9	38.9	8.4	47.1	2.8	52.6	7.5	**562**
Yumbe	89.1	86.3	57.1	7.0	41.7	18.9	66.3	11.4	63.5	11.9	**1,110**
Moyo	90.5	76.8	59.5	14.0	49.8	13.0	53.7	12.7	67.8	12.8	**367**
Koboko	86.6	73.9	44.1	5.4	49.6	15.8	58.1	29.0	59.0	11.9	**520**
Total	**91.7**	**77.0**	**42.9**	**9.5**	**45.6**	**11.6**	**55.3**	**43.3**	**67.8**	**16.8**	**6,368**

IFA INTAKE AND DEWORMING BY MOTHERS

Adequate micronutrient intake by women has important benefits for both women and their children. Iron supplementation of women during pregnancy protects the mother and foetus against anaemia, which is considered a major cause of perinatal and maternal mortality. Anaemia also results in an increased risk of premature delivery and low birth weight. Table 54 shows that over 70 per cent of women aged 15-29 years took iron supplements for fewer than 60 days. There was only a small difference in the uptake of IFA supplement for more than 90 days between rural (14.1%) and urban (12.7%) residence. Pader district had the highest percentage (16.4%) of women who did not take any IFA supplements followed by Zombo district (15.4%). Moyo district with 41.4%, had the highest coverage of IFA uptake. All women with education higher than secondary level took IFA supplement for at least less than 60 days compared to 11.2 per cent of women with no formal education who did not take IFA at all.

Table 54: **Micronutrient intake among mothers**

Among women age 15-49 years with a child born in the past five years, the per cent distribution by number of days they took iron and folic acid supplements during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child, by background characteristics, FSNA 2019

Background Characteristics	Iron folate uptake (days)					De-wormers	
	None	<60	60 - 89	90+	Number of women	Percentage of women who took deworming medication during pregnancy of last birth	Number of women
Age in years							
15 – 19	10.6	71.0	7.0	11.4	328	65.3	391
20 – 29	7.7	72.6	6.3	13.4	1,590	65.8	1,820
30 - 39	9.2	66.3	7.5	16.9	761	66.0	882
40 - 49	8.6	73.1	6.7	11.6	176	63.5	210
Residence							
Urban	8.6	72.8	5.9	12.7	357	67.2	425
Rural	8.5	70.4	6.9	14.1	2,530	65.1	2,928
District							
Nebbi	5.8	69.8	6.7	17.7	331	64.5	432
Zombo	15.4	81.2	2.0	1.4	321	71.8	428
Pader	16.4	66.1	13.4	4.1	173	58.0	246
Omoro	4.5	59.4	12.3	23.9	216	70.4	232
Otuke	6.7	77.5	6.3	9.5	129	60.9	197
Kole	13.4	73.7	6.9	6.0	273	62.8	364
Adjumani	2.5	75.1	5.8	16.5	354	49.1	359
Yumbe	8.8	73.8	4.4	13.0	560	70.4	561
Moyo	2.5	44.1	12.0	41.4	251	80.3	251
Koboko	10.5	77.6	5.8	6.1	279	62.9	283
Education status							
No formal education	11.2	74.3	5.8	8.6	662	66.5	816
Primary	8.1	69.8	7.1	15.0	1,825	64.7	2,095
Secondary	7.0	66.9	7.7	18.4	333	64.3	364
Higher or above	0.0	79.1	4.7	16.2	67	75.1	79
Wealth quintile							
Lowest	8.6	71.6	6.0	13.8	555	62.1	673
Second	9.3	69.6	7.0	14.1	581	62.9	676
Middle	10.1	71.0	5.7	13.2	593	66.8	677
Fourth	8.3	71.1	7.5	13.0	584	64.9	668
Highest	6.2	70.3	7.9	15.6	575	70.2	659
Total	**9.0**	**70.8**	**6.9**	**13.3**	**2,855**	**65.2**	**3,303**

Helminth infection is one of the factors contributing to anaemia among pregnant women. Deworming during pregnancy thus is a cost-effective intervention against intestinal worms that enables better absorption of nutrients and iron, thus reducing the prevalence of anaemia. Approximately 65 per cent of women took deworming medication during their last pregnancy. Like uptake of IFA, women from Moyo district were most likely to take deworming medication (80.3%), while women from Adjumani district were least likely to do so (49.1%). Women with education above secondary (75.1%) were more likely to take deworming medication than women with no education (66.5%). Similarly, women in the highest wealth quintile (70.2%) were more likely than women in lesser wealth quintiles (62 – 67 %) to take deworming medication.

INITIAL BREASTFEEDING

Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of prolactin, which helps in the production of milk, and oxytocin, which is responsible for the ejection of milk. It also stimulates contraction of the uterus after childbirth and reduces postpartum blood loss. The first liquid to come from the breast, known as colostrum, is produced in the first few days after delivery. Colostrum is highly nutritious and contains antibodies that provide natural immunity to the infant. It is recommended that children be fed colostrum immediately after birth (within one hour) and that they continue to be exclusively breastfed even if breast milk has not yet started to flow. Prelacteal feeding: giving food to new-borns before the initiation of breastfeeding is not recommended.

Table 55: **Timely initiation of breastfeeding**

Among last-born children who were born two years preceding the survey, percentage who were ever breastfed and percentages who started breastfeeding within 1 hour and within 1 day of birth, according to background characteristics, FSNA 2019

Background Characteristics	Among last-born children born in the past 2 years:			
	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth	Number of last-born children
Residence				
Urban	97.7	66.0	96.8	429
Rural	98.6	57.2	96.4	3,012
District				
Nebbi	99.2	74.7	98.4	441
Zombo	97.7	61.5	98.8	442
Pader	97.0	48.9	91.0	254
Omoro	98.4	45.6	96.5	237
Otuke	98.1	61.4	91.5	199
Kole	96.1	49.3	94.8	376
Adjumani	98.7	67.3	99.1	362
Yumbe	100	42.4	99.5	593
Moyo	99.1	65.1	87.7	253
Koboko	99.3	71.8	98.5	285
Mother's education level				
No formal education	98.5	60.1	97.5	846
Primary	98.5	56.3	96.3	2,143
Secondary	98.0	63.0	94.2	370
Higher or above	100	70.9	98.1	81
Wealth quintile				
Lowest	98.4	59.3	96.9	703
Second	97.7	59.0	96.3	686
Middle	98.0	56.7	95.9	699
Fourth	99.8	59.0	96.9	683
Highest	98.6	57.3	96.3	670
Total	**98.5**	**58.3**	**96.5**	**3,441**

Up to 98.5 per cent of children were breastfed for some period, with negligible differences by background characteristics (Table 55). Nearly two-thirds of children (66%) from urban residence and 57.2 per cent from rural residence were breastfed within one hour. The vast majority (88%- 99 %) of children were breastfed within one day of birth. Initiation of breastfeeding in the first hour after birth varied somewhat by background characteristics. Almost 75 per cent of children from Nebbi district were breastfed within one hour of birth, as compared with 42.4 per cent of children in the Yumbe district. Mothers with education higher than secondary level (70.9%) were more likely to initiate breastfeeding in the first hour than those with some or no education (63 % or less). Mothers in all wealth quintiles had relatively similar proportions of early initiation (57 – 59 %).

BREASTFEEDING STATUS

UNICEF and WHO recommend that children be exclusively breastfed during the first six months of life and that they be given solid and semi-solid complementary foods in addition to continued breastfeeding from six months until 24 months or more when the child is fully weaned. Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all of the nutrients necessary for children in the first several months of life. In addition, the mother's antibodies in breast milk provide immunity to disease.

Table 56: **Breastfeeding status**

Percentage distribution of children who are breastfed under six months; continued breastfeeding beyond six months until 1 year and 2 years, according to background characteristics, FSNA 2019

Background Characteristics	Children age 0-5 months			Children age 12-15 months		Children age 20-23 months	
	Percentage exclusively breastfed	Percentage predominantly breastfed	Number of children	Percentage breastfeeding at 1 year)	Number of children	Percentage breastfeeding at 2 years)	Number of children
Sex							
Male	58.4	64.2	358	87.9	216	59.5	251
Female	61.6	68.8	380	88.7	216	52.4	237
Residence							
Urban	48.2	53.8	93	91.7	53	51.8	59
Rural	61.8	68.4	645	87.8	380	56.6	429
District							
Nebbi	58.1	61.7	99	87.5	59	53.6	58
Zombo	51.5	58.6	97	97.4	59	68.6	88
Pader	71.2	79.9	46	80.9	32	48.9	45
Omoro	58.3	67.1	55	85.3	38	35.4	25
Otuke	79.9	88.5	31	74.0	16	24.6	21
Kole	65.7	67.2	79	83.6	52	70.9	34
Adjumani	64.7	71.4	89	94.3	36	54.4	46
Yumbe	54.9	64.3	138	85.4	81	64.1	84
Moyo	68.4	73.3	35	96.3	29	49.7	45
Koboko	53.8	59.4	69	92.4	29	49.6	42
Mother's education							
No formal education	60.4	63.7	169	91.2	118	49.7	115
Primary	60.4	67.9	467	86.8	256	57.9	310
Secondary	60.3	67.8	88	87.2	46	56.1	56
Higher or above	44.0	50.2	15	94.7	12	80.5	7
Wealth quintile							
Lowest	71.5	74.6	147	90.9	93	57.4	108
Second	61.0	67.5	154	86.6	84	53.0	121
Middle	64.4	69.8	148	85.2	86	61.2	100
Fourth	51.4	60.5	152	89.6	88	48.3	83
Highest	51.9	60.1	138	88.9	81	60.8	76
Total	**60.1**	**66.6**	**738**	**88.3**	**433**	**56.1**	**488**

Up to 60 per cent of children were exclusively breastfed for the first six months (Table 56). Continued breastfeeding until age 1 was 88 per cent and decreased to 56 per cent of children being breastfed beyond one year until they were two years. Children aged 0-5 months in rural areas (61.8%) were more likely to be exclusively breastfed than in urban areas (48.2%). Exclusive breastfeeding for children age 0-5 months was lowest for mothers with higher or above education and about sixty per cent for mothers with no formal education as well as primary and secondary education. The data shows a gradual decrease in exclusive breastfeeding with increasing household wealth quintile. Households in the lowest wealth quintile had the highest proportion (71.5%) of exclusive breastfeeding status for children aged 0-5 months while the households in the fourth wealth quintile had the lowest proportion of exclusive breastfeeding (51.4%) similar to the highest wealth quintile (51.9%). Continued breastfeeding at two years varied among districts, with Otuke having the lowest proportion (24.6%) and Kole the highest (70.9%). Pader, Omoro, Moyo and Koboko had less than fifty per cent who continued breastfeeding at two years (35-49 %).

BREASTFEEDING STATUS BY AGE

Table 57 shows the per cent distribution of youngest children under two years living with their mother, by breastfeeding status and the percentage of children under two years using a bottle with a nipple, according to age in months. Among subgroups, the percentage of children exclusively breastfed decreased from 81.6 per cent of infants aged 0-1 month to 75.4 per cent of infants aged 2-3 months and, further, to 48.2 per cent of infants aged 4-5 months and reduced even more drastically to 3.9 per cent for infants aged 6-8 months. In addition to receiving breast milk, 6 per cent of children under six months received plain water, 0.3 per cent received other milk, and 22.3 per cent were given complementary foods. Contrary to recommendations, 15.4 per cent of children aged 0-1 months, 14.5 per cent aged 2-3 months and 34.6 per cent aged age 4-5 months received complementary foods.

After six months, the majority of the children received complementary foods in addition to breast milk, as recommended; however, 19 per cent of children aged 6-9 months did not receive complementary foods the day or night preceding the survey. Up to 7.5 per cent of children under six months and 18.9 per cent of children aged 6-9 months used a bottle with a nipple the day or night preceding the survey. Bottle feeding is a concern because of the high possibility of contamination from limited hygiene and use of unsafe water during milk preparation. It also may reduce the child's interest in breastfeeding, with a consequential decline in the mother's milk production. It is recommended that a child be breastfed until two years of age. The duration of breastfeeding in Northern Uganda and West Nile primarily meets this target, with nearly two-third of children (61.6%) breastfed until two years. The proportion of children currently breastfeeding decreased with increasing child age, from 90.8 per cent among children aged 12-17 months and to 65.3 per cent among children aged 18-23 months.

Table 57: **Breastfeeding status by age**

Percentage distribution of youngest children under two years who are living with their mother by breastfeeding status, percentage currently breastfeeding, and percentage of all children under two years using a bottle with a nipple, according to age in months, FSNA 2019

Age in months	Breastfeeding status									Ever fed with bottle with nipple	Number of children under two years
	Not breastfeeding	Exclusively breastfed	Breastfeeding and consuming plain water only	Breastfeeding and consuming non-milk liquids[1]	Breastfeeding and consuming other milk	Breastfeeding and consuming complementary foods	Total	Still breastfeeding	Number of young children		
0 - 1	1.2	81.6	0.6	1.2	0.0	15.4	100	98.8	227	6.2	236
2 - 3	1.7	75.4	6.1	2.3	0.0	14.5	100	98.3	215	3.4	224
4 - 5	4.5	48.2	10.5	1.6	0.7	34.6	100	95.5	262	11.8	278
6 - 8	1.0	12.7	7.3	0.3	0.0	78.7	100	99.0	367	19.9	376
9 - 11	3.2	3.9	3.9	0.4	0.2	88.3	100	96.8	369	19.6	383
12 - 17	9.1	2.8	2.2	0.2	0.1	85.6	100	90.9	639	15.2	676
18 - 23	34.7	1.7	1.8	0.3	0.0	61.5	100	65.3	640	13.7	699
0 - 3	1.4	78.6	3.3	1.7	0.0	15.0	100	98.6	442	4.8	460
0 - 5	2.6	67.3	6.0	1.7	0.3	22.3	100	97.4	705	7.5	738
6 - 9	1.2	10.7	6.6	0.6	0.2	80.6	100	98.8	487	18.9	500
12 - 15	6.6	2.9	2.3	0.2	0.2	87.9	100	93.4	409	15.0	433
12 - 23	21.9	2.2	2.0	0.3	0.1	73.6	100	78.1	1,280	14.4	1,375
20 - 23	38.4	1.5	1.6	0.2	0.0	58.4	100	61.6	444	12.5	488

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only, consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages added up to 100 per cent. Thus, children who received breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods were classified in the non-milk liquid category even though they may also have received plain water. Any children who received complementary food were classified in that category as long as they were breastfeeding as well.

[1]Non-milk liquids include juice, juice drinks, clear broth or other liquids

AGE-APPROPRIATE FEEDING

Table 58: **Age-appropriate feeding**

Percentage distribution of youngest children under two years by feeding practice according to background characteristics, FSNA 2019

Background Characteristics	Children aged 0-5 months		Children aged 6-23 months		Children aged 0-23 months	
	Percentage exclusively breastfed	Number of children	Percentage currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percentage appropriately breastfed	Number of children
Sex of the child						
Male	58.4	358	72.0	1,055	68.5	1,413
Female	61.6	380	74.0	1,078	70.7	1,459
Residence						
Urban	48.2	93	76.1	260	68.7	353
Rural	61.8	645	72.5	1,873	69.8	2,518
District						
Nebbi	58.1	99	75.2	258	70.5	357
Zombo	51.5	97	79.4	297	72.6	394
Pader	71.2	46	75.3	191	74.5	237
Omoro	58.3	55	66.1	151	64.0	206
Otuke	79.9	31	47.7	96	55.6	127
Kole	65.7	79	80.3	215	76.4	294
Adjumani	64.7	89	75.0	211	72.0	300
Yumbe	54.9	138	69.9	393	66.0	531
Moyo	68.4	35	70.3	157	70.0	191
Koboko	53.8	69	73.7	164	67.8	233
Mother's education						
No formal education	60.4	169	69.3	528	67.1	696
Primary	60.4	467	73.2	1,317	69.9	1,784
Secondary	60.3	88	77.3	238	72.8	327
Higher or above	44.0	15	85.0	50	75.6	64
Wealth quintile						
Lowest	71.5	147	70.9	447	71.0	593
Second	61.0	154	71.2	425	68.5	579
Middle	64.4	148	71.5	448	69.7	595
Fourth	51.4	152	72.6	404	66.8	556
Highest	51.9	138	79.1	410	72.2	548
Total	**60.1**	**738**	**73.0**	**2,133**	**69.7**	**2,871**

INTRODUCTION OF SOLID, SEMI-SOLID AND SOFT FOODS

UNICEF and WHO recommend the introduction of solid or semi-solid food to infants at six months because by that age breast milk alone is no longer sufficient to maintain a child's optimal growth. In the transition to eating the family diet, children from six months should be fed small quantities of solid and semi-solid foods throughout the day while continuing to breastfeed up to age 2 or beyond.

Table 59 presents the percentages of children receiving solid, semi-solid or soft foods based on breastfeeding status. Eighty per cent of children aged 6-8 months were introduced to solid, semi-solid, or soft foods in

addition to being breastfed while 84.2 per cent of children aged 6-8 months have only received solid, semi-solid or soft foods without any breastfeeding.

