United Nations Population Fund

Population Matters

Issue Brief 07

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Leaving no one behind in Karamoja

Population of Karamoja

The population of Karamoja is young with the average age being 15 years.

15 years average age

1/2 of **1.2m** of the total population are females

Highest total fertility rate.

15-49 years Karamojong women reproductive age

Giving birth to an average of 8 children per woman

UGX Least socially and economically developed

61% of 1.2 million living in poverty

Adressing inequalities in women's health, education and economic empowerment

Uganda adopted and has aligned its sustainable development goals to the Global 2030 Agenda, which call for action to address inequalities and inequities in opportunity, wealth and power (United Nations, 2015). Inequity impedes economic growth, increases poverty, and undermines social cohesion and voice. The notion of leaving no one behind seeks to address root causes of chronic poverty and inequitable access to services. In Uganda's development history, Karamoja region remains the least socially and economically developed, with 61 percent of the total population of 1.2 million living in poverty (UNHS, 2016/17). The region is semi-arid and experiences chronic food insecurity. For Uganda to achieve sustainable development highlighted in the second National Development Plan and Vision 2040, it is paramount to strengthen the region's human capital competitiveness for sustainable wealth creation, employment and inclusive growth. Development should be focused on redistributing wealth and opportunity across regions, while enabling the people of Karamoja to realize their basic human rights.

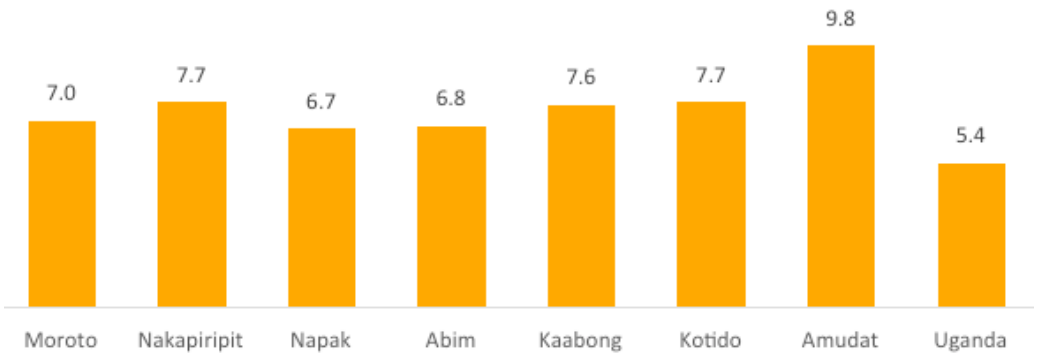
To ensure that no one is left behind, there is need to focus on investments in health, education, economic opportunity and governance. Success is time-sensitive and requires vision, good leadership and harmonized actions of government, development partners, beneficiary communities and the private sector. As we appreciate the equity gaps in the Karamoja region, there is need to consistently and collaboratively explore the policy priorities to achieve equity. Leaders need to make the hard choices to meet the varying and unique levels of need and ensure pulls to the pace of human development as the rest of the country.

About Karamoja

The Karamoja region consists of seven districts in northeastern Uganda (Kaabong, Kotido, Abim, Moroto, Napak, Amudat and Nakapiripirit). Karamoja is classified as one of the world's poorest areas, with high rates of malnutrition and a disproportionate number (61 percent) of its 1.2 million people, living in absolute poverty. Hunger, stunting and lack of access to food are prevalent. Food insecurity is a major and ongoing challenge and a heavy reliance on the natural resources base renders livelihoods sensitive to climate dynamics. Climate variability and change undermine the already limited resources and development in Karamoja through recurring droughts, flash floods and prolonged dry spells. Other vulnerabilities that constrain development in Karamoja stem from historical dynamics affecting current governance, including: private ownership of firearms, cattle raiding, severe environmental degradation, poor infrastructure and limited access to basic education and health services, which were adversely affected by Uganda's civil war.

