Famine in Karamoja

A cry for help from Loyoro, Northern Uganda

The situation unfolding can only be compared to the great famine situation in early 1980s, when the survival of an entire community was at stake. The Karimojong for many years have been depending on animals for their livelihood. In the recent past there has been a significant decline in the number of animals and an exponential growth in the population. Cultivation has been a solution to the above situation. Farming here entirely relies on rainfall. In the last two years the harvest has been minimal but able to sustain families for a while. This year has been very bad due to lack of rainfall from May to October this year which has led to total crop failure. This has resulted in massive famine as people had not saved any food for this eventuality.

Already in July this year, signs of hunger had started surfacing with a significant rise in the number of malnourished children and elderly people. By August there were reports of deaths due to
hunger. Local media covered the situation for more than a week. The government promised a response but very little has reached the people. The situation is very alarming as it is getting worse every day. It’s not only children and the elderly who are affected, but now also the able bodied adults are beginning to suffer. Traditionally a section of the population would be affected by famine from around February when they run out of the harvest, but this has started too early.

In Loyoro and Panyangara, two of the Mill Hill parishes in Karamoja, with financial assistance from SPICMA UK, we have been helping people who are very much affected by the famine. We have been targeting the most vulnerable in the community; elderly, young children, pregnant women, the physically challenged, people living with HIV/AIDS and girl child headed families.

In Loyoro alone, so far we have been able to offer assistance to 400 households out of a target group of 1600 households. At the moment we are focusing on the people experiencing acute malnutrition; people who if not helped now, may surely die. We have reached 147 elderly man and women most of whom are housebound. Two have been referred to hospitals due to acute malnutrition. The other 253 include malnourished pregnant mothers, physically challenged, people living with HIV/AIDS and girl child headed households. We have two feeding centres for young children during the weekends. A significant number of people living with HIV/AIDS had stopped taking their medication as it’s not possible without food. Unfortunately the food relief ratio we offer can only last them for four weeks.

Now the situation is becoming dire even for families of abled bodied men and women as they have no means to buy or get food. Often times they have to walk long distances to the neighbour-
ing communities to work or beg for food. There are families where both the parents go away in search of food leaving children to fend for themselves in their absence. The situation is generally getting worse and will continue unless there is a significant intervention.

Philip Adede Amek mhm