Table 59: **Introduction of solid, semi-solid or soft foods (6-8 months)**

Percentage of children aged 6-8 months who received any solid, semi-solid or soft foods along based on breastfeeding status during the previous day, by background characteristics, FSNA 2019

Background Characteristics	Currently breastfeeding		Currently not breastfeeding		All	
	Percentage receiving solid, semi-solid or soft foods	Number of children aged 6-8 months	Percentage receiving solid, semi-solid or soft foods	Number of children aged 6-8 months	Percentage receiving solid, semi-solid or soft foods	Number of children aged 6-8 months
Sex of the child						
Male	78.9	158	82.8	7	79.1	165
Female	79.9	206	86.3	5	80.0	211
Residence						
Urban	81.1	49	0.0	1	79.9	49
Rural	79.2	315	89.3	11	79.6	326
District						
Nebbi	83.3	49	100	3	84.1	51
Zombo	78.1	47	100	1	78.7	48
Pader	89.2	40		0	89.2	40
Omoro	86.5	16		0	86.5	16
Otuke	52.9	16	44.8	1	52.3	18
Kole	90.6	37	100	1	90.9	39
Adjumani	86.7	39	66.3	2	85.7	41
Yumbe	70.6	69	100	2	71.6	72
Moyo	75.8	23	50.0	1	74.6	24
Koboko	72.2	27		0	72.2	27
Mother's education						
No formal education	73.6	87	48.6	2	72.9	89
Primary	81.0	228	93.0	10	81.4	238
Secondary	84.5	43	0.0	0	84.5	43
Higher or above	71.0	5	0.0	0	71.0	5
Wealth quintile						
Lowest	73.4	80	100	2	74.0	81
Second	80.2	55	58.9	5	78.6	59
Middle	78.4	80	100	3	79.1	82
Fourth	79.8	72	100	2	80.3	74
Highest	86.0	77	100	1	86.2	79
Total	**79.5**	**364**	**84.2**	**12**	**79.6**	**376**

FOODS AND LIQUIDS CONSUMED BY CHILDREN

Table 60 shows all the types of liquids and solid or semi-solid complementary foods given to breastfeeding and non-breastfeeding children. Overall, 98 per cent of non-breastfed children aged 6-23 months received solid or semi-solid complementary foods compared to 91 per cent of breastfed children aged 6-23 months. The most common foods given to non-breastfeeding children aged 6-23 months were fruits and vegetables rich in vitamin A (79.5%), foods made from grains (72.7%), food made from roots and tubers (54.1%), and other fruits and vegetables (19.7%). Children were also fed protein-rich foods such as legumes and nuts (49.7%), meat, fish and poultry (32.5%), eggs (7.9%). Only 2.7 per cent of breastfed children age 6-23 months received

cheese, yoghurt and other milk products, and 7.1 per cent were given fortified baby foods. Other than breast milk, liquids fed to children in 6-8 month age group included other liquids such as juice or clear broth to both breastfed (47.8%) and non-breastfed (50%) children. The percentage of children who consumed each type of liquid and complementary food except cheese and milk products was higher among non-breastfeeding children than in breastfeeding children.

Table 60: **Foods and liquids consumed by children in the day or night preceding the interview**

Percentage of youngest children under two years by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age; FSNA 2019

	Liquids			Solid or semi-solid foods										
Age in months	**Infant formula**	**Other milk[1]**	**Other liquids[2]**	**Fortified baby foods**	**Food made from grains[3]**	**Fruits and vegetables rich in vitamin A[4]**	**Other fruits and vegetables**	**Food made from roots and tubers[5]**	**Food made from legumes and nuts**	**Meat, fish, poultry**	**Eggs**	**Cheese, yogurt, other milk products**	**Received any solid, semi-solid or soft foods**	**Number of children**
Non-breastfeeding Children														
0 - 1	0.0	0.0	44.7	0.0	74.3	74.3	0.0	74.3	29.6	0.0	44.7	0.0	74.3	3
2 - 3	0.0	27.5	66.3	0.0	100	66.3	38.8	0.0	66.3	33.7	0.0	0.0	100	4
4 - 5	0.0	0.0	18.6	0.0	36.2	56.3	56.3	43.1	27.6	27.6	0.0	0.0	71.8	12
6 - 8	0.0	0.0	47.8	0.0	67.3	66.1	0.0	15.8	0.0	17.4	0.0	0.0	82.0	4
9 - 11	6.1	33.2	47.6	6.6	35.7	76.4	22.3	52.0	42.6	18.1	19.5	6.6	100	12
12 - 17	0.0	20.3	64.5	12.7	77.8	83.0	23.8	63.1	55.2	35.1	8.4	5.3	100	58
18 - 23	1.2	14.5	72.4	5.8	73.4	79.0	18.8	52.5	49.5	32.8	7.2	1.8	97.5	222
6 - 23	1.1	16.3	69.5	7.1	72.7	79.5	19.7	54.1	49.7	32.5	7.9	2.7	97.9	296
Total	**1.1**	**15.6**	**67.4**	**6.7**	**71.7**	**78.4**	**21.1**	**53.3**	**48.9**	**32.0**	**7.8**	**2.5**	**96.8**	**314**
Breastfeeding children														
0 - 1	0.0	0.0	2.7	0.3	1.1	3.6	0.8	4.4	1.0	5.0	0.5	1.5	15.6	224
2 - 3	0.7	0.7	3.4	1.1	3.4	1.6	0.9	2.4	0.4	2.8	2.9	1.5	14.8	212
4 - 5	0.9	4.2	20.2	3.9	15.3	17.6	4.1	7.3	11.8	7.8	1.8	0.9	36.2	250
6 - 8	0.6	7.3	50.0	7.1	49.7	47.2	12.0	26.8	35.9	19.5	7.9	3.1	79.5	364
9 - 11	1.5	7.1	56.3	6.1	64.6	71.6	15.0	44.3	45.0	28.6	7.8	4.5	91.3	358
12 - 17	0.7	6.8	61.8	8.4	61.5	77.3	17.1	51.6	49.4	34.3	7.7	3.8	94.2	581
18 - 23	0.6	6.6	64.8	8.2	65.6	76.7	18.5	55.3	46.1	36.0	9.3	4.3	94.2	418
6 - 23	0.8	6.9	58.9	7.6	60.7	69.6	15.9	45.7	44.8	30.4	8.1	3.9	90.5	1,720
Total	**0.7**	**5.4**	**44.7**	**6.0**	**45.4**	**52.1**	**12.0**	**34.1**	**33.4**	**23.3**	**6.3**	**3.2**	**71.2**	**2,407**

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night).
[1]Other milk includes fresh, tinned, and powdered cow or other animal milk.
[2]Does not include plain water. Includes juice, juice drinks, clear broth, or other non-milk liquids.
[3]Includes fortified baby food
[4]Includes pumpkin, carrots, red sweet potatoes, dark green leafy vegetables, ripe mangoes, and ripe papayas
[5]Includes bananas/plantain (matooke, ndiizi, gonja)

COMPLEMENTARY FEEDING PRACTICES

Table 61 presents summary indicators of infant and young child feeding practices in the 24 hours preceding the survey for the youngest children aged 6-23 months living with their mother. Only 12 per cent of last-born children aged 6-23 months were fed a minimum acceptable diet in the 24 hours preceding the interview. Less than three in ten (26%) children aged 6-23 months were fed according to minimum dietary diversity (they were fed from at least four food groups). Almost one-third (32%) of children aged 6-23 months were fed according to minimum meal frequency. They were fed two to four times per day depending on age and breastfeeding status. Omoro (1.7%), Otuke (3.4%) and Pader (4.1%) had the lowest rate of the minimum acceptable diet (MAD) while Yumbe (23.7%) and Zombo (23.5%) had the highest proportion.

Table 61: **Infant and young child feeding practices**

Percentage of youngest children age 6-23 months who were fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they were fed during the day or night preceding the survey, according to background characteristics, 2019 FSNA

Background Characteristics	Currently breastfeeding				Currently not breastfeeding					All			
	Percentage of children who received:			Number of children aged 6-23 months	Percentage of children who received:				Number of children aged 6-23 months	Percentage of children who received:			Number of children aged 6-23 months
	Minimum dietary diversity	Minimum meal frequency	Minimum acceptable diet		Minimum dietary diversity	Minimum meal frequency	Minimum acceptable diet	At least two milk feeds		Minimum dietary diversity	Minimum meal frequency	Minimum acceptable diet	
Sex of child													
Male	30.6	35.7	14.6	841	8.4	20.5	2.6	10.5	214	26.1	32.6	12.1	1,055
Female	28.6	34.3	14.2	879	10.4	20.4	3.1	10.8	199	25.2	31.7	12.2	1,078
Residence													
Urban	36.2	37.7	20.9	212	12.1	34.8	4.6	17.9	48	31.8	37.2	17.9	260
Rural	28.6	34.6	13.5	1,508	9.0	18.6	2.6	9.7	365	24.8	31.5	11.4	1,873
District													
Nebbi	39.4	32.0	11.0	208	7.2	8.8	0.0	2.4	50	33.1	27.5	8.9	258
Zombo	48.3	44.1	23.5	254	13.7	23.8	0.0	0.0	44	43.2	41.1	20.0	297
Pader	13.6	29.9	3.4	151	0.0	7.9	0.0	7.9	40	10.8	25.3	2.7	191
Omoro	4.7	24.8	1.7	113	5.0	14.3	2.7	6.7	38	4.8	22.2	2.0	151
Otuke	5.5	20.2	4.1	64	1.6	18.9	0.0	3.8	32	4.2	19.8	2.7	96
Kole	22.4	18.9	6.6	180	13.4	30.3	0.0	32.7	35	20.9	20.7	5.5	215
Adjumani	30.9	45.0	16.0	177	27.3	51.9	15.4	36.7	34	30.4	46.1	15.9	211
Yumbe	32.8	42.5	23.7	319	5.7	14.0	1.9	5.1	74	27.7	37.1	19.6	393
Moyo	29.4	41.8	16.3	123	9.2	27.3	7.3	17.1	34	25.0	38.6	14.3	157
Koboko	29.5	27.6	15.3	132	16.2	22.2	4.7	6.5	32	26.9	26.6	13.2	164
Mother's education													
No formal	28.0	34.8	12.8	415	6.3	16.9	2.9	4.4	113	23.4	30.9	10.7	528

education													
Primary	29.5	34.9	14.8	1,067	10.0	19.0	2.5	11.0	250	25.8	31.9	12.5	1,317
Secondary	32.2	37.2	16.7	195	12.9	30.6	3.3	19.9	43	28.7	36.0	14.2	238
Higher or above	33.7	29.1	9.7	44	13.5	79.2	13.5	44.3	6	31.3	35.0	10.2	50
Wealth quintile													
Lowest	21.9	29.6	10.1	366	3.9	12.6	0.0	5.2	81	18.7	26.6	8.3	447
Second	27.1	30.7	10.6	327	9.7	22.5	3.2	7.6	98	23.1	28.8	8.9	425
Middle	29.7	39.1	16.1	361	8.3	22.5	4.0	17.3	87	25.5	35.8	13.8	448
Fourth	28.8	31.8	12.5	318	9.7	20.8	3.6	10.4	86	24.8	29.4	10.6	404
Highest	40.4	43.2	22.4	349	17.0	24.4	3.2	13.4	61	36.9	40.4	19.6	410
Total	**29.6**	**35.0**	**14.4**	**1,720**	**9.3**	**20.5**	**2.8**	**10.6**	**413**	**25.7**	**32.2**	**12.2**	**2,133**

INFANT AND YOUNG CHILD FEEDING INDICATORS

Table 62 shows the infant and young child feeding (IYCF) indicators of breastfeeding status. 67 per cent of children under six months and 48 per cent of children aged 4-5 months were exclusively breastfed, and 66 per cent of children under six months were predominantly breastfed. The table also shows that 88 per cent of children continued breastfeeding at one year and that 56 per cent continued doing so at two years. About 80 per cent of children aged 6-8 months had been introduced to solid, semisolid, or soft foods. 14 per cent of children aged 0-23 months used a bottle with a nipple the day or night preceding the survey.

Table 62: **Summary infant and young child feeding indicators**

Indicator	Indicator numerator and denominator	Value
Exclusive breastfeeding under 6 months	Percentage exclusively breastfed Number of children aged 0-5 months	(67.3%) 705
Exclusive breastfeeding at 4-5 months of age	Percentage exclusively breastfed Number of children aged 4-5 months	(48.2%) 262
Continued breastfeeding at year	Percentage currently breastfeeding Number of children aged 12-15 months	(88.3%) 433
Introduction of solid, semi-solid or soft foods (6-8 months)	Percentage of children aged 6-8 months who received any solid, semi-solid or soft foods during the previous day Number of youngest children aged 6-8 months	(79.6%) 376
Continued breastfeeding at 2 years	Percentage currently breastfeeding Number of children aged 20-23 months	(56.1%) 488
Age-appropriate breastfeeding (0-23 months)	Percentage with age-appropriate breastfeeding Number of youngest children aged 0-23 months	(69.7%) 2,871
Predominant breastfeeding (0-5months)	Percentage with predominant breastfeeding Number of children aged 0-5 months	(66.6%) 738
Bottle feeding (0-23 months)	Percentage using a bottle with a nipple Number of children aged 0-23 months	(14.0%) 2,871

FSNA KARAMOJA 2018 RESULTS

This assessment conducted in June 2018, covered 7 districts in Karamoja region and the table below summarizes the selected key indicators.

Table 63: **Key indicators from secondary data analysis for the June round FSNA for Karamoja in 2018**

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
HOUSEHOLD CHARACTERISTICS														
Number of Assets owned by Household														
0	4	0.6	25	3.5	6	1.0	2	0.3	11	1.9	6	0.9	25	3.6
1 - 4	126	19.1	261	36.7	267	45.6	274	43.8	341	59.1	363	52.4	369	53.7
5 - 9	432	65.6	410	57.6	299	51.1	338	54.1	212	36.7	298	43.0	278	40.5
10 and above	97	14.7	16	2.2	13	2.2	11	1.8	13	2.3	26	3.8	15	2.2
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Gender of Household head														
Male	573	86.9	662	93.0	484	82.7	546	87.4	474	82.1	636	91.8	582	84.7
Female	86	13.1	50	7.0	101	17.3	79	12.6	103	17.9	57	8.2	105	15.3
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Physical Status of Household head														
Disabled	23	3.5	6	0.8	39	6.7	20	3.2	27	4.7	47	6.8	29	4.2
Chronically ill	16	2.4	7	1.0	12	2.1	7	1.1	5	0.9	8	1.2	17	2.5
Able bodied	620	94.1	699	98.2	534	91.3	598	95.7	545	94.5	638	92.1	641	93.3
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Educational Level of Household head														
No Formal Education	81	12.3	614	86.2	377	64.4	531	85.0	422	73.1	475	68.5	520	75.7
Primary Education	316	48.0	57	8.0	142	24.3	48	7.7	80	13.9	147	21.2	107	15.6
O-Level	165	25.0	22	3.1	45	7.7	20	3.2	42	7.3	45	6.5	39	5.7
A-Level and above	97	14.7	19	2.7	21	3.6	26	4.2	33	5.7	26	3.8	21	3.1
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Age of Household head (years)														
14 - 29	307	46.6	245	34.4	186	31.8	205	32.8	261	45.2	269	38.8	288	41.9
30 - 59	339	51.4	456	64.0	390	66.7	415	66.4	300	52.0	400	57.7	373	54.3
60 and above	13	2.0	11	1.5	9	1.5	5	0.8	16	2.8	24	3.5	26	3.8
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Family Size of HH (Number of People Eating Together)														
1 - 3	224	34.0	321	45.1	129	22.1	223	35.7	266	46.1	219	31.6	216	31.4
4 - 6	281	42.6	277	38.9	302	51.6	315	50.4	259	44.9	336	48.5	347	50.5
7 and more	154	23.4	114	16.0	154	26.3	87	13.9	52	9.0	138	19.9	124	18.0

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
WATER, SANITATION AND HYGIENE														
Main source of water for this household														
Piped water through a tap	5	0.8	17	2.4	43	7.4	86	13.8	29	5.0	53	7.6	20	2.9
Water from open well/spring	39	5.9	4	0.6	4	0.7	7	1.1	28	4.9	20	2.9	53	7.7
Water from protected well/spring	3	0.5	11	1.5	3	0.5	2	0.3	7	1.2	0	0.0	14	2.0
Water from borehole fitted with a hand pump	591	89.7	485	68.1	350	59.8	520	83.2	419	72.6	507	73.2	568	82.7
Surface water (river, dam, run off, etc)	21	3.2	194	27.2	181	30.9	10	1.6	93	16.1	113	16.3	32	4.7
Rainwater collected in a tank	0	0.0	1	0.1	4	0.7	0	0.0	1	0.2	0	0.0	0	0.0
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Distance to the nearest water source														
Less than 0.5km	283	42.9	136	19.1	231	39.5	290	46.4	382	66.2	437	63.1	287	41.8
Between 0.5km and 1km	325	49.3	363	51.0	266	45.5	284	45.4	150	26.0	211	30.4	272	39.6
More than 1km	51	7.7	213	29.9	88	15.0	51	8.2	45	7.8	45	6.5	128	18.6
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
How long it takes in the queue to collect water at the nearest water source (queuing time)														
Less than 30 minutes	338	51.3	181	25.4	248	42.4	268	42.9	396	68.6	425	61.3	485	70.6
Between 30 minutes to an hour	294	44.6	359	50.4	249	42.6	319	51.0	145	25.1	215	31.0	158	23.0
More than an hour	27	4.1	172	24.2	88	15.0	38	6.1	36	6.2	53	7.6	44	6.4
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Treatment of drinking water														
No	549	83.3	683	95.9	532	90.9	574	91.8	526	91.2	656	94.7	658	95.8
Yes	110	16.7	29	4.1	53	9.1	51	8.2	51	8.8	37	5.3	29	4.2
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
How do you treat drinking water														
By boiling	34	30.9	28	96.6	41	77.4	50	98.0	38	74.5	23	62.2	18	62.1
Add bleach or Chlorination	3	2.7	1	3.4	11	20.8	1	2.0	13	25.5	7	18.9	7	24.1
Straining through a cloth	6	5.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	3.4
Use water filter	6	5.5	0	0.0	0	0.0	0	0.0	0	0.0	2	5.4	1	3.4
Let it stand and settle	60	54.5	0	0.0	1	1.9	0	0.0	0	0.0	5	13.5	2	6.9
Other	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	110	100	29	100	53	100	51	100	51	100	37	100	29	100
Does household have toilet facilities														
No	193	29.3	626	87.9	296	50.6	376	60.2	500	86.7	535	77.2	552	80.3
Yes	402	61.0	68	9.6	226	38.6	201	32.2	64	11.1	111	16.0	101	14.7
Yes, but shared with other households	64	9.7	18	2.5	63	10.8	48	7.7	13	2.3	47	6.8	34	4.9
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Kind of toilet														
Flush toilet	0	0.0	1	1.2	1	0.3	1	0.4	14	18.2	3	1.9	1	0.7
Pit Latrine with slab/VIP	35	7.5	76	88.4	168	58.1	60	24.1	43	55.8	86	54.4	84	62.2