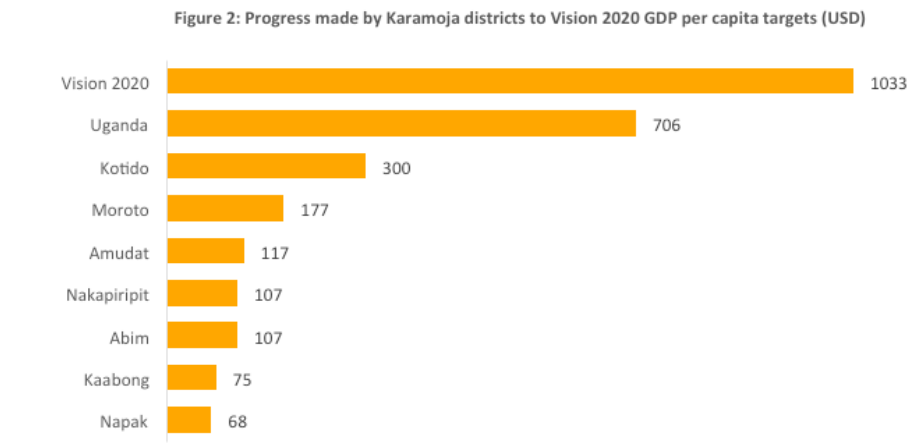
Demographics and poverty:

The population of Karamoja is young with the average age being 15 years (Census 2014). Out of the total population of 1.2 million people, half are females. The region has the highest total fertility rate (TFR), with women of reproductive age (15-49 years) giving birth to an average of 8 children, higher than Uganda's of 5, and three times above the average of 3 children per woman in Kampala (UDHS, 2016). Figure 1 shows that all Karamoja Karamoja have higher fertility rates than the national average of 5.4 children. The majority of the population are child dependants which hinder adequate consumption and attainment of health, education and nutrition, keys to human capital development and household investment. Persistent high fertility and child dependency have made the region the least socially and economically developed, even among the generally poorer parts of northern Uganda as a whole.



Source: UBOS (2016): The National Population and Housing Census Main Report

Despite several development initiatives by government and partners, poverty in the Karamoja region has remained pervasive. Karamoja's collective GDP accounts for less than 1 percent of Uganda's total GDP (USAID, 2017), implying that, the region's human capital is not adequately skilled to produce and drive economic growth despite the vast natural resource potential as a cattle corridor and minerals.The proportion of people trapped in chronic poverty is at a high 24 percent, twice higher more the national average of 10 percent (UNHS, 2016). **Figure 2.** shows that all Karamoja districts have a very low GDP per capita compared to the national average. These differentials are against the human rights principles of equality and negatively impact on human capital development. In the long term, they will undermine Uganda's aspirations of becoming an upper middle income Country by 2040 and the attainment of the SDGs. Investment in the regions young population in health, education and eliminating gender inequalities will go a long way in transforming the region' human capital capable into a productive force capable of driving economic growth thus breaking multi-generational poverty and help in resilience building against personal, social and natural threats.



Source: UBOS (2016): The National Population and Housing Census Main Report

Inequalities in access to health services:

Access to universal health care is important for human capital development and wellbeing. Though notable progress has been made in the achievement of key health indicators in the country, the health sector in Karamoja region is lagging behind the rest of Uganda. There is limited access to health facilities in Karamoja. The region has 126 health centers, a majority (63 percent) are HC IIs, 1 regional referral hospital and 4 general hospitals. Only 65 percent of the established staff positions are filled (MOH, 2015). The health sector in Karamoja faces challenges of staff retention given its remoteness, poor infrastructure and limited electricity coverage. Whereas 86 percent of the Ugandan population access healthcare within a 5 km radius, in Karamoja, only 17 percent of the population are within the 5km kilometer recommended distance. Referral is the most affected, with communities having to walk between 20-30 kilometers to access referral services. Given limited coverage, there are about 20,000 people per health unit, with 50,000 people per doctor. Midwives are a very critical cadre in improving maternal health outcomes, however, there are 16,882 people per midwife or nurse, far higher the WHO target of 1 midwife for every 175 deliveries.

126 Health centers	**63%** HC IIs	**20,000** people per health unit
1 Regional referral hospital	**65%** positions are filled (MOH, 2015)	**50,000** people per doctor.
4 General hospitals	**20-30Km** To access referral services.	**16,882** people per midwife
1 midwife for every **175** deliveries.		

Table 1: Midwifery positions and gaps across districts in Karamoja

District	Midwives in the establishment	Midwives in post	Percentage filled	Absolute gap
Abim	51	29	57%	22
Amudat	37	12	32%	25
Kaabong	65	60	92%	5
Kotido	30	28	93%	2
Moroto	67	37	55%	30
Nakapiripirit	30	31	103%	-1
Napak	46	43	93%	3
Grand Total	**326**	**240**	**74%**	**86**

It should be noted that, over the years, districts in Karamoja have consistently shown the poorest performance in key health indicators.

Ministry of Health/UNFPA (2017): Capacity assessment, systems and skills analysis for delivery of quality integrated SRH services in Karamoja

Adolescent birth rate:

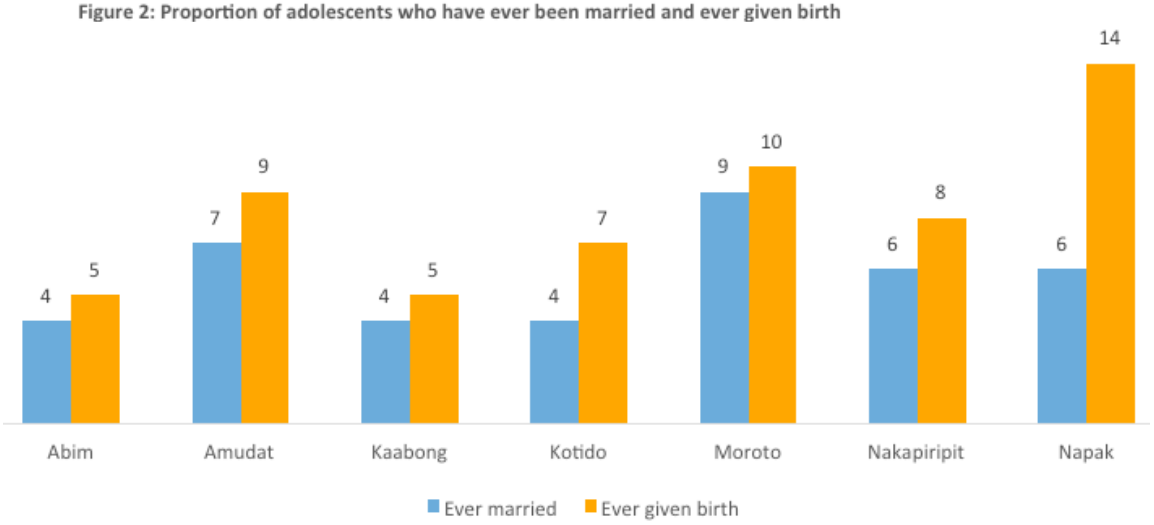
Teenage pregnancy has a tremendous impact on the educational, social and economic lives of young people. Early parenting reduces the likelihood that a young woman will complete high school and pursue the necessary post-secondary education needed to compete in today's economy. One in every four girls in Karamoja has had their first child putting the teenage pregnancy rate at 24 percent. In Karamoja, the major drivers of teenage pregnancy are poverty, early, forced and child marriage, with girls living in the rural areas and in the lowest wealth quintiles being more vulnerable (UDHS, 2016). Cases of Karimojong child migration to urban centres and trafficking especially of girls to abet poverty leaves them further vulnerable to sexual abuse and unwanted pregnancy. To unlock the development potential of Karamoja, encouraging contraceptive use and keeping girls in school are significant.