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Open pit (no super structure)	429	92.1	9	10.5	119	41.2	159	63.9	20	26.0	69	43.7	49	36.3
bucket latrine	2	0.4	0	0.0	1	0.3	2	0.8	0	0.0	0	0.0	0	0.0
Bush (Open Air)	0	0.0	0	0.0	0	0.0	27	10.8	0	0.0	0	0.0	1	0.7
Total	466	100	86	100	289	100	249	100	77	100	158	100	135	100
How many households share this toilet?														
Not shared	1	1.6	1	5.6	2	3.2	1	2.1	0	0.0	0	0.0	6	17.6
Two HH	50	78.1	10	55.6	33	52.4	14	29.2	4	30.8	19	40.4	10	29.4
HH or more	12	18.8	7	38.9	28	44.4	32	66.7	7	53.8	21	44.7	14	41.2
Public Toilet	1	1.6	0	0.0	0	0.0	1	2.1	2	15.4	7	14.9	4	11.8
Total	64	100	18	100	63	100	48	100	13	100	47	100	34	100
Where household members FIRST go for treatment when sick														
Main Hospital	65	9.9	159	22.3	70	12.0	3	0.5	80	13.9	5	0.7	63	9.2
Health Centre	385	58.4	390	54.8	228	39.0	474	75.8	297	51.5	533	76.9	485	70.6
Private Clinic	20	3.0	20	2.8	11	1.9	11	1.8	9	1.6	38	5.5	9	1.3
Herbalist	0	0.0	2	0.3	45	7.7	1	0.2	10	1.7	10	1.4	4	0.6
Village Health Team (VHT)	183	27.8	138	19.4	228	39.0	136	21.8	181	31.4	98	14.1	121	17.6
Drug Shop	6	0.9	3	0.4	3	0.5	0	0.0	0	0.0	9	1.3	5	0.7
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Where household members MOSTLY go for treatment when sick														
Main Hospital	113	17.1	290	40.7	160	27.4	6	1.0	219	38.0	7	1.0	166	24.2
Health Centre	493	74.8	389	54.6	406	69.4	537	85.9	337	58.4	650	93.8	490	71.3
Private Clinic	29	4.4	28	3.9	7	1.2	26	4.2	5	0.9	24	3.5	29	4.2
Herbalist	0	0.0	0	0.0	3	0.5	2	0.3	6	1.0	0	0.0	0	0.0
Village Health Team (VHT)	24	3.6	5	0.7	9	1.5	4	0.6	8	1.4	9	1.3	1	0.1
Drug Shop	0	0.0	0	0.0	0	0.0	50	8.0	1	.2	3	0.4	1	0.1
Other	0	0.0	0	0.0	0	0.0	0	0.0	1	.2	0	0.0	0	0.0
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Type of fuel mostly used for cooking/preparing food														
Electricity	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
NPG/Natural Gas	1	.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Biogas	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Kerosene/Paraffin	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Charcoal	55	8.3	48	6.7	24	4.1	63	10.1	82	14.2	40	5.8	23	3.3
Firewood	598	90.7	662	93.0	439	75.0	554	88.6	493	85.4	630	90.9	443	64.5
Straw/Shrubs/Grass	5	0.8	1	0.1	122	20.9	8	1.3	2	0.3	23	3.3	220	32.0
Animal dung	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
No food is cooked in the household	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
FOOD AVAILABILITY														
Own any livestock														
No	301	45.7	112	15.7	247	42.2	229	36.6	361	62.6	320	46.2	359	52.3
Yes	358	54.3	600	84.3	338	57.8	396	63.4	216	37.4	373	53.8	328	47.7
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
MAIN constraint for livestock production														
No constraints	17	4.7	70	11.7	6	1.8	11	2.8	4	1.9	5	1.3	7	2.1
Poor breed	3	0.8	17	2.8	3	0.9	17	4.3	4	1.9	5	1.3	5	1.5
Parasites/diseases	226	63.1	470	78.3	282	83.4	242	61.1	158	73.1	291	78.0	259	79.0
Inadequate labour	8	2.2	5	0.8	1	0.3	9	2.3	0	0.0	3	0.8	2	0.6
Shortage of pasture/feed	14	3.9	7	1.2	0	0.0	33	8.3	2	0.9	3	0.8	0	0.0
Shortage of water	2	0.6	11	1.8	0	0.0	4	1.0	0	0.0	1	0.3	0	0.0
Lack of veterinary services	43	12.0	6	1.0	10	3.0	19	4.8	34	15.7	31	8.3	35	10.7
Insecurity	1	0.3	3	0.5	16	4.7	7	1.8	0	0.0	5	1.3	3	0.9
Theft	37	10.3	6	1.0	13	3.8	50	12.6	10	4.6	18	4.8	11	3.4
Lack of market for livestock	0	0.0	2	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	7	2.0	3	0.5	7	2.1	4	1.0	4	1.9	11	2.9	6	1.8
Total	358	100	600	100	338	100	396	100	216	100	373	100	328	100
Access to Agricultural Land (arable land for cultivation)														
No	69	10.5	216	30.3	57	9.7	82	13.1	126	21.8	103	14.9	143	20.8
Yes	590	89.5	496	69.7	528	90.3	543	86.9	451	78.2	590	85.1	544	79.2
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Have any Food Stocks														
No	353	53.6	598	84.0	381	65.1	433	69.3	476	82.5	509	73.4	372	54.1
Yes	306	46.4	114	16.0	204	34.9	192	30.7	101	17.5	184	26.6	315	45.9
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Main source of Food Stocks														
WFP/Partner food distribution	2	0.7	4	3.5	2	1.0	2	1.0	0	0.0	1	0.5	1	.3
Own production	212	69.3	64	56.1	122	59.8	87	45.3	18	17.8	56	30.4	86	27.3
Gifts	9	2.9	2	1.8	0	0.0	0	0.0	0	0.0	6	3.3	2	0.6
Markets	74	24.2	44	38.6	80	39.2	103	53.6	83	82.2	118	64.1	219	69.5
Other	9	2.9	0	0.0	0	0.0	0	0.0	0	0.0	3	1.6	7	2.2
Total	306	100	114	100	204	100	192	100	101	100	184	100	315	100
FOOD ACCESS														
Dietary Diversity Score (DDS)														
Low (HDDS <4.5)	417	63.3	381	53.5	260	44.4	285	45.6	225	39.0	260	37.5	316	46.0
Medium (4.5<HDDS<6)	224	34.0	312	43.8	264	45.1	305	48.8	326	56.5	366	52.8	365	53.1
High (HDDS >6)	18	2.7	19	2.7	61	10.4	35	5.6	26	4.5	67	9.7	6	.9
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Food Consumption Group														

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Poor	78	11.8	18	2.5	136	23.2	78	12.5	45	7.8	66	9.5	99	14.4
Borderline	319	48.4	110	15.4	193	33.0	203	32.5	169	29.3	193	27.8	228	33.2
Acceptable	262	39.8	584	82.0	256	43.8	344	55.0	363	62.9	434	62.6	360	52.4
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
STABILITY														
Group of the Reduced CSI														
Low Coping RCSI <18	421	63.9	688	96.6	404	69.1	409	65.4	484	83.9	455	65.7	481	70.0
Medium Coping (18< RCSI <28)	58	8.8	20	2.8	88	15.0	116	18.6	65	11.3	153	22.1	74	10.8
High Coping (RCSI >28)	180	27.3	4	.6	93	15.9	100	16.0	28	4.9	85	12.3	132	19.2
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Summary of Livelihood Strategies														
HH not adopting coping strategies	80	12.1	132	18.5	49	8.4	85	13.6	174	30.2	119	17.2	317	46.1
Stress coping strategies	73	11.1	234	32.9	20	3.4	81	13.0	235	40.7	45	6.5	99	14.4
Crisis coping strategies	270	41.0	132	18.5	43	7.4	30	4.8	94	16.3	82	11.8	96	14.0
Emergency coping strategies	236	35.8	214	30.1	473	80.9	429	68.6	74	12.8	447	64.5	175	25.5
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Food Expenditure Share Categories														
Food Secure	491	74.8	350	50.4	365	62.7	384	61.4	276	48.1	337	50.1	316	46.5
Marginally Food Secure	57	8.7	99	14.3	79	13.6	114	18.2	123	21.4	124	18.4	105	15.4
Moderately Food Insecure	32	4.9	34	4.9	38	6.5	51	8.2	82	14.3	79	11.7	80	11.8
Severely Food Insecure	76	11.6	211	30.4	100	17.2	76	12.2	93	16.2	133	19.8	179	26.3
Total	656	100	694	100	582	100	625	100	574	100	673	100	680	100
Dependence on Market														
Low (<50)	60	9.1	229	32.2	125	21.4	82	13.1	62	10.7	110	15.9	46	6.7
Moderate (50 - 75)	170	25.8	247	34.7	225	38.5	202	32.3	123	21.3	316	45.6	304	44.3
High (>75)	429	65.1	236	33.1	235	40.2	341	54.6	392	67.9	267	38.5	337	49.1
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
Final Food Security Classification														
Food secure	83	12.6	137	19.2	12	2.1	56	9.0	171	29.6	51	7.4	129	18.8
Marginally Food Secure	220	33.4	443	62.2	242	41.4	310	49.6	260	45.1	374	54.0	294	42.8
Moderately Food Insecure	304	46.1	124	17.4	254	43.4	227	36.3	131	22.7	202	29.1	237	34.5
Severely food insecure	52	7.9	8	1.1	77	13.2	32	5.1	15	2.6	66	9.5	27	3.9
Total	659	100	712	100	585	100	625	100	577	100	693	100	687	100
CHILD HEALTH														
Measles Vaccination for 12 - 23 month olds														
Yes, with card	153	77.7	166	73.5	99	57.2	190	96.9	127	62.3	134	75.7	174	84.5
Yes, without card	40	20.3	52	23.0	58	33.5	3	1.5	72	35.3	31	17.5	24	11.7
No, with card	4	2.0	5	2.2	15	8.7	3	1.5	3	1.5	10	5.6	6	2.9
No, without card	0	0.0	3	1.3	1	0.6	0	0.0	2	1.0	2	1.1	2	1.0
Total	197		226		173		196		204		177		206	

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
DPT3 Vaccination for 12 - 23 month olds														
Yes, with card	155	78.7	155	68.6	105	60.7	191	97.4	129	63.2	142	80.2	177	85.9
Yes, without card	40	20.3	68	30.1	56	32.4	3	1.5	73	35.8	31	17.5	25	12.1
No, with card	2	1.0	1	0.4	10	5.8	2	1.0	0	0.0	2	1.1	3	1.5
No, without card	0	0.0	2	0.9	2	1.2	0	0.0	2	1.0	2	1.1	1	0.5
Total	197		226		173		196		204		177		206	
Deworming for 12 - 23 month olds														
Yes, with card	148	75.1	123	54.4	68	39.3	182	92.9	115	56.4	127	71.8	150	72.8
Yes, without card	39	19.8	73	32.3	46	26.6	5	2.6	68	33.3	29	16.4	23	11.2
No, with card	9	4.6	16	7.1	48	27.7	9	4.6	17	8.3	16	9.0	28	13.6
No, without card	1	0.5	14	6.2	11	6.4	0	0.0	4	2.0	5	2.8	5	2.4
Total	197		226		173		196		204		177		206	
Vitamin A Supplementation for 12 - 23 month olds														
Yes, with card	155	78.7	117	51.8	83	48.0	186	94.9	125	61.3	141	79.7	145	70.4
Yes, without card	41	20.8	72	31.9	52	30.1	4	2.0	71	34.8	29	16.4	24	11.7
No, with card	1	0.5	15	6.6	32	18.5	6	3.1	6	2.9	5	2.8	34	16.5
No, without card	0	0.0	22	9.7	6	3.5	0	0.0	2	1.0	2	1.1	3	1.5
Total	197		226		173		196		204		177		206	
Child had Fever/Malaria in the last 2 weeks														
No	334	37.2	621	65.0	397	52.5	454	57.7	400	57.4	357	40.5	571	62.1
Yes	563	62.8	334	35.0	359	47.5	333	42.3	297	42.6	524	59.5	349	37.9
Total	897		955		756		787		697		881		920	
Child had Measles in the last 2 weeks														
No	886	98.8	953	99.8	750	99.2	779	99.0	684	98.1	876	99.4	915	99.5
Yes	11	1.2	2	0.2	6	0.8	8	1.0	13	1.9	5	0.6	5	.5
Total	897		955		756		787		697		881		920	
Child had Diarrhoea in the last 2 weeks														
No	711	79.3	939	98.3	594	78.6	607	77.1	624	89.5	715	81.2	788	85.7
Yes	186	20.7	16	1.7	162	21.4	180	22.9	73	10.5	166	18.8	132	14.3
Total	897		955		756		787		697		881		920	
Child had ARI/Cough in the last 2 weeks														
No	467	52.1	817	85.5	341	45.1	472	60.0	402	57.7	599	68.0	555	60.3
Yes	430	47.9	138	14.5	415	54.9	315	40.0	295	42.3	282	32.0	365	39.7
Total	897		955		756		787		697		881		920	
Child had Skin Diseases in the last 2 weeks														
No	856	95.4	943	98.7	685	90.6	719	91.4	656	94.1	824	93.5	824	89.6
Yes	41	4.6	12	1.3	71	9.4	68	8.6	41	5.9	57	6.5	96	10.4
Total	897		955		756		787		697		881		920	
Child had Eye Diseases in the last 2 weeks														
No	889	99.1	949	99.4	732	96.8	738	93.8	668	95.8	845	95.9	904	98.3

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Yes	8	0.9	6	0.6	24	3.2	49	6.2	29	4.2	36	4.1	16	1.7
Total	897		955		756		787		697		881		920	
Child had Other diseases in the last 2 weeks														
No	841	93.8	944	98.8	733	97.0	753	95.7	681	97.7	852	96.7	880	95.7
Yes	56	6.2	11	1.2	23	3.0	34	4.3	16	2.3	29	3.3	40	4.3
Total	897		955		756		787		697		881		920	
CHILD NUTRITION														
Wasting														
Severe	11	1.3	15	2.0	17	2.7	6	0.8	11	1.8	15	2.2	6	0.8
Moderate	49	6.0	63	8.4	77	12.1	69	9.7	64	10.2	62	8.9	59	7.7
Global	60	7.4	78	10.4	94	14.8	75	10.6	75	12.0	77	11.1	65	8.5
Underweight														
Severe	28	3.4	25	3.3	59	9.2	53	7.5	57	9.1	49	7.0	61	7.9
Moderate	119	14.5	120	16.0	145	22.7	151	21.2	131	20.9	150	21.5	157	20.4
Global	147	17.9	145	19.3	204	32.0	204	28.7	188	30.0	199	28.5	218	28.3
Stunting														
Severe	70	8.6	57	7.5	107	16.9	111	15.8	92	14.8	98	14.1	112	14.8
Moderate	175	21.4	139	18.4	160	25.3	169	24.0	145	23.3	177	25.4	192	25.4
Global	245	30.0	196	25.9	267	42.2	280	39.8	237	38.2	275	39.5	304	40.2
MUAC														
Severe	5	0.6	8	1.0	21	3.3	23	3.2	7	1.1	20	2.8	21	2.7
Moderate	44	5.3	49	6.4	77	12.0	98	13.7	41	6.5	48	6.8	59	7.6
Global	49	5.9	57	7.5	98	15.2	121	16.9	48	7.6	68	9.6	80	10.4
Wasting Status														
Wasted	60	7.4	78	10.4	94	14.8	75	10.6	75	12	77	11.1	65	8.5
Normal	751	92.6	672	89.6	541	85.2	633	89.4	550	88	617	88.9	700	91.5
Total	811		750		635		708		625		694		765	
Underweight Status														
Underweight	147	17.9	145	19.3	204	32	204	28.7	188	30	199	28.5	218	28.3
Normal	674	82.1	606	80.7	434	68	507	71.3	439	70	499	71.5	552	71.7
Total	821		751		638		711		627		698		770	
Stunting Status														
Stunted	245	30	196	25.9	267	42.2	280	39.8	237	38.2	275	39.5	304	40.2
Normal	572	70	561	74.1	366	57.8	424	60.2	383	61.8	421	60.5	452	59.8
Total	817		757		633		704		620		696		756	
Nutrition Status by MUAC														
Global	49	5.9	57	7.5	98	15.2	121	16.9	48	7.6	68	9.6	80	10.4
Normal	782	94.1	703	92.5	547	84.8	595	83.1	584	92.4	640	90.4	689	89.6
Total	831		760		645		716		632		708		769	
Breastfeeding														