Maternal mortality:

Though the country has made significant strides in reducing maternal mortality ratio from 529/100, 000 live births in 1995 to 336 in 2016, Karamoja MMR has remained persistently higher (588/100,000 live births) than the national average. This is particularly because of the low modern contraceptive use at only 6.5 percent due to cultural imperatives that constrain women from accessing reproductive health services including family planning. The high number of maternal deaths are attributed to inadequate human resources at health facilities, limited access (distance) to health facilities, less equipped health facilities and social cultural barriers. Most communities still believe in having children at home or with the help of traditional birth attendants, because of pressure on women to remain at home to continue daily chores and the fact that Karimojong women traditionally give birth in a squatting position, while in health facilities they are made to lie in the "lithotomy position". In the 2016 UDHS, Karamoja had the highest percentage of mothers with live births delivered by the traditional birth attendant at 20 percent compared to only 0.6 percent in Kampala. The burden of maternal health, is also made worse by the continued practice of female genital cutting (FGC) in some communities such as the Tepeth, Pokot and Kadam ethnic groups in spite of the anti-FGC legislations. Current statistics put FGC at 6.4 percent in the Karamoja region (UDHS, 2016).

Source: UBOS (2016): The National Population and Housing Census Sub-County Report, Northern Region

Figure 2: Proportion of adolescents who have ever been married and ever given birth



Family planning uptake

Family planning is one of the most effective and inexpensive ways of improving the present and future inequalities and quality of life. However, modern contraceptive use in the Karamoja region has remained in its lowest 6.5 percent, way below the national average of 35 percent. With the current high fertility rates, child marriage and increasing number of adolescent births, there is urgent need to mobilize the region for increased uptake of modern contraception to delay on-set of child bearing and spacing of births. These have proven benefits towards improving both the health of the mother and of the children. The region tops the list with high risk births, with too early at 6.4 percent, too late at 9.8 percent and too many at 18.5 percent. Consequently, its poor performance in key child health and maternal indicators. Infant mortality is at 72/1,000 live births while child mortality is 102/1,000 live births, all higher than the national averages of 43 and 64/1,000 live births. Key bottlenecks to contraceptive use include: limited access to services due to inadequate number of skilled staff to provide a wide range of methods, stock outs at health facilities; limited community-based service outlets; myths and misconceptions, limited male support, negative socio-cultural and religious values. However, it is also important to consider disparities in information flow and access, a key ingredient in behavior change. Karamoja is far way behind in ICT use, significant channels through which information on benefits of contraception can easily be accessed especially through social media. Only 5 percent of the population in Karamoja use the internet with a wide gap between male (7 percent) and female (3 percent) usage. Only 13 percent of the population own mobile phones, way below 76 percent of the population in Kampala. This is partly because of the low rate of urbanization, only 1.5 percent of the population in Karamoja is living in the urban areas.

Having the information, power and means to decide whether, when and how often one becomes pregnant is a universal human right as committed by 179 governments, including Uganda, at the International Conference on Population and Development in 1994. However, this right has not been enjoyed by many in Karamoja especially women and girls who still struggle to access information, services and supplies to prevent and protect themselves against unwanted pregnancy and STIs including HIV/AIDS.