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Timely Breastfeeding Initiation	612	68.2	709	74.2	671	88.8	773	98.2	664	95.3	809	91.8	729	79.2
Exclusive Breastfeeding	65	98.5	129	97.7	87	95.6	42	100.0	51	89.5	114	66.7	116	98.3
Continued Breastfeeding at Age 1 Year	76	89.4	75	84.3	61	95.3	77	97.5	60	90.9	80	98.8	81	93.1
Continued Breastfeeding at Age 2 Years	34	44.2	24	43.6	38	76.0	32	61.5	37	62.7	18	46.2	35	54.7
COMPLEMENTARY FEEDING														
Min dietary diversity														
Does not meet Min Diet Diversity	886	98.8	947	99.2	734	97.1	706	89.7	687	98.6	836	94.9	902	98.0
Meets Min Diet Diversity	11	1.2	8	0.8	22	2.9	81	10.3	10	1.4	45	5.1	18	2.0
Total	**897**	**100**	**955**	**100**	**756**	**100**	**787**	**100**	**697**	**100**	**881**	**100**	**920**	**100**
Minimum Meal Frequency														
Does not meet Min Meal Frequency	239	68.5	121	33.5	153	60.2	186	54.5	216	70.4	178	59.3	254	70.6
Meets Min Meal Frequency	110	31.5	240	66.5	101	39.8	155	45.5	91	29.6	122	40.7	106	29.4
Total	349	100	361	100	254	100	341	100	307	100	300	100	360	100
Minimum Acceptable Diet														
Does not meet Min Acceptable Diet	891	99.3	949	99.4	746	98.7	728	92.5	690	99.0	857	97.3	914	99.3
Meets Min Acceptable Diet	6	0.7	6	0.6	10	1.3	59	7.5	7	1.0	24	2.7	6	0.7
Total	**897**	**100**	**955**	**100**	**756**	**100**	**787**	**100**	**697**	**100**	**881**	**100**	**920**	**100**
Number of solid or semi solid feeds														
0	21	6.9	21	7.3	16	6.7	9	2.7	27	9.6	16	6.3	44	12.8
1	95	31.1	60	20.9	37	15.5	28	8.3	72	25.6	69	27.1	62	18.1
2	133	43.6	57	19.9	112	46.9	167	49.7	124	44.1	103	40.4	152	44.3
3	44	14.4	99	34.5	57	23.8	120	35.7	47	16.7	61	23.9	79	23.0
4	8	2.6	17	5.9	11	4.6	7	2.1	6	2.1	2	0.8	3	0.9
5 or more	4	1.3	33	11.5	6	2.5	5	1.5	5	1.8	4	1.6	3	0.9
Total	**305**	**100**	**287**	**100**	**239**	**100**	**336**	**100**	**281**	**100**	**255**	**100**	**343**	**100**
Number of milk feeds														
0	45	86.5	23	30.3	53	89.8	58	87.9	34	82.9	31	62.0	73	97.3
1	4	7.7	8	10.5	4	6.8	1	1.5	3	7.3	9	18.0	0	0.0
2 or more	3	5.8	45	59.2	2	3.4	7	10.6	4	9.8	10	20.0	2	2.7
Total	**52**	**100**	**76**	**100**	**59**	**100**	**66**	**100**	**41**	**100**	**50**	**100**	**75**	**100**
CHILD ENROLLMENT INTO FEEDING PROGRAMS														
Is this child enrolled in OTC feeding program														
No	891	99.3	921	97.0	741	98.0	771	98.2	682	98.0	867	98.5	910	99.1
Yes	6	0.7	28	3.0	15	2.0	14	1.8	14	2.0	13	1.5	8	.9
Total	**897**	**100**	**949**	**100**	**756**	**100**	**785**	**100**	**696**	**100**	**880**	**100**	**918**	**100**
Is this child enrolled in ITC feeding program														
No	897	100	824	86.8	754	99.7	784	99.9	696	100	880	100	917	99.9
Yes	0	0.0	125	13.2	2	0.3	1	0.1	0	0.0	0	0.0	1	.1
Total	**897**	**100**	**949**	**100**	**756**	**100**	**785**	**100**	**696**	**100**	**880**	**100**	**918**	**100**
Is this child enrolled in TSFP/CBSFP(CSB++) feeding program														

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
No	651	72.6	745	78.5	640	84.7	598	76.2	596	85.6	725	82.4	750	81.7
Yes	246	27.4	204	21.5	116	15.3	187	23.8	100	14.4	155	17.6	168	18.3
Total	**897**	**100**	**949**	**100**	**756**	**100**	**785**	**100**	**696**	**100**	**880**	**100**	**918**	**100**
EARLY CHILDHOOD DEVELOPMENT														
Availability of children's books														
3 or more children's books	2	0.2	0	0.0	6	0.8	7	0.9	30	4.3	24	2.7	2	0.2
10 or more children's books	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	0.6	0	0.0
Availability of playthings														
Homemade toys	389	43.4	484	50.7	341	45.1	498	63.3	160	23.0	375	42.6	530	57.6
Toys from a shop/manufactured toys	105	11.7	223	23.4	240	31.7	197	25.0	35	5.0	105	11.9	313	34.0
Household objects/objects found outside	793	88.4	536	56.1	524	69.3	672	85.4	459	65.9	595	67.5	700	76.1
Two or more types of playthings	416	46.4	463	48.5	351	46.4	501	63.7	162	23.2	382	43.4	533	57.9
Number of children	897		955		756		787		697		881		920	
MATERNAL HEALTH AND NUTRITION														
Did you take iron tablets or syrup for 90 days during the last pregnancy?														
Yes	58	65.2	95	77.2	103	76.3	82	88.2	57	81.4	109	82.0	74	69.8
No	31	34.8	28	22.8	32	23.7	11	11.8	13	18.6	24	18.0	32	30.2
Total	89	100	123	100	135	100	93	100	70	100	133	100	106	100
Educational Level of Mother														
No Formal Education	143	22.4	567	84.5	462	79.7	531	88.1	419	77.0	499	76.3	517	77.2
Primary Education	382	59.9	64	9.5	93	16.0	52	8.6	82	15.1	129	19.7	130	19.4
Secondary Education	94	14.7	29	4.3	22	3.8	15	2.5	24	4.4	16	2.4	20	3.0
Advanced Secondary Education	9	1.4	3	0.4	2	0.3	2	0.3	9	1.7	5	0.8	3	0.4
Tertiary	10	1.6	8	1.2	1	0.2	3	0.5	10	1.8	5	0.8	0	0.0
Total	638	100	671	100	580	100	603	100	544	100	654	100	670	100
Educational Level of Mother														
No Formal Education	143	22.4	567	84.5	462	79.7	531	88.1	419	77.0	499	76.3	517	77.2
Primary Education	382	59.9	64	9.5	93	16.0	52	8.6	82	15.1	129	19.7	130	19.4
Secondary Education or more	113	17.7	40	6.0	25	4.3	20	3.3	43	7.9	26	4.0	23	3.4
Total	638	100	671	100	580	100	603	100	544	100	654	100	670	100
Age of Mother														
15 - 19	53	8.3	59	8.8	13	2.2	30	5.0	25	4.6	17	2.6	35	5.2
20 - 39	542	85.0	594	88.5	535	92.2	537	89.1	480	88.2	590	90.2	593	88.5
40 - 59	43	6.7	18	2.7	32	5.5	36	6.0	39	7.2	44	6.7	42	6.3
60 - 65	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.5	0	0.0
Total	638	100	671	100	580	100	603	100	544	100	654	100	670	100
BMI Cut offs														
Underweight (<18.5	97	17.3	151	26.3	145	32.3	118	22.6	175	34.8	167	31.2	156	27.4
Normal (18.5 - 24.9)	441	78.5	388	67.6	294	65.5	379	72.5	308	61.2	353	66.0	404	71.0
Overweight (25 - 29.9)	22	3.9	28	4.9	10	2.2	18	3.4	13	2.6	11	2.1	9	1.6

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Obese (30 and above)	2	0.4	7	1.2	0	0.0	8	1.5	7	1.4	4	0.7	0	0.0
Total	562	100	574	100	449	100	523	100	503	100	535	100	569	100
Mother's Nutrition by BMI														
Underweight (<18.5	97	17.3	151	26.3	145	32.3	118	22.6	175	34.8	167	31.2	156	27.4
Normal (18.5 - 24.9)	441	78.5	388	67.6	294	65.5	379	72.5	308	61.2	353	66.0	404	71.0
Overweight/Obese (25 and above)	24	4.3	35	6.1	10	2.2	26	5.0	20	4.0	15	2.8	9	1.6
Total	562	100	574	100	449	100	523	100	503	100	535	100	569	100
BMI Cut offs														
Severe acute malnutrition (< 16)	5	0.9	9	1.6	9	2.0	6	1.1	20	4.0	9	1.7	10	1.8
Moderate acute malnutrition (16 - 16.9)	18	3.2	34	5.9	20	4.5	23	4.4	44	8.7	33	6.2	27	4.7
At risk/mild malnutrition (17 - 18.4)	74	13.2	108	18.8	116	25.8	89	17.0	111	22.1	125	23.4	119	20.9
Normal nutrition status (18.5 - 24.9)	441	78.5	388	67.6	294	65.5	379	72.5	308	61.2	353	66.0	404	71.0
Overweight (25 - 29.9)	22	3.9	28	4.9	10	2.2	18	3.4	13	2.6	11	2.1	9	1.6
Obesity (> 30)	2	0.4	7	1.2	0	0.0	8	1.5	7	1.4	4	0.7	0	0.0
Total	562	100	574	100	449	100	523	100	503	100	535	100	569	100
MUAC category of women														
Severe (<21)	5	0.8	19	2.7	18	3.1	11	1.8	18	3.1	25	3.7	20	3.0
Moderate (21 - 21.4)	3	0.5	11	1.6	24	4.1	7	1.1	17	3.0	19	2.8	17	2.5
Mild (21.5 - 21.9)	8	1.2	23	3.3	18	3.1	14	2.3	12	2.1	25	3.7	18	2.7
Normal (22 - 24.9)	221	33.8	298	42.6	332	56.8	294	47.6	307	53.5	339	50.4	338	50.0
Overweight (25 - 29.9)	373	57.1	303	43.3	181	30.9	266	43.0	196	34.1	247	36.8	269	39.8
Obese (> 30)	43	6.6	45	6.4	12	2.1	26	4.2	24	4.2	17	2.5	14	2.1
Total	653	100	699	100	585	100	618	100	574	100	672	100	676	100
MUAC category (cm)														
Severe (< 19.0cm)	1	0.2	3	0.4	2	0.3	0	0.0	0	0.0	0	0.0	1	0.1
Moderate (>=19.0 to <22.0 cm)	15	2.3	50	7.2	58	9.9	32	5.2	47	8.2	69	10.3	54	8.0
Normal (>= 22.0 cm	637	97.5	646	92.4	525	89.7	586	94.8	527	91.8	603	89.7	621	91.9
Total	653	100	699	100	585	100	618	100	574	100	672	100	676	100
Number of live births														
1 - 3	325	55.7	387	57.8	243	42.6	324	54.0	339	63.2	290	45.2	368	55.3
4 - 6	169	29.0	209	31.2	238	41.8	226	37.7	168	31.3	261	40.7	229	34.4
7 - 9	77	13.2	70	10.4	82	14.4	46	7.7	29	5.4	76	11.8	64	9.6
10 and above	12	2.1	4	0.6	7	1.2	4	0.7	0	0.0	15	2.3	5	0.8
Total	583	100	670	100	570	100	600	100	536	100	642	100	666	100
Dietary Diversity Score of women														
Low (HDDS <4.5)	614	93.6	667	93.5	548	93.5	471	76.1	550	95.3	494	73.2	559	82.1
Medium (4.5<HDDS<6)	42	6.4	44	6.2	38	6.5	147	23.7	26	4.5	155	23.0	116	17.0
High (HDDS >6)	0	0.0	2	0.3	0	0.0	1	0.2	1	0.2	26	3.9	6	0.9
Total	656	100	713	100	586	100	619	100	577	100	675	100	681	100
GENDER AND DECISION MAKING														

INDICATOR	District													
	Abim		Amudat		Kaabong		Kotido		Moroto		Nakapiripirit		Napak	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
Who in the household makes decisions related to livestock production?														
Man (spouse)	170	47.5	488	81.3	208	61.5	235	59.3	117	54.2	311	83.4	126	38.4
Woman (spouse)	33	9.2	22	3.7	23	6.8	50	12.6	14	6.5	41	11.0	32	9.8
Elder son	0	0.0	2	0.3	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0
Elder daughter	0	0.0	1	0.2	0	0.0	1	0.3	4	1.9	1	0.3	2	0.6
Jointly by spouses	147	41.1	86	14.3	105	31.1	110	27.8	81	37.5	20	5.4	162	49.4
Other	8	2.2	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0	6	1.8
Total	358	100	600	100	338	100	396	100	216	100	373	100	328	100
Who in the household makes decisions related to crop production? (When, what, how and where to plant, weed, harvest, etc.)														
Man (spouse)	179	30.3	195	39.3	230	43.6	96	17.7	31	6.9	269	45.6	114	21.0
Woman (spouse)	124	21.0	214	43.1	91	17.2	152	28.0	133	29.5	185	31.4	112	20.6
Elder son	2	0.3	3	0.6	0	0.0	1	0.2	0	0.0	1	0.2	0	0.0
Elder daughter	0	0.0	2	0.4	0	0.0	1	0.2	1	0.2	0	0.0	4	0.7
Jointly by spouses	271	45.9	79	15.9	206	39.0	290	53.4	284	63.0	135	22.9	303	55.7
Village elder	5	0.8	2	0.4	1	0.2	1	0.2	2	0.4	0	0.0	1	0.2
Other	9	1.5	1	0.2	0	0.0	2	0.4	0	0.0	0	0.0	10	1.8
Total	590	100	496	100	528	100	543	100	451	100	590	100	544	100
Who decides what to do with the cash/voucher given by WFP, such as when, where and what to buy?														
Women	1	100	3	75.0	41	41.8	3	100	2	50.0	1	50.0	28	80.0
Men	0	0.0	0	0.0	40	40.8	0	0.0	0	0.0	0	0.0	3	8.6
Women and Men together	0	0.0	1	25.0	17	17.3	0	0.0	2	50.0	1	50.0	4	11.4
Total	1	100	4	100	98	100	3	100	4	100	2	100	35	100
Who decides what to do with the food given by WFP, such as whether to sell, trade, lend or share a portion of it?														
Women	69	94.5	174	98.3	22	91.7	103	96.3	32	78.0	9	81.8	0	0.0
Men	1	1.4	2	1.1	2	8.3	0	0.0	0	0.0	0	0.0	0	0.0
Women and Men together	3	4.1	1	0.6	0	0.0	4	3.7	9	22.0	2	18.2	3	100
Total	73	100	177	100	24	100	107	100	41	100	11	100	3	100

QUALITATIVE FINDINGS

Up to 12 focus group discussions and 18 key informant interviews were conducted in three districts of Zombo, Omoro and Otuke. All interviews were audio recorded with consent from participants and transcribed verbatim. Local language interviews were simultaneously translated to English during transcription. Transcripts were uploaded into ATLAS.ti 7 for coding and analysis. The codes were developed from reading the initial transcripts and conducting debrief meetings with the research assistants. A draft codebook with categories and themes based on objectives of the study was then imported into the Hermeneutic unit in Atlas.ti and applied to all transcripts, allowing the emerging of codes and categories. Thematic analysis was used to structure the data focusing on all aspects of the qualitative research /objectives. Any similarities in patterns and the magnitude of categories and codes across interviewees were determined using query reports and codes-document tables in Atlas.ti. Findings are presented thematically with use of typical quotations from participant interviews.

FOOD SECURITY STATUS

The information provided about the food security situation in some districts was contradictory. In Zombo district for example, while most key informants reported that there was enough food in the district, nearly all FGDs reported that there was a food insecurity issue. The only food reported to be sufficient was cassava but with a persistent challenge of lack of sauce to be eaten with.

'People don't have enough food because you must keep some for eating at home and some for selling to buy other things. It can't be enough'.

'I think there is enough cassava in the gardens and that is the most important. But if it is for sauce like beans, meat and silverfish, that is the problem.'

-FGD Participant from Obeki, Zombo

However, in Otuke and Omoro, the key informants/leaders concurred that there were food insecurity issues. This was especially blamed on the bad season prior, and no storage facilities in place.

'At the moment no food, due to the bad season we experienced last year. So, most of the household are relying on the food from the market.'

-District Production Officer, Otuke

FACTORS THAT DETERMINE HOUSEHOLD FOOD SECURITY STATUS

There were overwhelming reports of food insecurity in all the three qualitative study areas. The main sources of livelihoods were agriculture, casual labour, petty trading, alcohol brewing, fishing, and on limited occasions, remittances.

Most households were reported to depend on subsistence agriculture, growing their own food crops and selling the extra to earn an income. However, many complained of low prices for the products like Cassava, making it hard to afford the other foods and needs, while others complained that men did not use the proceeds to feed their households. Casual labour was also reportedly common in the communities especially for those that did not have enough land.

'People mainly survive on agriculture and small businesses like selling silver fish and other things, but it is mainly on agriculture. Agriculture labour in other people's farms is also another serious way that people survive here. Many are digging in other people's gardens and earning something from that'.

-Parish Chief from Zombo

ATTRIBUTES OF FOOD SECURE AND INSECURE HOUSEHOLDS

Households with educated or formally employed members, or who owned reliable businesses and/or significant pieces of land were said to be more food secure. Households in which a couple/ husband and wife were cooperative and worked together in harmony, were also highlighted as more food secure.

> *'Families that have educated people and working who earn some salary like government workers always send some food stuffs and/or money for upkeep.'*
>
> *- FGD Participant from Ewit, Otuke*

> *'Households where the man and woman are working together always have food. They plan everything properly and together. It helps in deciding on how to use food so that some is spared and not everything is wasted.'*
>
> *- Parish Chief in Zombo.*

A small household size was also highlighted as an attribute of households that were more likely to have enough food. Their food consumption was reported to be lower that HHs with large numbers of people.

> *'The household with few people even feeds differently in terms of balanced diet compared to the other households with many family members. For those with large families it is hard to buy a balanced diet from the farm harvest proceeds, which therefore, makes it easier for the smaller families to eat a well-balanced diet.'*
>
> *Male FGD Participant from Amogi, Zombo*

Households with vulnerable heads like widows, orphans, the sick and the elderly as well as those with irresponsible heads such as alcoholics, were reported to be food insecure.

> *'Here the households that are not doing well in terms of lack of enough food is where a woman is left alone like a widow and she can't handle the farm work alone so those are some of the families really lacking food.'*
>
> *- FGD Participant from Amoii, Otuke*

Households with pieces of land considered as small were reported to be food insecure.

> *'Some of us with quarter acre of land only. It is tricky because you want to plant everything, but the land is not enough''*
>
> *-FGD Participant from Molujei, Zombo*

COMMUNITY SUPPORT MECHANISMS FOR FOOD-INSECURE HOUSEHOLDS

All community members in FGDs and the key informants reported that there were no clear community support mechanisms for households that are struggling with food security. The community members reported that food-secure households had a planned allocation for all their food and that they found it challenging to support food-insecure households. Excess food was either stored for the next season or sold off to finance other needs.

'You know generally things are changing. People grow food for commercial purposes, they prepare to earn some money. Therefore, giving such support to other families is like an intrusion into their original plans. So, you find this issue of going to give to families is disappearing. But in the past, it used to be there, but of late.'

-LC1, Areju, Zombo

INFANT AND YOUNG CHILD FEEDING PRACTICES AND BARRIERS TO APPROPRIATE PRACTICES

Feeding practices

The infants and young children had no special treatment in all the sites of the qualitative study. Community members reported that the children ate the same food as the adults, which was available. In Zombo, they ate mainly cassava, maize, beans, greens, and at times silver fish when available. In Omoro and Otuke, the meals comprised green vegetables, okra, bean, sorghum, and cassava. The quotes below highlight the typical responses from the FGDs;

'Children eat whatever we eat, cassava, beans, maize, and greens. Unless if you go to the market and sell cassava or dig in someone's garden for an income, it is the only time you can buy something special for the child.'

-FGD Participant, Molujei, Zombo

'There is no proper food that these children are depending on here but currently we are feeding them with greens like boo, malakwang, abuga plus cassava'.

-FGD Participant, Ewit, Otuke

'It (boo) is prepared with sorghum. They eat with millet and sorghum and cassava. That is the food that the women and children are struggling with here. That is a very big problem. For example, you can see how their eyes look at the moment (refers to women and children seated next to their mothers), they aren't looking good at all because there's no good food for them to eat.'

-FGD Participant, Omokokitunge, Omoro

BARRIERS TO APPROPRIATE IYCF PRACTICES

The major barriers to proper infant and young child feeding reported were: widespread household poverty that led to a lack of food and later on an imbalanced diet, lack of parental/caregiver knowledge on the best foods to feed children. The changing patterns of seasons further worsened food insecurity.

Household poverty was reported as the main challenge. In all the, community members and key informants lamented over the biting household poverty that culminated into various challenges regarding food security. There was very minimal to no support from the men regarding feeding of children, especially in West Nile, particularly Zombo, which left a huge burden on the women. Infants and young children thus relied on the same foods as adults, which the key informants noted as not ideal. Women also highlighted the inability to afford food even when information about a balanced diet was availed.

'It is up to you to find some money to feed your children well. When our husbands get money, they spend it all on themselves. They cannot even buy food for the children. Sometimes they give you only two thousand shillings to manage the home.'

'We were educated about how to feed our children but we as mothers cannot afford it. They are supposed to eat fruits, fry for them vegetables, give porridge, give fried plantain but we don't have the means so we cannot change the diet.'

-FGD Participant, Abilinono, Omoro

There was also limited knowledge/information on the best foods to feed children or even adults.. However, negative community perceptions were a hindrance as some components of a balanced diet were considered as food for the very poor. For example, green leafy foods were reportedly despised and often only eaten because of lack of options. In Zombo, this was a major challenge even when the key informants thought that there should be minimal malnutrition given that this was a food basket.

'To some extent though there may be knowledge gap. You find people who have avocado prefer to take it to the market and they eat little of what they produce. For the greens you see around, our people have negative attitude towards them. When they see you harvesting green vegetables, they think you are somebody of the lower socio-economic class, you are no doing well.'

-Community Development Officer, Zombo

The changing weather patterns were also cited as a key factor influencing the lack of food to feed the IYC. Food insecurity was also blamed on the overdependence on rain and reduced yields even when households cultivated food. There were reported droughts in the previous year in Omoro and Otuke which were major challenge causing poor yields and death of animals, leading to improper feeding for all, but most especially vulnerable children. Communities also reported disease outbreaks that affected cattle.

'Generally, speaking, due to climate change last year most households here got losses in farming. Last year people never got good harvest because of too much sunshine so most of the crops/ plants were destroyed and dried up in the gardens and it really affected production of foods so now food is not enough because people are surviving with food from the market.'

-FGD Participant, Amoii, Otuke

In Zombo, there were also frequent reports of laziness and carelessness in some households, especially with no proper male support, and lack of access to enough land for some poorest households.

'These households without food are those which are, first of all they are lazy; laziness is a very big problem. You find that if somebody cannot work for his household, then they will lack. Then secondly, there are households which are under privileged, they are hardworking but, they are limited by land.'

-Sub-county Production Officer, Zombo

EARLY CHILDHOOD DEVELOPMENT-RELATED BEHAVIOURAL INDICATORS

The qualitative assessment established whether the participants knew about the presence of early child development (ECD) centers, the challenges related to ECD centers and the suggestions for improvement. The study also assessed if there were activities that parents performed at home relating to ECD.

In all the interviews, participants noted that there were ECD centers such as nursery schools, and day care that prepared children for early learning before joining primary schools.

'We have one that has just started but it is not in this village, it is in the neighboring village. It was started by the Pentecostal churches. For that school, they operate in a church, but they are doing

quite a good job because for very many years at my age of 40, we have never had a nursery school around here.'

-LC1, Areju, Zombo

However, there were challenges reported, the main one being cost. The ECD centers in most cases were purely private or religious owned and were costly relative to the economic status of the communities. ECDs also were very few and mainly concentrated in town centers/institutional places making it challenging to take children there given the long distances. Parents were also reported to be less cognizant of the importance of these centers, and instead took children to universal primary education schools instead.

'We have a nursery school around called Christ Victory Nursery School near the well. They teach children between 3 to 5 years then they go to primary, but the problem is pay fees school is very expensive since it is a private owned school. You need to get salary, but we don't have the means to teach them.'

-FGD Participant, Omokokitunge, Omoro

'Yes, we have but not all parents can afford it and its very far.'

-LC1, Amoii, Otuke

In the homes, there was very little done deliberately aimed at ECD. However, some FGDs reported that a few parents tried to teach children a few basic skills like counting in the local languages. But this came much later in life when children were due for primary education.

'The parents try as much as possible to train the children from home. Here in our community we don't have any nursery school. So, we end up just taking our children direct to primary level.'

- FGD Participant, Ewit, Otuke

'Those who can do it try to do so, but most of us do not have the time to do that. The women try to teach children how to count in local language.'

-FGD Participant, Mathurumbe, Zombo

Activities that involved preparing children in literacy and numeracy at home were constrained by the limitations of parental literacy and numeracy.

'I'm not teaching my children anything regarding writing at home because I don't know anything because I also didn't go to school. All they do is eat and sleep. I'm only teaching them how to behave socially so that they can have good manners.'

- FGD Participant, Abilinono, Omoro

Even though some parents wanted to engage the children, they were limited to how much they knew.

'Nothing is done before they go to primary because me personally none of my children has attended nursery school. I teach them the alphabet, but I cannot do much because I have never attended school.'

-FGD Participant, Molujei, Zombo

'For me who didn't go to school, I have a three-year old child whom I can't afford to take to a nursey. Now, I'm teaching her my elf. My friends are teaching me how to write for example writing numbers and that is the same knowledge I get and use for teaching my daughter.'

-FGD Participant, Abilinono, Omoro

The most suggested solution to improve ECD was to build centers linked to each UPE school to ensure that children receive this preparation prior to joining primary school.

'If it were possible to start this early child development centers attached to these primary schools. I think it would help.'

-Community Development Officer, Zombo

GENDER INEQUALITIES AND EFFECTS ON FOOD SECURITY AND NUTRITION

There were several inequalities reported in different aspects of life; financial and social. Women were reported to receive unfair treatment by the men. In social life, women were often reported to be working extra hours in the household and the gardens. Most men in all districts were reported to engage in excessive alcohol consumption.

'In households women work tirelessly the whole day without meaningful rest. We the men are supposed to help them in real sense, however, because the men drink a lot, they end up not even helping these women and even beat them sometimes.'

-FGD Participant, Amogi, Zombo

Land ownership was a preserve for men in all communities because of the hereditary nature. Women did not inherit land and noted that they had no resources to buy their own land. They were thus often at the mercy of men who handled the most important factor of food production. Although women accessed the land to produce the food, the control over the proceeds was largely vested in the hands of men. In some cases, even what was planted on the land was decided by the men, except for short-term foods like vegetables.

'It is worse with land; how can you even talk about land. For example, when he sells it, that money is for drinking. He will ask you if you came with the land from your father's house to make decisions on the money after selling.'

-FGD Participant, Obeki, Zombo

'Land is mainly owned by men and even when you are married in another family you find land there is owned by the father of your husband. In our culture a man is given the authority over land. Even in our own families, as women we don't have control over that land. It is our brothers that have control over the land.'

- FGD Participant, Abilinono, Omoro

In the economic sphere, although all participants confessed that most work is done by women, many acknowledged that control over the products from the gardens, the money from the products, fully laid in the hands of men. Men decided on what to do with the money, and in some cases, they did not give anything to their partners. Women were also reported to have no control over household assets including the land.

The man is solely responsible for all the money. He will tell you that you as the woman, you don't know how to plan and that you will misuse the money by giving it to your family members. A man will never allow a woman to handle such issues dealing with money. Women are left with no control over money in the households here in our village.

-A FGD Participant, Omokokitunge, Omoro

When they dig together, the man picks all the foods and sells it without even thinking about the children at home. If groundnuts are harvested, he sells everything, and no one will taste even a little of it.

-A FGD Participant, Abilinono, Omoro

These inequalities have negative effects on food security and nutrition. Women were denied the opportunity to make decisions regarding what foods to eat, sell and what to retain after harvest.

> *'That has affected food security so much. I would say 80% of men here drink alcohol and they don't have time to go for gardening. They leave the wife with the burden of looking for food and this has affected the nutrition and food security too much.'*
>
> *- Community Development Officer, Otuke*

> *'Yes, they do because sometimes you find food items are available in the household and may not be consumed because the man wants his consent first. So, because of that you find that the children cannot get access to the food. Or even sometimes money to procure food is not given, sometimes when the woman wants to ask money for buying food, the man is already at the trading center drinking. He then comes back home drunk when the children have not eaten any food for that day.'*
>
> *-Community Development Officer, Zombo*

It was also noted that women with some level of empowerment would refuse to participate effectively in household food production when their spouses did not account for money from food sales. This negatively affects food security.

> *'When a man goes and sells some food and doesn't bring proper accountability in the households as regards to production of food in the house from the man then when it comes to the next season a woman can decide not to participate, hence shortage of food.'*
>
> *-FGD Participant, Olwoko, Otuke*

SUGGESTED SOLUTIONS TO FOOD INSECURITY AND MALNUTRITION

The participants were asked what solutions would be effective to curb the food insecurity and malnutrition in the communities. Solutions included interventions aimed at improving production such as: training farmers in modern agricultural techniques; providing improved seeds/seedlings on a timely manner, organising farmers into cooperatives to ensure better bargaining power for their food and cash crops; providing farm inputs, promoting intercropping with short term crops in areas with long term crops; and providing appropriate technology to improve crop yields.

> *'Provision of agricultural inputs ox-plough and some high yield seedlings by doing that food production can be boosted in our community.'*
>
> *- FGD Participant, Ewit, Otuke*

> *'The government should sensitize the community on what food to grow that is rich with the needed nutrients. Then we can grow only those crops that are best for body consumption.'*
>
> *- FGD Participant, Omoro*

> *'The government should reach the communities early with seedlings. They appear when the planting season has passed most of the time. They should check on that.'*
>
> *- FGD Participant, Olilim, Otuke*

ANNEXES

FSNA Questionnaires

HOUSEHOLD QUESTIONNAIRE
Uganda Food Security and Nutrition Assessment 2019

HOUSEHOLD INFORMATION PANEL	**HH**
HH1. DISTRICT: Nebbi.....01 *KOLE*.....06 Zombo.....02 Adjumani ……07 *PADER*.....03 Yumbe ……08 *OMORO*.....04 Moyo……09 *OTUKE*.....05 Koboko ……...10	
HH2. SUB-COUNTY:	**HH3**. PARISH:
HH4. VILLAGE:	**HH5**. AREA: Urban ..... Rural .....
HH6. Cluster ID: ___ ___ ___	**HH7**. Household Number: ___ ___
HH8. Interviewer's name and number: Name _____ ___ ___	**HH9**. Supervisor's name and number: Name_____ ___ ___
HH10. Day / Month / Year of interview: ___ ___/___ ___/ 2 0 1 9	**HH11**. HOUSEHOLD ID

MY NAME IS …….. I AM PART OF A TEAM OF THE CENTRAL UNITED NATIONS CHILDREN'S FUND (UNICEF). WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION TO ASSESS THE FOOD SECURITY AND NUTRITION ASSESSMENT IN YOUR DISTRICT. I WOULD LIKE TO TALK TO YOU SOME QUESTIONS AND THE INTERVIEW WILL TAKE ABOUT ***30*** MINUTES.

WE WILL NOT RECORD YOUR NAME AND ANY INFORMATION THAT YOU PROVIDE IS CONFIDENTIAL BUT, WILL BE ANALYSED WITH INFORMATION PROVIDED IN THE SAME WAY BY OTHERS PARTICIPATING IN THIS SURVEY SO THAT THE OUTCOME WILL NOT BE ATTRIBUTED TO YOU OR OTHERS WHO TAKE PART IN THE SURVEY.

YOUR PARTICIPATION IS VOLUNTARY, BUT WE HOPE YOU WILL PARTICIPATE SINCE YOUR VIEWS ARE IMPORTANT.
DO YOU HAVE ANY QUESTIONS?
MAY I BEGIN THE INTERVIEW NOW?

☐ *Yes, permission is given ⇨ Go to HH18 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Circle 04 in HH9. Discuss this result with your supervisor.*

LIST OF HOUSEHOLD MEMBERS **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
USE AN ADDITIONAL QUESTIONNAIRE IF ALL ROWS IN THE LIST OF HOUSEHOLD MEMBERS HAVE BEEN USED.

HL1. *Line no.*	**HL2**. *Name*	**HL3**. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	**HL4**. IS (*name*) MALE OR FEMALE? 1 Male 2 Female		**HL6**. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*
Line	Name	Relation*	M	F	Age
01		**0 1**	1	2	__ __
02		___ ___	1	2	__ __

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Line	Name	Relation*	M	F	Age
03		___ ___	1	2	__ __
04		___ ___	1	2	__ __
05		___ ___	1	2	__ __
06		___ ___	1	2	__ __
07		___ ___	1	2	__ __
08		___ ___	1	2	__ __
09		___ ___	1	2	__ __
10		___ ___	1	2	__ __
11		___ ___	1	2	__ __
12		___ ___	1	2	__ __
13		___ ___	1	2	__ __
14		___ ___	1	2	__ __
15		___ ___	1	2	__ __

Tick here if additional questionnaire used ☐

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman, and each child under five in the household.

* *Codes for **HL3**: Relationship to head of household:*	01 Head 02 Spouse/Partner 03 Son / Daughter	04 Son-In-Law / Daughter-In-Law 05 Grandchild 06 Parent	07 Parent-In-Law 08 Brother / Sister 09 Brother-In-Law / Sister-In-Law	10 Uncle / Aunt 11 Niece / Nephew 12 Other relative	13 Adopted / Foster / Stepchild 14 Servant (Live-in) 96 Other (Not related) 98 DK

HH18. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No 2	2⇨HH19
HH 18A. HOW MANY COMPLETED YEARS OF FORMAL EDUCATION?	___ ___	
HH19. ARE YOU POLYGAMOUS?	Yes ..... 1 No 2	
HH20. ARE YOU DISABLED, CHRONICALLY ILL OR ABLE BODIED?	Disabled ..... 1 Chronically ill ..... 2 Able bodied 2	

CHILDREN EDUCATION		CE
CE1. How many children attended primary school in the last academic year?	GIRL ..... BOY	
CB5. How many children did not regularly attend school in the past 6 months?	GIRL ..... BOY	
CB6. What was the main reason for these children not attending regularly? ***(Check One)*** **1**= Illness/handicap **2**= Cannot pay school fees, uniforms, textbooks **3**= Cannot pay transportation/ far away **4**= Early marriage **5**= Absent teacher/ poor quality teaching **6**= Poor school facilities (*building, desk, etc.*) **7**= Domestic household chores (*e.g. child care, washing etc.*) **8**= Child work for cash or food (*e.g. casual work, petty trade, begging etc.*) **9**= Not interested **10**= Other reasons _____	GIRL ..... BOY	
MORTALITY	**MOR**	
MOR1. Did you experience any deaths in your household in the last **180** days?	YES, Adult death only ..... 1 YES, under 5 death only ..... 2 YES, Adult and under 5 deaths ..... 3 NO death 4	
MOR2. Number of total deaths in your household in the last 180 days		
MOR3. Number of total deaths of under 5 children in your household in the last 180 days		
MOR3. Assumed cause of death of Under 5 children	Diarrhoea ..... 01 Bloody diarrhoea ..... 02 Measles ..... 03 Malaria (Fever of 2-3 days standing) ..... 04 Lower respiratory tract infection ..... 05 Gun shot ..... 06 Accident ..... 07 Other (Specify) ..... 08 Not known 09	
MOR3. Assumed cause of death for adult	Diarrhoea ..... 01 Bloody diarrhoea ..... 02 Measles ..... 03 Malaria (Fever of 2-3 days standing) ..... 04 Lower respiratory tract infection ..... 05 Gun shot ..... 06 Accident ..... 07 Other (Specify) ..... 08 Not known 09	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Anglican....01 Catholic....02 Muslim....03 Pentecostal/Born again/Evangelical ....04 Seventh day adventist....05 No religion....06 Other religion (*specify*)....96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.... __ __	
HC3. *Main material of the dwelling floor.* *Record observation.*	Natural floor Earth / Sand....11 Dung....12 Rudimentary floor Wood planks....21 Palm / Bamboo....22 Finished floor Parquet or polished wood....31 Vinyl or asphalt strips....32 Ceramic tiles....33 Cement....34 Carpet....35 Linoleum....36 Other (*specify*)....96	
HC4. *Main material of the roof.* *Record observation.*	Natural roofing No roof....11 Thatch / Palm leaf....12 Sod....13 Rudimentary roofing Rustic mat....21 Palm/Bamboo....22 Wood planks....23 Cardboard....24 Finished roofing Metal / Tin....31 Wood....32 Calamine / Cement fibre....33 Ceramic tiles....34 Cement....35 Roofing shingles....36 Other (*specify*)....96	