HIV/AIDS situation

HIV prevalence in Karamoja remains low at 3.7 percent compared to the national average of 6.2 percent (UPHIA, 2017). However it is worth noting that, the prevalence increased from 3.4 percent to 3.7 percent between 2011 and 2017. If no deliberate efforts are undertaken to reverse this trend, the region is likely to experience a sustained upsurge in the number of new HIV infections. People's knowledge of their HIV status is key to motivating behaviour change and crucial to promoting linkage to care, treatment and support services for infected individuals. Coverage of HIV testing remains low in Karamoja with only 63 percent of population having tested for HIV compared to 79 percent national average. The HIV testing rates in the last 12 months are even much lower at only 39 percent. Significant disparities between men and women in knowledge of how HIV is transmitted exist. Only 38 percent of men compared to 73 percent of women believe use of condoms every time of sexual intercourse reduces the risk of getting HIV. More than a quarter of young people either disagree or do not know that it is possible for a healthy-looking person to have HIV (UDHS, 2016). More girls at 40 percent than boys at 9 percent were likely to have had sex with partners who were ten or more years older (JUPSA, 2016). Stigma and discrimination targeting persons living with HIV are still rife, with over half the population having discriminatory attitudes e.g. that children born with HIV should not attend school with HIV negative children (UDHS, 2016). One way of addressing inequalities that predispose the population to the risk of HIV and overcome the increasing trend, is for partners to strengthen the ongoing efforts in HIV/SRH/GBV integration. While most health facilities provide various SRH/HIV/GBV services, full functional capacity strengthening in terms of trained staff, availability of essential service delivery guidelines, infrastructure, equipment, medicines and diagnostic services are urgently required to provide quality services.

AIDS IN KARAMOJA

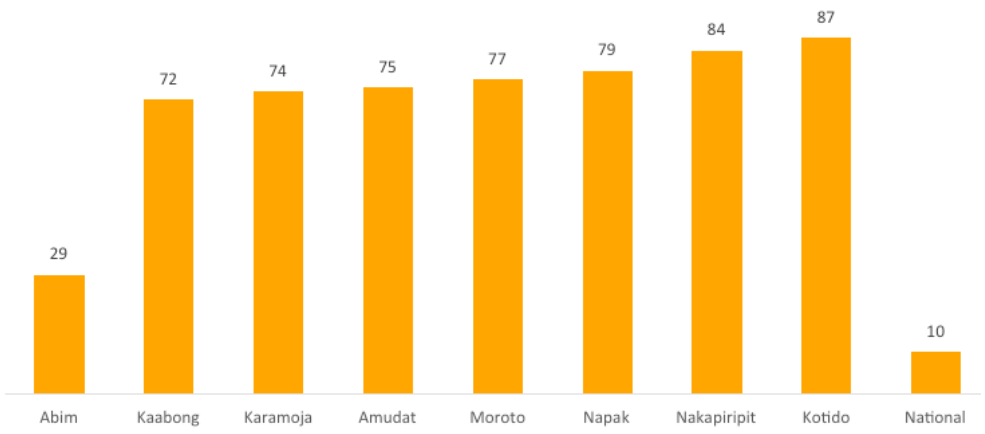
3.7 % HIV prevalence in Karamoja compared to the national average of 6.2%

63% of population tested for HIV compared to 79% national average.

38% of men believe use of condoms every time of sexual intercourse to prevent HIV transmission compared to 73% of women

40% girls were likely to have had sex with partners who were ten or more years older, than boys at 9%

Figure 3: Proportion of children (6-12 years) in Karamoja not in school



Source: UBOS (2016): The National Population and Housing Census Sub-County Report Northern Region