HC5. *Main material of the exterior walls.* *Record observation.*	Natural walls No walls ..... 11 Cane / Palm / Trunks ..... 12 Dirt ..... 13 Rudimentary walls Bamboo with mud ..... 21 Stone with mud ..... 22 Plywood ..... 24 Cardboard ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Wood planks / shingles ..... 36 Other (*specify*) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Gas (LPG) ..... 02 Biogas ..... 03 Kerosene ..... 04 Charcoal ..... 05 Firewood ..... 06 Straw/Shrub/Grass ..... 07 Animal Dung ..... 08 No food cooked in household ..... 95 Other (*specify*) 96	
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? *If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4 Other (*specify*) 6	

HC8. DOES YOUR HOUSEHOLD HAVE A FUNCTIONING:		Yes	No	
[A] ELECTRICITY?	Electricity	1	2	
[B] A RADIO?	Radio	1	2	
[C] A TELEVISION?	Television	1	2	
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone	1	2	
[E] A REFRIGERATOR?	Refrigerator	1	2	
[F] SOLAR PANEL	Solar Panel	1	2	
[G] TABLE	Table	1	2	
[H] CHAIR	Chair	1	2	
[I] BED/COT	Bed/Cot	1	2	
[J] SOFA	Sofa	1	2	
[K] WARDROBE/CUPBOARD	Wardrobe/Cupboard	1	2	
[L] COMPUTER-DESKTOP	Computer-Desktop	1	2	
[M] WALL CLOCK	Wall clock	1	2	
[N] ELECTRIC FAN	Electric fan	1	2	
[O] MATTRESS?	Mattress	1	2	
[P] SEWING MACHINE	Sewing Machine	1	2	
[Q] MOTORCYCLE	Motorcycle	1	2	
[R] AXE	Axe	1	2	
[S] PANGA/MACHETE	Panga/Machete	1	2	
[T] HOE	Hoe	1	2	
[U] OX-PLOUGH	Ox-plough	1	2	
[V] WATER TANK	Water tank	1	2	
[W] SEED STORE	Seed store	1	2	
[X] FOOD STORE	Food store	1	2	

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN FUNCTIONING:	..... Yes No	
[A] WATCH?	Watch 1 2	
[B] MOBILE TELEPHONE?	Mobile telephone 1 2	
[C] BICYCLE/RIKSHAW?	Bicycle 1 2	
[D] MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1 2	
[E] ANIMAL-DRAWN CART?	Animal-drawn cart 1 2	
[F] CAR OR TRUCK?	Car / Truck 1 2	
[G] BOAT?	Boat 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?	Own ..... 1 Rent ..... 2 Other (*specify*) 6	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT INCLUDING COOPERATIVES?	Yes ..... 1 No ..... 2 DK 98	

WATER AND SANITATION		**WS**
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling 11	11⇨WS6
	Piped into compound, yard or plot 12	12⇨WS6
	Piped to neighbour 13	13⇨WS6
	Public tap / standpipe 14	14⇨WS3
	Tube Well, Borehole 21	21⇨WS3
	Dug well	
	Protected well 31	31⇨WS3
	Unprotected well 32	32⇨WS3
	Water from spring	
	Protected spring 41	41⇨WS3
	Unprotected spring 42	42⇨WS3
	Rainwater collection 51	51⇨WS3
	Tanker-truck 61	61⇨WS3
	Cart with small tank / drum 71	71⇨WS3
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81	81⇨WS3
	Bottled water 91	
	Other (*specify*) _____ 96	96⇨WS3

WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling .....11 Piped into compound, yard or plot .....12 Piped to neighbour .....13 Public tap / standpipe .....14 Tube Well, Borehole .....21 Dug well Protected well .....31 Unprotected well .....32 Water from spring Protected spring .....41 Unprotected spring .....42 Rainwater collection .....51 Tanker-truck .....61 Cart with small tank / drum .....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81 Other (*specify*) _____96	 11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .....1 In own yard / plot .....2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .....__ __ __ DK 998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) .....1 Adult man (age 15+ years) .....2 Female child (under 15).....3 Male child (under 15) .....4 DK 8			
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes.....1 No .....2 DK 8			2⇨WS7A 8⇨WS 7A
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil .....A Add bleach / chlorine.....B Strain it through a cloth .....C Use water filter (ceramic, sand, composite, etc.) .....D Solar disinfection.....E Let it stand and settle .....F Other (*specify*) _____ X DK .....Z			
WS8. CALCULATE THE TOTAL AMOUNT OF WATER USED BY THE HOUSEHOLD PER DAY *This relates to all sources of water and non-drinking water sources*	PLEASE SHOW ME THE CONTAINERS YOU USED YESTERDAY FOR COLLECTING WATER	CAPACITY IN LITRES	NUMBER OF JOURNEYS MADE WITH EACH CONTAINER	TOTAL LITRES (SUPERVISOR TO COMPLETE BY HAND CALCULATION)
	1. JERRY CAN	20 L		
	2. JERRY CAN	10 L		
	3. JERRY CAN	5 L		
	4. BUCKET	20 L		
	5. BUCKET	10 L		
	6.			
	7.			
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS?	Observed.....1 Not observed Not in dwelling / plot / yard.....2 No permission to see.....3 Other reason (specify) _____6			 2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available .....1 Water is not available 2			
HW2A. *Check the distance of the handwashing place from the toilet in paces and circle appropriate code.*	Less than 10 paces .....1 10 paces or more .....2 Toilet not in dwelling / plot / yard.....3			
HW3A. *Is soap, detergent or ash/mud/sand present at the place for handwashing?*	Yes, present .....1 No, not present.....2			 2⇨HW4
HW3B. *Record your observation.* *Circle all that apply.*	Bar soap .....A Detergent (Powder / Liquid / Paste) .....B Liquid soap .....C Ash / Mud / Sand.....D			A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19

HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes .....1 No 2	2⇨HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown .....1 No, not shown.....2	2⇨HH19
HW5B. *Record your observation.* *Circle all that apply.*	Bar soap .....A Detergent (Powder / Liquid / Paste) .....B Liquid soap .....C Ash / Mud / Sand.....D	

B.5	Does your household have toilet facilities? (If NO go to B8)	1= Yes ..... 2= Yes but shared with other households 0= No
B.6	What kind of toilet facilities do you use or, rather, have within the household and use?	1= Flush toilet 2= Pit Latrine with slab/VIP 3= Open pit (no super structure) 4= bucket latrine
B.7	How many households share this toilet?	1= Not shared 2= Two HH 3= 3 HH or more 4 = Public Toilet
B.8	Where do you and members of your household MOSTLY go for treatment when sick? *Circle one*	1. Main Hospital 2. Health center 3. Private Clinic 4. Traditional healer 5. Village Health Team (VHT) 6. Drug shop 7. Other. Please specify:
B.10	Is your household connected to the national electricity grid	1=Yes 0=No

FOOD AVAILABILITY				**FA**
HC 11. DO YOU HAVE ACCESS TO AGRICULTURAL LAND (ARABLE LAND FOR CULTIVATION)?	Yes ..... 1 No 2			2⇨HC13
HC12A. HOW MANY ACRES OF AGRICULTURAL LAND DO THIS HOUSEHOLD ACCESS FOR AGRICULTURE? *If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.*	Acres __ _/__ _/__ DK 98			
HC12B. WHAT TYPE OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD HAVE ACCESS FOR AGRICULTURE PURPOSE?	Flatland ..... 1 Upland ..... 2 Swamp ..... 3 Other (*specify)* 6			
WHAT TYPE OF CROPS DID YOU CULTIVATE IN LAST 12 MONTHS AND HOW MUCH LAND EACH OCCUPY?	**CROPS**	**YES**	**NO**	**ACRES**
	1. MAIZE			
	2. BEAN			
	3. CASSAVA			

	4. MILLET			
	5. SORGHUM			
	6. POTATO			
	7. BANANA			
	8. RICE			
	9. GROUND NUTS			
	10. SIMSIM			
	11. SOYA			
	12. OTHER (SPECIFY)			

IF HOUSEHOLD CULTIVATED FOOD IN LAST SEASON, FILL IN THE TABLE BELOW. ***(FOR HARVESTED CROPS, ASK THE QUANTITY OF OUTPUT, LEAVE BLANK SPACE IF CROP WAS NOT PLANTED)***	**CROPS HARVESTED**	**# of Unit**	**Name of Unit**	**KG PER ONE UNIT**
	1. MAIZE	__|__|__|__|__|__|		__|__|__|
	2. BEAN	__|__|__|__|__|__|		__|__|__|
	3. CASSAVA	__|__|__|__|__|__|		__|__|__|
	4. MILLET	__|__|__|__|__|__|		__|__|__|
	5. SORGHUM	__|__|__|__|__|__|		__|__|__|
	6. POTATO	__|__|__|__|__|__|		__|__|__|
	7. BANANA	__|__|__|__|__|__|		__|__|__|
	8. RICE	__|__|__|__|__|__|		__|__|__|
	9. GROUND NUTS	__|__|__|__|__|__|		__|__|__|
	10. SIMSIM	__|__|__|__|__|__|		__|__|__|
	11. SOYA	__|__|__|__|__|__|		__|__|__|
	12. OTHER (SPECIFY)	__|__|__|__|__|__|		__|__|__|

WHAT DID YOU USE YOUR CROP FOR? **PLEASE SPECIFY AS A % OF EACH CROP SPECIFIC PRODUCE**	**CROPS**	**HH Consumption (%)**	**Sold in the Market (%)**	**DONATION (%)**
	1. MAIZE			
	2. BEAN			
	3. CASSAVA			
	4. MILLET			
	5. SORGHUM			
	6. POTATO			
	7. BANANA			
	8. RICE			
	9. GROUNDNUTS			
	10. SIMSIM			
	11. SOYA			
	12. OTHER (SPECIFY)			

HC13. DO YOU HAVE KITCHEN GARDEN?	Yes ..... 1 No 2			
HC14. WHAT TYPE OF PLANTS OR	PLANTS/VEGETABLES	YES	NO	ACRES

VEGETABLES DID YOU GROW IN LAST 12 MONTHS?	**ANY DARK GREEN, LEAFY VEGETABLES?** (DODO, NAKATI, SPINACH, AMARANTH, BUGGA, SUNSA, JOBYO, MARAKWANG, SUKUMA, WIKI, NSUGGA, GGOBE, TIMPA)			
	VITAMIN A RICH VEGETABLES AND TUBERS PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE			
	OTHER VEGETABLES? CAULIFLOWER, CABBAGE, EGGPLANT, GREEN PAPAYA, RADISH, ONION			
HC15. WHAT WAS THE BIGGEST CONSTRAINT TO AGRICULTURE IN THE PAST SIX MONTHS?	0=No constraints 1=Insecurity 2=I have been prohibited by the clan 3=I have been prohibited by my husband 4=The land is infertile/marginal 5=I have been prohibited by the government 6=Sickness or physical inability 7=I did not have adequate seeds and tools 8=I do not have sufficient family/household labour 9=We are not agriculturalists 10= Land conflicts 11= Drought/Low rainfall 12=Other. Please specify:			
HC16. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes ..... 1 No 2			2⇨HC15
HC17. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKEN/DUCKS /PIGEON? [F] PIGS/SWINE? *If none, record '00'. If 95 or more, record '95'.* *If unknown, record '98'.*	 Milk cows, or bulls ..... ___ ___ Horses, donkeys, or mules ..... ___ ___ Goats ..... ___ ___ Sheep ..... ___ ___ Chicken/ducks/pigeon ..... ___ ___ Pigs ..... ___ ___			

H18. WHAT WAS THE BIGGEST CONSTRAINT TO AGRICULTURE IN THE PAST 12 MONTHS?	No constraints ..... 0 Insecurity ..... 1 I have been prohibited by the clan ..... 2 I have been prohibited by my husband ..... 3 The land is infertile/marginal ..... 4 I have been prohibited by the government ..... 5 Sickness or physical inability ..... 6 I did not have adequate seeds and tools ..... 7 I do not have sufficient family/household labour ..... 8 We are not agriculturalists ..... 9 Land conflicts ..... 10 Drought/Low rainfall ..... 11 Other. Please specify: 12	
H19. DO YOU HAVE ANY FOOD STOCKS IN YOUR HOUSEHOLD AT THE MOMENT?	Yes ..... 1 No 2	
H20. HOW MUCH CROP IS IN YOUR CURRENT STOCK INCLUDING UNHARVESTED CROPS (CASSAVA POTATOES AND MATOOKE)?	|__||__||__| kg	
H20. WHAT WAS THE SOURCE OF THESE STOCKS?	WFP/Partner food distribution ..... 1 Own production ..... 2 Gifts ..... 3 Markets ..... 4 Other. Please specify: 5	
H21. HOW MANY WEEKS WILL THESE STOCKS LAST YOUR HOUSEHOLD?		

MAIN INCOME SOURCE

HOW MANY MEMBERS OF THE HOUSEHOLD EARN AN INCOME?	|____|

		DURING THE PAST 30 DAYS, WHAT WERE YOUR HOUSEHOLD'S MOST IMPORTANT LIVELIHOOD SOURCES? (USE INCOME SOURCE CODES, UP TO 3 ACTIVITIES)	USING PROPORTIONAL PILING OR 'DIVIDE THE PIE' METHODS, PLEASE ESTIMATE THE RELATIVE CONTRIBUTION TO TOTAL INCOME OF EACH SOURCE (%)
A	MOST IMPORTANT	|__|__|	|__|__|__|
B	SECOND (LEAVE BLANK IF NONE)	|__|__|	|__|__|
C	THIRD (LEAVE BLANK IF NONE)	|__|__|	|__|__|

INCOME SOURCE CODES: 1 = FOOD CROP PRODUCTION/SALES (E.G. MAIZE) 2 = CASH CROP PRODUCTION/SALE (E.G. COFFEE) 3 = INCOME DERIVED FROM SALE OF LIVESTOCK AND / OR ANIMAL PRODUCTS 4 = AGRICULTURAL WAGE LABOR	5 = NON-AGRICULTURAL WAGE LABOR (CONSTRUCTION…) 6 = SALE OF FIREWOOD/CHARCOAL 7 = PETTY TRADE (MARKET, WHACKERS, ETC.) 8 = PENSION, GOVERNMENT ALLOWANCES 9 = SALARY	10 = FISHING / HUNTING 11 = HANDICRAFTS 12 = GIFTS/BEGGING 13 = FOOD ASSISTANCE 14 = BREWING 15 = REMITTANCES 16= OTHER

IF ANSWER TO QUESTION IS 15, PLEASE INDICATE WHERE THE REMITTANCES WERE RECEIVED FROM	1. MAIN TOWN IN THE DISTRICT 2. NEIGHBORING DISTRICT 3. OTHER DISTRICT/TOWN WITHIN UGANDA 4. COUNTRY OUTSIDE UGANDA 5. OTHER. PLEASE SPECIFY:	

FOOD INSECURITY EXPERIENCE SCALE		**FIES**
NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT FOOD. DURING THE LAST 1 MONTH,		
FIES1. WAS THERE A TIME WHEN YOU OR OTHERS IN YOUR HOUSEHOLD WORRIED ABOUT NOT HAVING ENOUGH FOOD TO EAT BECAUSE OF A LACK OF MONEY OR OTHER RESOURCES?	Yes ..... 1 No ..... 2 DK 98	2⇨HH19
FIES2. WAS THERE A TIME WHEN YOU OR OTHERS IN YOUR HOUSEHOLD WERE UNABLE TO EAT HEALTHY AND NUTRITIOUS FOOD BECAUSE OF A LACK OF MONEY OR OTHER RESOURCES?	Yes ..... 1 No ..... 2 DK 98	
FIES3. WAS THERE A TIME WHEN YOU OR OTHERS IN YOUR HOUSEHOLD ATE ONLY A FEW KINDS OF FOODS BECAUSE OF A LACK OF MONEY OR OTHER RESOURCES?	Yes ..... 1 No ..... 2 DK 98	
FIES4. WAS THERE A TIME WHEN YOU OR OTHERS IN YOUR HOUSEHOLD HAD TO SKIP A MEAL BECAUSE THERE WAS NOT ENOUGH MONEY OR OTHER RESOURCES TO GET FOOD?	Yes ..... 1 No ..... 2 DK 98	
FIES5. WAS THERE A TIME WHEN YOU OR OTHERS IN YOUR HOUSEHOLD ATE LESS THAN YOU THOUGHT YOU SHOULD BECAUSE OF A LACK OF MONEY OR OTHER RESOURCES?	Yes ..... 1 No ..... 2 DK 98	
FIES6. WAS THERE A TIME WHEN YOUR HOUSEHOLD RAN OUT OF FOOD BECAUSE OF A LACK OF MONEY OR OTHER RESOURCES?	Yes ..... 1 No ..... 2 DK 98	
FIES7. WAS THERE A TIME WHEN YOU OR OTHERS IN YOUR HOUSEHOLD WERE HUNGRY BUT DID NOT EAT BECAUSE THERE WAS NOT ENOUGH MONEY OR OTHER RESOURCES FOR FOOD?	Yes ..... 1 No ..... 2 DK 98	
FIES8. WAS THERE A TIME WHEN YOU OR OTHERS IN YOUR HOUSEHOLD WENT WITHOUT EATING FOR A WHOLE DAY BECAUSE OF A LACK OF MONEY OR OTHER RESOURCES?	Yes ..... 1 No ..... 2 DK 98	

FOOD SOURCES AND CONSUMPTION **FCS**

COULD YOU PLEASE TELL ME HOW MANY DAYS IN THE PAST ONE WEEK (SEVEN DAYS) YOUR HOUSEHOLD HAS EATEN THE FOLLOWING FOODS AND WHAT THE MAIN SOURCE WAS (USE CODES AT THE BOTTOM OF THE TABLE, WRITE 0 FOR ITEMS NOT EATEN OVER THE LAST 7 DAYS).

ASK LINE BY LINE FOR EACH ITEM BOTH QUESTIONS

	FOOD ITEM	**A. # OF DAYS EATEN DURING LAST 7 DAYS**	**B. MAIN SOURCE (USE FOOD SOURCE CODES AT THE BOTTOM OF THE TABLE)**	**C. WAS FOOD EATEN BY WOMAN RESPONDENT IN PAST 24 HOURS 1=YES 0-=NO**
G.1	**CEREALS AND GRAIN:** RICE, BREAD / CAKE AND / OR DONUTS, SORGHUM, MILLET, MAIZE, CHAPATTI	|__|	|__|	|__|

G.2	**ROOTS AND TUBERS:** POTATO, YAM, CASSAVA, SWEET POTATO, AND / OR OTHER TUBERS	|__|	|__|	|__|
G.3	**PULSES:** BEANS, COWPEAS, LENTILS, SOY, PIGEON PEA	|__|	|__|	|__|
G.4	**NUTS:** GROUND NUTS, PEANUTS, SIM SIM, COCONUTS OR OTHER NUTS	|__|	|__|	|__|
G.5	**ORANGE VEGETABLES (VEGETABLES RICH IN VITAMIN A):** CARROT, RED PEPPER, PUMPKIN, ORANGE SWEET POTATOES,	|__|	|__|	|__|
G.6	**GREEN LEAFY VEGETABLES:** SPINACH, BROCCOLI, AMARANTH AND / OR OTHER DARK GREEN LEAVES, CASSAVA LEAVES, BEAN LEAVES, PEA LEAVES.	|__|	|__|	|__|
G.7	**OTHER VEGETABLES:** ONION, TOMATOES, CUCUMBER, RADISHES, GREEN BEANS, PEAS, LETTUCE, CABBAGE ETC.	|__|	|__|	|__|
G.8	**ORANGE FRUITS (FRUITS RICH IN VITAMIN A):** MANGO, PAPAYA, APRICOT, PEACH	|__|	|__|	|__|
G.9	**OTHER FRUITS (FRUITS RICH IN VITAMIN A):** BANANA, APPLE, LEMON, TANGERINE	|__|	|__|	|__|
G.10	**MEAT:** GOAT, BEEF, CHICKEN, PORK (REPORT ONLY MEAT CONSUMED IN LARGE QUANTITIES AND NOT AS A CONDIMENT)	|__|	|__|	|__|
G.11	**ORGAN MEAT:** LIVER, KIDNEY, HEART AND / OR OTHER ORGAN MEATS AND BLOOD	|__|	|__|	|__|
G.12	**FISH / SHELLFISH:** FISH, INCLUDING CANNED TUNA, AND/OR OTHER SEAFOOD (REPORT ONLY FISH CONSUMED IN LARGE QUANTITIES AND NOT AS A CONDIMENT)	|__|	|__|	|__|
G.13	**EGGS**	|__|	|__|	|__|
G.14	**MILK AND OTHER DAIRY PRODUCTS:** FRESH MILK / SOUR, YOGURT, CHEESE, OTHER DAIRY PRODUCTS (EXCLUDE MARGARINE / BUTTER OR SMALL AMOUNTS OF MILK FOR TEA / COFFEE)	|__|	|__|	|__|
G.15	**OIL / FAT / BUTTER:** VEGETABLE OIL, PALM OIL, SHEA BUTTER, MARGARINE, OTHER FATS / OIL	|__|	|__|	|__|
G.16	**SUGAR, OR SWEET:** SUGAR, HONEY, JAM, CAKES, CANDY, COOKIES, PASTRIES, CAKES AND OTHER SWEET (SUGARY DRINKS)			
G.17	**CONDIMENTS / SPICES:** TEA, COFFEE / COCOA, SALT, GARLIC, SPICES, YEAST / BAKING POWDER, LANWIN, TOMATO / SAUCE, MEAT OR FISH AS A CONDIMENT, CONDIMENTS INCLUDING SMALL AMOUNT OF MILK / TEA COFFEE.	|__|	|__|	|__|

FOOD SOURCE CODES	
1. OWN PRODUCTION (CROPS, ANIMAL) 2. FISHING / HUNTING 3. GATHERING 4. BORROWED 5. MARKET (PURCHASE WITH CASH)	6. MARKET (PURCHASE ON CREDIT) 7. EXCHANGE LABOUR OR ITEMS FOR FOOD 8. BEG FOR FOOD 9. GIFT (FOOD) FROM FAMILY RELATIVES OR FRIENDS 10. FOOD AID FROM CIVIL SOCIETY, NGOS, GOVERNMENT, WFP ETC.

EXPENDITURE

FOOD EXPENDITURE

	F.1 – DID YOU PURCHASE ANY OF THE FOLLOWING ITEMS DURING THE LAST 30 DAYS FOR DOMESTIC CONSUMPTION? IF '**NO**', ENTER '0' AND PROCEED TO THE NEXT FOOD-ITEM. IF **'YES'**, ASK THE RESPONDENT TO ESTIMATE THE TOTAL CASH AND CREDIT EXPENDITURE ON THE ITEM FOR THE **30 DAYS**. (REGISTER THE EXPENSES ACCORDING TO LOCAL CURRENCY)			**F.2** – DURING THE **LAST 30 DAYS,** DID YOUR HOUSEHOLD CONSUME THE FOLLOWING FOODS **WITHOUT PURCHASING** THEM? IF SO, ESTIMATE THE VALUE OF THE NON-PURCHASED FOOD ITEMS CONSUMED DURING THE **LAST 30 DAYS**
		(CASH, UGX)	**(CREDIT, UGX)**	**(LOCAL CURRENCY)**
1.	CEREALS (MAIZE, RICE, SORGHUM, WHEAT, BREAD)			
2.	TUBERS (SWEET POTATOES, CASSAVA)			
3.	PULSES (BEANS, PEAS, GROUNDNUTS)			
4.	FRUITS & VEGETABLES			
5.	FISH/MEAT/EGGS/POULTRY			
6.	OIL, FAT, BUTTER			
7.	MILK, CHEESE, YOGURT			
8.	SUGAR/SALT			
9.	TEA/COFFEE			
10.	OTHER MEALS/SNACKS CONSUMED OUTSIDE THE HOME			

NON-FOOD EXPENDITURE

F.3 – DID YOU PURCHASE THE FOLLOWING ITEMS DURING THE **LAST 30 DAYS** FOR DOMESTIC CONSUMPTION? **IF NONE, WRITE 0 AND GO TO NEXT ITEM**		**F.3.1** – ESTIMATE EXPENDITURE DURING **THE LAST 30 DAYS** (REGISTER THE EXPENSES ACCORDING TO THE CURRENCY IN WHICH IT WAS DONE)	**F.3.2** – IN THE PAST **6 MONTHS** HOW MUCH MONEY HAVE YOU SPENT ON EACH OF THE FOLLOWING ITEMS OR SERVICE? ***USE THE FOLLOWING TABLE, WRITE 0 IF NO EXPENDITURE.***		**F.3.3**– ESTIMATE EXPENDITURE DURING THE **LAST SIX MONTHS**
		(UG. SHS.)			(UG. SHS.)

1	RENT		10	MEDICAL EXPENSES, HEALTH CARE	
2	SOAP & HH ITEMS		11	CLOTHING, SHOES	
3	TRANSPORT		12	EDUCATION, SCHOOL FEES, UNIFORM, ETC.	
4	FUEL (WOOD, PARAFFIN, ETC.)		13	DEBT REPAYMENT	
5	WATER		14	CELEBRATIONS/SOCIAL EVENTS	
6	ELECTRICITY/LIGHTING		15	AGRICULTURAL INPUTS	
7	COMMUNICATION (PHONE)		16	SAVINGS	
9	ALCOHOL/PALM WINE & TOBACCO		17	CONSTRUCTIONS/HOUSE REPAIRS	

F.4	DO YOU HAVE ANY DEBT OR CREDIT TO REPAY AT THE MOMENT?	□ YES □ NO IF 'NO', GO TO SECTION G
F.5	IF YES, APPROXIMATE THE AMOUNT OF CURRENT DEBT IN UGANDA SHILLINGS	…….. UGX
F.6	DO YOU HAVE TO PAY INTEREST ON YOUR CURRENT LOAN? **IF 'NO', GO TO NEXT SECTION**	□ YES □ NO
F.7	IF YES, HOW MUCH IS THE TOTAL INTEREST YOU OWE ON THE LOAN?	…….. UGX
F.8	WHAT WAS THE MAIN REASON FOR NEW DEBTS OR CREDIT? 1. TO BUY FOOD 2. TO COVER HEALTH EXPENSES 3. TO PAY SCHOOL, EDUCATION COSTS 4. TO BUY AGRICULTURAL INPUTS (SEED, TOOLS…) 5. TO BUY ANIMAL FEED, FODDER, VETERINARY 6. TO BUY OR RENT LAND 7. TO BUY OR RENT ANIMALS 8. TO BUY OR RENT OR RENOVATE A FLAT/ HOUSE 9. TO PAY FOR SOCIAL EVENTS / CEREMONIES 10. TO INVEST FOR OTHER BUSINESS 11. OTHER. SPECIFY:	**MAIN REASON** |___|
F.9	WHO IS THE MAIN SOURCE OF CREDIT FOR ALL DEBTS AND LOANS? 1. RELATIVES 2. TRADERS/SHOP-KEEPER 3. BANK/MICROFINANCE 4. SACCO/VSLA 5. TELECOM COMPANY 6. MONEY LENDER 7. OTHER. SPECIFY:	**Main source** |___|

SHOCKS AND COPING	**SC**	
WHAT HAVE BEEN YOUR MAIN DIFFICULTIES OR SHOCKS IN THE PAST 30 DAYS DO NOT LIST, LEAVE THE HOUSEHOLD ANSWER SPONTANEOUSLY. ONCE DONE, ASK THE HOUSEHOLD TO RANK THE 2 MOST IMPORTANT ONES	1ST DIFFICULTY	2ND DIFFICULTY

1 = Loss employment/reduced salary/wages 2 = Crop Loss due to Rodents 3 = Death household member/funerals 4 = High food prices 5 = High fuel/transportation prices 6= Debt to reimburse 7 = Floods, heavy rains, drought, land slides 8 = Sickness/disease 9 = Alcoholism of a household member 10 = Other. Please Specify 99= No difficulty mentioned	H.1	|___|	H.2	|__|

	Reduced Coping Strategies Index During the last 7 days, how many times (in days) did your household have to employ one of the following strategies to cope with a lack of food or money to buy it? **READ OUT STRATEGIES**	**Frequency (number of days from 0 to 7)**
H.3	Relied on less preferred, less expensive food	|__|
H.4	Borrowed food or relied on help from friends or relatives	|__|
H.5	Reduced the number of meals eaten per day	|__|
H.6	Reduced portion size of meals	|__|
H.7	Reduction in the quantities consumed by adults/mothers for young children	|__|
H.8	Have you/your children taken any type of alcohol to cope with the lack of food or money to buy food?	□ Yes □ No

	Livelihood Coping Strategies Index During the last 30 days, did anyone in your household have to engage in any of the following activities because there was not enough food or money to buy food		1=Yes 2= No, because it wasn't necessary 3=No, because I already sold those assets or did this activity and cannot continue 4=No, because I never had the possibility to do so 5=No, because I did not have the asset or opportunity to do the activity
H.9	STRESS	Sold more animals (non-productive) than usual	|__|
H.10		Sold household goods (radio, furniture, refrigerator, television, jewelry etc.)	|__|
H.11		Spent savings	|__|
H.12		Borrowed money	|__|
H.13	EMERGENCIES	Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, goats, cows, etc.)	|__|
H.14		Reduced essential non-food expenditures such as education, health, etc…	|__|
H.15		Consume seed stock held for next season	|__|
H.16	CRISIS	Sold house or land	|__|
H.17		Illegal income activities (theft, smuggling, prostitution)	|__|
H.18		Begged	|__|

ALCOHOL USE		AL
AL1. HAVE YOU EVER DRUNK ALCOHOL?	Yes ..... No	 2⇨Next Module
AL 2. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF VODKA, WHISKEY OR RUM OR A CUP OF LOCAL BREW (WARAGI, KWETE, MALWA, TONTO). HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol ..... Age .....___	00⇨Next Module
AL 3. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30"*	Did not have one drink in last one month ..... Number of days .....0 10 days or more but less than a month ..... Every day / Almost every day	00⇨Next Module
AL 4. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks.....___	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/ COMMUNICATION TECHNOLOGY		MT
MT1. How often do you read a newspaper or magazine:?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all..... 4	
MT2. Do you listen to the radio?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all..... 4	
MT3. How often do you watch television?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all..... 4	
MT4. Have you ever used a computer?	Yes ..... 1 No..... 2	2⇨MT9
MT5. Have you used a computer from any location in the last 12 months?	Yes ..... 1 No..... 2	2⇨MT9
MT6. During the last one month, how often did you use a computer?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all..... 4	
MT7. Have you ever used the Internet?	Yes ..... 1 No..... 2	2⇨MT12
MT8. In the last 12 months, have you used the Internet? *If necessary, probe for use from any location, with any device.*	Yes ..... 1 No..... 2	2⇨ MT12
MT9. During the last one month, how often did you use the Internet?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all..... 4	
MT10. do you have mobile phone**?**	Yes ..... 1 No..... 2	2⇨Next Module
MT11. Have you used a mobile phone for either SMS or call in last 24 hours?	Yes ..... 1 No..... 2	

GENDER AND DECISION MAKING QUESTIONS **GEN**

Now I will ask you about some items that your household may have. First, I would like to know if your household has these items, currently or in the past season (the past 6 months). Then I would like to know who in your household works with or uses these items, who owns them, and who makes decisions about them.

Item	Available (if no, skip columns to the right)	Access (use as one wishes)	Own	Control (Decision to purchase/use/ sell)	Decision on use of income
	1. Yes 0. No	1. Woman 2. Man 3. Both	1. Woman 2. Man 3. Both 4. Other	1. Woman 2. Man 3. Both 4. N/A	1. Woman 2. Man 3. Both 4. N/A
Land					
Land use					
Cereals garden					
Roots, tubers					

Cash crops					
Cattle					
Sheep/goats					
Poultry					

OWNERSHIP, ACCESS AND CONTROL OF DURABLE GOODS AND ASSETS

Now I will ask you about some other household items. Please let me know if these items are available to your household and, if so, who uses them, owns them, and has control over their usage.

Good	Available (1=yes,0=no)	Access	Ownership	Control of usage
	If no, skip columns to right	1. Woman 2. Man 3. Both	1. Woman 2. Man 3. Both 4. Other	1. Woman 2. Man 3. Both 4. Other
Radio				
Telephone				
Television				
Bicycle				
Motorcycle				
Boat/canoe				
Car				
Savings				
Income				

GENDER AND TIME ALLOCATION

I am going to ask how you used your time yesterday.
How did you spend your time yesterday, from time you woke up to the time you went to sleep?

Activity	**Time spent on activity (hours)**	
	Main Woman of the HH	**Main man of the HH**
Agricultural work		
Non-agricultural work		
Household and work with children/elderly/sick		
Personal time (Rest, leisure, etc.)		
Social time (social, religious etc.)		
Sleeping		
Total Time (24 hours)		

WOMAN'S BACKGROUND		WB
WM3. WOMAN'S NAME:		
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent*	Age (in completed years) ..... __ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No 2	2⇨WB7
HH 18A. HOW MANY COMPLETED YEARS OF FORMAL EDUCATION?	___ ___	
WB5B. ARE YOU CURRENTLY STUDYING IN ANY SCHOOL ?	Yes ..... 1 No 2	1⇨WB6
WB5C. WHAT WAS THE MAIN REASON WHY YOU DIDN'T CONTINUE YOUR STUDIES FURTHER?	Economic reason ..... 01 Parents didn't allow ..... 02 Got married ..... 03 School facility far away ..... 04 Need to do household works ..... 05 Didn't like to study myself ..... 06 Physically disabled ..... 07 Others *(Specify)* _____ 96	
NUMBER OF LIVE BIRTHS BY THIS MOTHER/CARE GIVER	|__|__|	
ARE YOU PREGNANT OR BREAST FEEDING?	Pregnant ..... 01 Breastfeeding ..... 02 Pregnant and BF ..... 03 None 04	
WEIGHT(KG)	|__|__|__|__| kg	ONLY FOR NON-PREGNANT WOMEN 15 – 49 YEARS
HEIGHT (CM)	|__|__|__|__| cm	
MUAC (CM)	|__|__|__|__| cm	FOR ALL WOMEN 15 – 49 YEARS
HAEMOGLOBIN	|__|__|. |__| g/dl	

MATERNAL AND NEWBORN HEALTH	MN
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*	

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes No	 2⇨MN5
MN2. WHOM DID YOU SEE? *Probe:* ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor Nurse / Midwife Medical assistant/Clinical officer Nursing Aide/Assistant Other person Traditional birth attendant Community Village Health Worker Other (*specify*)	
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Months.....2 DK	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	Number of times DK	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE? [D] WERE YOU WEIGHED?	Blood pressure Yes =1 No= 0 Urine sample Yes =1 No= 0 Blood sample Yes =1 No= 0 Weight Yes =1 No= 0	
MN5. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes No DK	 2⇨MN9 8⇨MN9
MN6. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)?	Number of times DK	 8⇨MN9
MN7. *How many tetanus injections during last pregnancy were reported in MN6?* ☐ *At least two tetanus injections during last pregnancy. ⇨ Go to MN11* ☐ *Only one tetanus injection during last pregnancy. ⇨ Continue with MN9*		
MN8. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes No DK	 0⇨MN12 8⇨MN12