Access to education

Education is the foundation for human capital development, gender empowerment and behaviour change. The Sustainable Development Goal (SDG) 4 aims to ensure access to quality education and the opportunity for lifelong learning for all. However, glaring disparities and inequalities in the attainment of education are seen in the Karamoja sub region. Figure 3. shows that all districts in Karamoja except Abim have a very high proportion of children aged 6 to 12 years who are not in school compared to the national average of 10 percent. Only 0.9 percent of children aged 6-12 years are enrolled in primary school far below the central region at 12 percent. Primary Seven enrolment is also far lower at 3 percent from the rest of the country at 25 percent, thus affecting both secondary and tertiary enrolment rates. The Karamoja secondary and tertiary Net Enrollment Ratios (NER) are at the lowest 19 and 2.6 percent among all sub regions and Kampala at 67 and 13 percent. In terms of completion, only 3.5 percent of children complete primary seven, way below Kampala at 40 percent. Over 70 percent of the population aged 10+ in Karamoja has never been to school, of whom majority are women. The overall literacy rate for Karamoja stands at only 25 percent, compared to 94 percent in Kampala, while 60 percent of women are unable to read and write. While significant inroads have been made in reducing gender disparity in primary education, there are still challenges at the secondary and tertiary levels, which undermine the efforts to achieve gender parity at all levels of education as envisaged in the SDG4. While the NERs at the secondary school level have remained low at 41 percent for Uganda, the observed rates for Karamoja are far lower at 17 percent, with girls being more affected. Karamoja suffers from a low transition rate from primary to secondary education. With poor education, the region loses the opportunity for its girls and young people to delay on-set of child bearing, get skilled and positioned to contribute to the regions and national development.

Women`s empowerment and gender equality

Gender Based Violence and harmful practices disproportionately affect women and girls. Violence against women and girls is one of the most systematic, widespread human rights violations in Uganda. Up to 53 percent and 13 percent of women have experienced physical and sexual violence in Karamoja since age 15 (UDHS 2016). One of the factors behind these high prevalence rates is the widespread cultural acceptance of such violence. Wife battering is widely accepted, with 49 percent of women and 43 percent of men believing that it is justified for a man to beat his wife for any one of the five specified reasons. Gender based violence is known to increase vulnerability to HIV infection and ill sexual and reproductive health. Gender inequality and GBV are widespread in Karamoja and are perpetuated by harmful cultural norms, inadequate protection of human rights, alcohol consumption, and poverty that compels girls to engage in early and non-protected sex for survival; 9.4 percent of girls aged 10-24 years reported to have experienced forced sexual intercourse (UNFPA, 2017). Young men of warrior age rape girls aged between 10 and 12 years as a way of "securing" them for marriage. Although the extent of this traditional practice is difficult to judge, rape is cited as common thus contributing to many girls being married off as early as 10 years (Coffey 2016). This situation is made worse by the inadequacy of the health sector to provide GBV response services. Only 28 percent of the health facilities are reported to have the capacity to provide Clinical Management Rape services to survivors of SGBV. Female Genital Cutting (FGC) is also practiced, with 6.4 percent of girls from the communities of Tepeth, Pokot and Kadam ethnic groups having undergone FMC. The practice has adverse effects to sexual reproductive health of girls including difficulties in child birth, risk of suffering Obstetric fistula, development of keloids and accelerated school dropout for early marriage.

Economic Opportunity

Karamoja sub region largely depends on animal husbandry and rain fed agriculture for livelihood and employment. Young people, who constitute half of the region's population with the energy and potential to propel economic growth are caught up in a web of unemployment, underemployment and vulnerable employment. Eighty Six percent of the young population in Karamoja have never been to school and are either not working or are in vulnerable employment compared to 5 percent in Kampala, a situation which undermines workers fundamental rights (UBOS, 2017). The lack of decent work, experienced at an early age, compromises the population future employment prospects and frequently lead to unsuitable labour behaviour patterns that last a lifetime and foster an environment of social exclusion for young people. Evidence links unemployment to idleness of young people which potentially are risks for increased crime, mental health problems, violence, conflicts and drug abuse (UBOS, 2017). Despite reducing national poverty, majority of the population in Karamoja is choking in poverty due to lack of employable skills among youth, limited access to markets and high dependency ratio of 141 compared to 97 nationally (UNHS, 2016/17). Cross generation marriage of women aged (12-24) years is at 5 percent, higher than 3.1 percent national average. There have also been media reports about child trafficking of especially girls to abet poverty, which is not only against human rights but place these girls under the risk of sexual abuse and gender based violence.