MN9. How many times did you receive a tetanus injection before your pregnancy with (*name*)? *If 7 or more times, record '7'.*	Number of times ..... DK	 8⇨MN12
MN10. How many years ago did you receive the last tetanus injection before your pregnancy with (*name*)? *If less than 1 year, record '00'.*	Years ago ..... _	
MN 11. During this pregnancy, were you given or did you buy any iron/folic acid tablets? *Show tablets.*	Yes ..... No ..... DK	 0⇨ MN16C 8⇨ MN16C
MN 12. During this whole pregnancy, for how many days did you take the tablets? *If answer is not numeric, probe for approximate for number of days.*	Number of Days ..... __ _ DK	
MN 13. During this pregnancy, did you take any medicines for intestinal worms?	Yes ..... No ..... DK	
MN 14. During this pregnancy, were you given or did you take SP/Fansidar to keep you from getting malaria?	Yes ..... No ..... DK	
MN 15. During this whole pregnancy, for how many times did you take the SP/Fansidar?	Number of Days ..... __ _ DK	
MN16. Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?	ANC Visit..... Another facility visit..... Other source	1⇨MN18C
MN17. Was (*name*) weighed at birth?	Yes..... No ..... DK	 2⇨MN23 8⇨MN23
MN18. How much did (*name*) weigh? *If a card is available, record weight from card.*	From card .....1 (kg) __ . __ _ From recall .....2 (kg) __ . __ _ DK	
MN19. Did you ever breastfeed (*name*)?	Yes..... No	 2⇨Next Module
MN20. How long after birth did you first put (*name*) to the breast? *If less than 1 hour, record '00' hours.* *Otherwise record hours.*	Hours ..... _ DK/Don't remember.....	
MN21. In the first three days after delivery, was (*name*) given anything to drink other than breast milk?	Yes..... No	 2⇨Next Module

MN22. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE?	Milk (other than breast milk)..... Plain water..... Sugar or glucose water ..... Gripe water..... Sugar-salt-water solution..... Fruit juice ..... Infant formula..... Tea / Infusions ..... Honey ..... Other (*specify*) _____	
UNDER-FIVE CHILD INFORMATION PANEL		**UF**
This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.		
UF3. Child's name:		
UF5. MOTHER'S / CARETAKER'S NAME:		
AGE		**AG**
NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (*name*).		
Sex of the child?	1. Male 2. Female	
AG1. ON WHAT DAY, MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS / HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day Month and year must be recorded.	Date of birth Day .....__ DK day..... Month.....__ Year .....2 0 __	
AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? Compare and correct AG1 and/or AG2 if inconsistent.	Age (in months) __	
BREASTFEEDING AND DIETARY INTAKE		**BD**
BD1. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Continue with BD2* ☐ *Child age 3 or 4 ⇨ Go to CARE OF ILLNESS Module*		
BD1. HAVE YOU BEEN COUNSELLED BY ANY HEALTH-RELATED PROFESSIONAL (INCLUDING FCHV) ABOUT MATERNAL, INFANT AND YOUNG CHILD NUTRITION (MIYCN) IN THE LAST 6 MONTHS? *Explain:* WHAT IS MIYCN?	Yes.....1 No 0	

BD2. WHO GAVE YOU THIS ADVICE/COUNSELING ON NUTRITION?	Health professional: Doctor ..... A Nurse / Midwife ..... B Medical assistant/Clinical officer ..... C Nursing Aide/Assistant ..... D Other person Traditional birth attendant ..... E Community Village Health Worker ..... F Mother Care Group ..... E Lead Mother ..... F Other (*specify*) X	
BD3. WHEN DID YOU RECEIVE THE ADVICE OR COUNSELING?	During ANC Visit ..... A During PNC Visit ..... B Visit to Health Facility ..... C During Outreach ..... D During Care Group Meeting ..... E Other (*specify*) X	
BD4. WHAT WERE YOU COUNSELLED ON?	Need for pregnant women to get sufficient rest ..... A Pregnant/Lactating women eat diversified food ..... B Pregnant woman shout eat one extra meal per day .... C Pregnant women should take recommended dose of IFA tablets ..... D Breastfeed within one hour of birth ..... E Exclusively breastfed baby for 6 months after birth .. F Timely introduction of complementary food ..... G Feeding diversified diet for complementary feeding .. H Handwashing at critical times ..... I Other (*specify*) X	
BD5. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 0 DK 8	 2⇨BD4 8⇨BD4
BD6. IS (*name*) STILL BEING BREASTFED?	Yes ..... 1 No ..... 0 DK 8	
BD7. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes ..... 1 No ..... 0 DK 8	
BD8. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 0 DK 8	
BD9. DID (*name*) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 0 DK 8	
BD9. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS		

THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) DRINK (*Name of item*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK	
[A] PLAIN WATER?	Plain water	1	2	8	
[B] FRESH FRUIT JUICE OR JUICE CONCENTRATE?	Juice or juice drinks	1	2	8	
[C] CLEAR BROTH?	Soup	1	2	8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK MILK? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank milk			—	
[E] INFANT FORMULA LIKE LACTOGEN?	Infant formula	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK INFANT FORMULA? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank infant formula			—	
[F] ANY OTHER LIQUIDS LIKE PLANE TEA, COFFEE?	Other liquids	1	2	8	
BD10. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. Please include foods consumed outside of your home.					
DID (*name*) EAT (*name of food*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK	
[A] YOGURT?	Yogurt	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK OR EAT YOGURT? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank/ate yogurt			—	
[B] ANY COMMERCIALLY FORTIFIED BABY FOOD, E.G., CERELAC?	Cerelac	1	2	8	
[C] RICE, POSHO, KAARO, PORRIDGE, BREAD, CHAPATI, PASTA, MACARONI, NOODLES OR OTHER FOODS (MANDAZI, DOUGHNUTS, PANCAKES, WEETABIX, CORNFLAKES) MADE FROM GRAINS (MILLET, SORGHUM, MAIZE, RICE, WHEAT)?	Foods made from grains?	1	2	8	
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8	
[E] CASSAVA, YAMS (JUUNI, NDAGGU, BALUGGU), WHITE SWEET POTATOES, IRISH POTATOES, MANIOC OR ANY OTHER ROOTS OR TUBERS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8	
[F] BANANA (MATOOKE, NDIZI, GONJA)?					
[G] ANY DARK GREEN, LEAFY VEGETABLES (DODO, NAKATI, SPINACH, AMARANTH, BUGGA, SUNSA, JOBYO, MARAKWANG, SUKUMA WIKI, NSUGGA, GGOBE, TIMPA)?	Dark green, leafy vegetables	1	2	8	
[H] RIPE MANGOES, PAWPAWS?	Ripe mangoes	1	2	8	
[I] ANY OTHER FRUITS OR VEGETABLES (PASSION FRUIT, JACK FRUIT, PINEAPPLE, ORANGES, SUGARCANE?	Other fruits or vegetables	1	2	8	

[J] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8	
[K] ANY BEEF, PORK, LAMB OR GOAT (KEBABS, SAUSAGES, CHAPS)?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8	
[K] ANY CHICKEN, DUCK, TURKEY, PIGEON OR OTHER POULTRY?					
[K] EGGS (FROM CHICKENS, DUCKS OR OTHER POULTRY?	Eggs	1	2	8	
[L] FRESH OR DRIED FISH OR SHELLFISH (MUKENE, KENJE)	Fresh or dried fish	1	2	8	
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8	
[N] FRESH AND DRIED CHEESE, PANEER OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8	
[O] ANY SUGARY FOODS SUCH AS CHOCOLATES, SWEETS, CANDIES, PASTRIES, CAKES OR BISCUITS?	Cheese or other food made from milk	1	2	8	
[P] ANY COOKING OIL, MARGARINE, BUTTER OR OTHER OILS/FATS?	Cheese or other food made from milk	1	2	8	
[Q] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food	1	2	8	

BD11. *Check BD8 (Categories "A" through "O")*

☐ *All "No" ⇨ Continue with BD10* ☐ *At least one "Yes" or all "DK" ⇨ Go to BD11*

BD12. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night*

☐ *The child did not eat or the respondent does not know ⇨ Go to Next Module*

☐ *The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇨ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11*

BD13. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? *If 7 or more times, record '7'.*	Number of times .....__ DK 8	

EARLY CHILDHOOD DEVELOPMENT **EC**

EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?	Number of children's books ..... 0 __	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	Y N DK Homemade toys ..... 1 0 8 Toys from a shop ..... 1 0 8 Household objects or outside objects 1 0 8	

EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*): [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? If 'none' enter' 0'. If 'don't know' enter'88'	Number of days left alone for more than an hour ..... __ Number of days left with other child for more than an hour..... __					
EC4. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Go to DB1* ☐ *Child age 3 or 4 ⇨ Continue with EC5*						
EC5. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes ..... 1 No..... 0 DK..... 8					
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 *OR OVER* ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*		Mother	Father	Other	No one	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	Read books	A	B	X	Y	
[B] TOLD STORIES TO (*name*)?	Told stories	A	B	X	Y	
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?	Sang songs	A	B	X	Y	
[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y	
[E] PLAYED WITH (*name*)?	Played with	A	B	X	Y	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	Named/ counted	A	B	X	Y	
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (*name*)'S DEVELOPMENT. CAN (*name*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes ..... 1 No..... 0 DK..... 8					1⇨EC9
EC8A. CAN (*name*) IDENTIFY OR RECOGNIZE AT LEAST A LETTER OF HIS/HER NAME?	Yes ..... 1 No..... 0 DK 8					

EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes ..... 1 No..... 0 DK..... 8	1⇨EC10
EC9A. CAN (*name*) IDENTIFY OR RECOGNIZE FOUR POPULAR LOGOS?	Yes ..... 1 No..... 0 DK 8	
EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes ..... 1 No..... 0 DK..... 8	1⇨EC11
EC10A. CAN (*name*) COUNT THE NUMBER FROM 1 TO 10 OR WALK 10 STEPS WITH COUNTING?	Yes ..... 1 No..... 0 DK 8	
EC11. CAN (*name*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes ..... 1 No..... 0 DK..... 8	
EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY?	Yes ..... 1 No..... 0 DK..... 8	
EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes ..... 1 No..... 0 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes ..... 1 No..... 0 DK..... 8	
EC15. DOES *(name*) GET ALONG WELL WITH OTHER CHILDREN?	Yes ..... 1 No..... 0 DK..... 8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes ..... 1 No..... 0 DK..... 8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes ..... 1 No..... 0 DK..... 8	
HAS THE CHILD RECEIVED THE FOLLOWING		
MEASLES	1= Yes (with child health card); 2= Yes (without card); 3= No with card; 4= No without card; 5 = Don't know	
DPT3	1= Yes (with child health card); 2= Yes (without card); 3= No with card; 4= No without card; 5 = Don't know	

DE-WORMING (PAST 6 MONTHS)	1= Yes (with child health card); 2= Yes (without card); 3= No with card; 4= No without card; 5 = Don't know	
VITAMIN A (IN PAST 6 MONTHS)	1= Yes (with child health card); 2= Yes (without card); 3= No with card; 4= No without card; 5 = Don't know	

CARE OF ILLNESS		CA
MENTION THE DISEASES YOUR CHILD HAS SUFFERED IN THE LAST 2 WEEKS. *CIRCLE ALL THAT APPLY*	1 = Fever/malaria 2 = measles 3 = diarrhea 4 = ARI/cough 5 = skin diseases 6 = Eye disease 7 = other 8 = No Illness	
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes ..... 1 No ..... 0 DK..... 8	 2⇨CA6A 8⇨CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If 'less', probe*: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More..... 4 Nothing to drink..... 5 DK..... 8	
CA3. DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If 'less', probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More..... 4 Stopped food..... 5 Never gave food..... 6 DK..... 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes ..... 1 No ..... 0 DK..... 8	 2⇨CA4 8⇨CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? CIRCLE ALL PROVIDERS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS. PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (*Name of place*)	Public sector Government hospital..... A Government health centre.....B Outreach mobile clinic.....C Village health Team/Field worker ..... D Other public (*specify*)_____ E Private medical sector Private hospital / clinic.....F Private doctor..... G Pharmacy/Drug shop ..... H Mobile clinic .....I Field worker .....J Other private medical (*specify*) _____ K Other source Market.....P Shop ..... Q Traditional practitioner .....R Other (*specify*) _____ X	

CA3C. *Check CA3B:*

☐ *Two or more codes circled ⇨ Continue with CA3D*

☐ *Only one code circled ⇨ Go to CA4*

CA3D. WHERE DID YOU FIRST SEEK ADVICE FOR DIARRHOEA? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... A Government health centre ..... B Outreach mobile clinic ..... C Village health Team/Field worker ..... D Other public (*specify*)_____ E Private medical sector Private hospital / clinic ..... F Private doctor ..... G Pharmacy/Drug shop ..... H Mobile clinic ..... I Field worker ..... J Other private medical (*specify*) _____ K Other source Market ..... P Shop ..... Q Traditional practitioner ..... R Other (*specify*) _____ X	

CA4. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK					
		Y	N	DK	
[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ***Daloozi***?	Fluid from ORS packet	1	2	8	
[B] A GOVERNMENT RECOMMENDED HOMEMADE FLUID (SALT, SUGAR AND WATER)?	Homemade fluid	1	2	8	
[C] ZINC TABLETS OR SYRUP?	Zinc tablet or syrup	1	2	8	

CA4A. *Check CA4: ORS*

☐ *Child was given any ORS ('Yes' circled in 'A' in CA4) ⇨ Continue with CA4B*

☐ *Child was not given any ORS ⇨ Go to CA4C*

CA6A. IN THE LAST TWO WEEKS, HAS (*name*) BEEN ILL WITH A FEVER AT ANY TIME?	Yes ..... 1 No ..... 0 DK 8	 2⇨CA7 8⇨CA7
CA6B. AT ANY TIME DURING THE ILLNESS, DID (*name*) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes ..... 1 No ..... 0 DK 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No ..... 0 DK 8	 2⇨CA9A 8⇨CA9A
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 0 DK 8	 2⇨CA10 8⇨CA10

CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only ..... 1 Blocked or runny nose only ..... 0 Both ..... 3 Other (*specify*) _____ 6 DK 8	1⇨CA10 2⇨CA10 3⇨CA10 6⇨CA10 8⇨CA10
CA9A. *Check CA6A: Had fever?* ☐ *Child had fever ⇨ Continue with CA10* ☐ *Child did not have fever ⇨ Go to CA14*		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 0 DK 8	 2⇨CA12 8⇨CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Government hospital ..... A Government health centre ..... B Outreach mobile clinic ..... C Village health Team/Field worker ..... D Other public (*specify*)_____ E Private medical sector Private hospital / clinic ..... F Private doctor ..... G Pharmacy/Drug shop ..... H Mobile clinic ..... I Field worker ..... J Other private medical (*specify*) _____ K Other source Market ..... P Shop ..... Q Traditional practitioner ..... R Other (*specify*) _____ X	
CA12.AT ANY TIME DURING THE ILLNESS, WAS (*name*) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes ..... 1 No ..... 0 DK 8	 2⇨CA14 8⇨CA14

CA13. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE? CIRCLE ALL MEDICINES GIVEN. WRITE BRAND NAME(S) OF ALL MEDICINES MENTIONED. _____ (Names of medicines)	Anti-malarials drugs: Artemisinin combination therapy (Coartem/ACT) A SP/FANSIDAR ..... B Chloroquine ..... C Amodiaquine ..... D Quinine Pills/Syrup ..... E Injection/IV ..... F Artesunate Rectal ..... G Injection/IV ..... H Other anti-malarial (*specify*) _____ I Antibiotics: Pill / Syrup ..... J Injection ..... K Other medications: Paracetamol/ Panadol /Acetaminophen ..... L Aspirin ..... M Ibuprofen ..... N Other (*specify*) _____ X DK ..... Z	
CA13E. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from CA13)*? *If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.*	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3 4 or more days after the fever ..... 4 DK 8	
IM18. IN THE LAST 7 DAYS WAS (NAME) GIVEN: A) **VITAMIN AND MINERAL POWDER?** B) C) **RUTAFA, RUTF OR KIPOLI FROM THE HOSPITAL?** D) **ODII (PLUMPY'DOZ?)**	Y N DK Powder ..... 1 2 8 Therapeutic food ..... 1 2 8 Supplemental food 1 2 8	

ANTHROPOMETRY AND BLOOD		**AN**
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.		
Does the child have oedema?	Yes ..... 1 No 2	
AN3. *Child's weight*	Kilograms (kg) ..... __ __ . __ Weight not measured 99.9	
AN3B. *Check age of child in AG2:* ☐ Child under 2 years old. ⇨ Measure length (lying down). ☐ Child age 2 or more years. ⇨ Measure height (standing up).		
AN4. *Child's length or height*	Length / Height ..... __ __ __ . __ Length / Height not measured 999.9	⇨ AN6

MUAC (cm) of the child	|__|__|__|. |__| cm	
Haemoglobin level of the child	|__|__|. |__| g/dl	
AN1. Measurer's name and number:		
AN4A. *How was the child actually measured? Lying down or standing up?*	Lying down ..... 1 Standing up 2	
AN2. *Result of height / length and weight measurement*	Either or both measured ..... 1 Child not present ..... 2 Child or mother/caretaker refused ..... 3 Other (*specify*)_____ 6	 2⇨AN6 3⇨AN6 6⇨AN6
AN6. Is there another child in the household who is eligible for measurement? ☐ Yes ⇨ Record measurements for next child. ☐ No ⇨ Check if there are any other individual questionnaires to be completed in the household.		
AFTER THE HOUSEHOLD QUESTIONNAIRE HAS BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION:		
NAMES OF HOUSEHOLD HEAD		
NAMES OF THE INTERVIEWEE IF NOT HOUSEHOLD HEAD		
TELEPHONE NUMBER OF HOUSEHOLD HEAD		
TELEPHONE NUMBER OF ANY OTHER ADULT MEMBER OF HOUSEHOLD		
NUMBER OF WOMEN'S QUESTIONNAIRES COMPLETED		
NUMBER OF UNDER-5 QUESTIONNAIRES COMPLETED		

Food Security and Nutrition Assessment in Northern Uganda 2019

EUROPEAN UNION

DEVELOPMENT INITIATIVE FOR NORTHERN UGANDA (DINU)

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