Source: UBOS (2016): The National Population and Housing Census Sub-County Report Northern Region

Districts	Population aged 15+ working	Population aged 15+ not working	Total	Percentage of Population aged 15+ working	Percentage of population aged 15+ not working
Abim	46,765	4,298	51,063	92	8
Amudat	31,339	10,289	41,628	75	25
Kaabong	63,733	21,502	85,235	75	25
Kotido	41,081	41,925	83,006	49	51
Moroto	18,137	30,677	48,814	37	63
Nakapiripirit	58,696	12,793	71,489	82	18
Napak	41,029	28,612	69,641	59	41
Total Karamoja	**300,780**	**150,096**	**450,876**	**67**	**33**

Governance

Improving service delivery and productivity required in the Karamoja region also calls for improved accountability and creation of an enabling social, economic and political environment. Government has put in place various policies and laws, including interventions like Universal primary and secondary education, skilling Uganda, youth and women livelihood programmes. Karamoja was also beneficiary of PRDP and NUSAF projects, as well as huge investment from development actors and UN Agencies. However, the full realization of the benefits of these programmes by the population, are constrained by the lack of full implementation of policies and laws, limited civic competence by the population to demand accountability in service delivery, lack of coordination among partners, low levels of legal literacy and awareness of human rights; and the poor quality of data at district level to inform evidence based planning and decision-making. Efforts to pull Karamoja out of inequality, should focus on building the capacity of communities, women, girls and young people to fully participate not only in the political, but in the planning, social and economic governance spaces of their region and in collection of reliable evidence. These will go a long way in fostering the spirit of public accountability and coordination in services delivery, efficient and effective use of public natural resources and the empowerment of women, girls and young people to demand their rights.

Conclusion:

For Uganda to achieve the global and national development agendas within the commitment to leave no one behind, there is need for actions that tackle regional inequalities. Karamoja region is in urgent need of enough food for everybody, longer years of schooling to at least 14 years for its population to be able to acquire basic skills, fewer children dying from common diseases, manageable family sizes and a population that is able to read and write. In addition, people living in abject poverty should be significantly reduced, with no wide disparities in income distribution. Nurturing local stakeholder involvement and young people`s engagement for irreversible all-inclusive development is needed. There is need for tailor-made equitable interventions in Karamoja tapping into the existing positive cultural aspects related to marriage, sexual relations and limiting retrogressive behaviours. UNFPA commits to advocate for sustained funding for Karamoja and to strengthen multi-sectoral coordination of population, gender and sexual reproductive health structures with government leadership so that services address all barriers people face and are available, accessible, acceptable and of good quality, so that no one is left behind.

Recommended Actions

Health	Education	Economic opportunity	Governance
■ Address multisectoral barriers to FP demand, access and use of FP services ■ Nurture social acceptance of FP ■ Implement mechanisms to attract and retain health workers in Karamoja ■ Strengthen community health systems ■ Offer integrated health services	■ Address barriers to access to education education and strive to attain at least 14 years of schooling for each child. ■ Implement affirmative action for young people in Karamoja in accessing education and employment opportunities ■ Address social cultural barriers to girl-child education	■ Build employable skills for adolescents and youth ■ Modernise agriculture in Karamoja ■ Improve productive infrastructure ■ Unblock women's access to credit and property ownership. ■ Tap into the digital dividend through applications such as Safepal, GetIn, Up-Accelerator and Youth Enterprise Model (YEM) 2.0. to promote health and economic opportunities.	■ Institute stronger accountability institutions/ mechanisms ■ Improve data capture and use in decision making resource allocation, and in programming ■ Utilize lessons from other regions that have improved accountability and services delivery

Annex 1: Map of Karamoja region:

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United Nations Population Fund

Plot 12A Baskerville Avenue,Kololo
Kampala, Uganda
Tel: +256-4177-44500
https://uganda.unfpa.org/

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