Oxford Brookes University

What place do psychosocial care programmes have in overcoming the effects of conflict?

Lessons from the experiences of the Acholi Internally Displaced Persons in Gulu, northern Uganda.

Claire Tiffen
08041471

Centre for Development and Emergency Practice
CENDEP

August 2009
What place do psychosocial care programmes have in overcoming the effects of conflict?

Lessons from the experiences of the Acholi Internally Displaced Persons in Gulu, northern Uganda.

Oxford Brookes University
Centre for Development and Emergency Practice
CENDEP
August 2009

Supervisor: Dr David Sanderson

This dissertation is submitted in fulfillment of the requirements for the:
Masters of Arts Degree in Humanitarian and Development Practice, Oxford Brookes University

Photo on front cover: Akullu Evelyn and Akello Mildred, Abia IDP Camp, Uganda, 2006

Abstract

This dissertation will seek to assess the need for and review the current psychosocial recovery programmes available in Gulu, northern Uganda. The dissertation will start by discussing the nature of psychosocial suffering and the relevance of human rights. This will then be followed by an analysis of the multifaceted motivations for war in Uganda, including religious and political means, also examining the numbers of Internationally Displaced Persons (IDPs) and their resettlement. It will continue by studying the traumas experienced in northern Uganda, using both primary and secondary research. It will then examine the principles and practices currently employed in Gulu, northern Ugandan in order to cope with the ill effects of war and trauma. The dissertation will conclude with a discussion on and recommendations for effective psychosocial programmes for both humanitarian agencies and the government of Uganda. Although primarily focusing on northern Uganda, the intention of the study is to establish a broader understanding regarding the types of psychosocial suffering that exist in post conflict societies. As well, to investigate the importance placed upon psychosocial suffering by humanitarian agencies and their ability to cooperate with local systems and culture. This investigation hopes to provide recommendations for future recovery programmes employing psychosocial care.

The study is based upon both primary and secondary research including a literature analysis of research available on the chosen subject throughout, as well as interviews with Non Governmental Organisations (NGOs) in Gulu, northern Uganda. This paper acknowledges the minimal research currently available on the topic of psychosocial programmes in northern Uganda, but hopes to investigate what cultural, religious and community resilience patterns can also aid in the recovery programmes; as well as evaluating the ability to incorporate these programmes with humanitarian agencies.

This paper also acknowledges the ethical constraints of primary research in the study of traumas and remains vigilant to the humanitarian principles of ‘Do no Harm’.  

# Table of contents

Abstract ............................................................................................................. 3  
Table of contents .......................................................................................... 4  
Acknowledgments .......................................................................................... 6  
Acronyms ......................................................................................................... 7  
Definitions ......................................................................................................... 8  

## CHAPTER 1  
Introduction  
1.1 The motivation for my study ................................................................. 10  
1.2 Methodology and research design ...................................................... 11  
1.3 Limitations to the study ..................................................................... 12  

## CHAPTER 2  
Background  
2.1 Civilians and War .............................................................................. 13  
2.2 Refugees and Internally Displace Persons (IDPS) ............................. 14  
2.3 Human Rights Violations .................................................................. 15  
2.4 The rise of Human Rights .................................................................. 15  
2.5 Universal Declaration of Human Rights (UDHR) ......................... 16  
2.6 Discourse of Development ................................................................ 16  
2.7 Development and Human Rights ...................................................... 17  
2.8 Psychosocial Care and Human Rights ............................................. 17  
2.9 Trauma ............................................................................................... 20  
2.10 Conclusion .......................................................................................... 21  

## CHAPTER 3  
What forms of psychosocial suffering occur in northern Uganda?  
3.1 Introduction .......................................................................................... 22  
3.2 The rise of Joseph Kony ................................................................. 23  
3.3 Challenging the LRA ......................................................................... 24  
3.4 The Violence of the LRA ................................................................. 26  

### 3.4.1 Displacement ................................................................. 27  
### 3.4.2 Communities fear ............................................................. 27  
### 3.4.3 Night commuters ............................................................... 28
Acknowledgements

I would like to express my gratitude to all the people who have supported the work found in this dissertation, as well supported me on the CENDEP course throughout the year.

To my friends on the course, especially Rebecca Chestnutt for her continued patients and kindness. Olivia Milne-day and Rebecca Maybury for their friendship and support throughout the year and to my proof readers and friends for their ability to read and read and read, including Simon Hoggett, Rachel Farish and Laura Melling. Thank you all for your amazing friendship, your encouragement and good grace.

I would also like to thank my family, especially my father, Dr Roger Tiffen and grandmother Mrs Constance Peters for providing the means to partake in the course, my brother Jonathan Tiffen for his support while in the field, as well as my mother, Mrs Caroline Tiffen for sowing the seeds of this dissertation a long time ago and for the continued supply of tea.

I would like also to say a special thank you to all my lecturers, in particular to Dr. Brian Phillips for his inspiring classes on human rights and to my to my supervisor Dr David Sanderson, a continued positive influence and encouragement. Thank you for your time.

Finally, I would like to express my deepest thanks to all those in the field who took time out of their busy schedules to discuss with me their belief regarding the importance of psychosocial care. The work you continue to do in Gulu is inspiring.
Acronyms

DRC Democratic Republic of Congo
DP Democratic Party
GoU Government of Uganda
GUSCO Gulu Support the Children Organisation
HSMF Holy Spirit Mobile Forces
IASC Inter Agency Standing Committee
ICC International Criminal Court
IDP Internally Displaced Persons
IPT Interpersonal Therapy
KY The Kabaka Yekka
LRA Lords Resistance Army
NET Narrative Exposure Therapy
NRA National Resistance Army
OCHA United Nations for the coordination of humanitarian affairs
PRA Participatory Rural Appraisal
PRDP Peace, Recovery and Development Plan
PTSD Post Traumatic Stress Disorder
UN United Nations
UNC Uganda National Congress
UNHCHR United Nations High Commissioner for Human Rights
UPC Uganda People's Congress
UPDF Uganda Peoples Defence Forces
VIVO Victim’s Voice Foundation
WHO World Health Organisation
Definitions

* For the purpose of this study the words listed below have been defined as having the following meanings.

**Acholi**
Is an ethnic group from the northern region of Uganda, covering the districts of Gulu, Kitgum and Pader

**Acholiland**
Is the land covered by the Acholi group

**Biopsychiatric**
Biopsychiatry is also known as biological psychiatry which is an approach to psychiatry that aims to understand mental disorder in terms of the biological functions

**Diaspora**
Any group migrating from country or region or any group that has dispersed outside its traditional homeland

**Humanitarian Affairs**
When actors - governments, non-governmental organizations (NGOs), United Nations agencies - seek to respond simultaneously to complex emergencies. The office for coordination of Humanitarian affairs (OCHA) works with them to ensure that there is a coherent framework within which everyone can contribute promptly and effectively to the overall effort.

The Inter Agency Standing Committee (ISAC) works alongside OCHA to shape humanitarian policy as well as to ensure a coordinated and affective response to emergencies

**Human Rights**
The rights to which people are entitled simply because they are human beings

**Internally Displaced Person (IDP)**
Person or group of people who have been forced to leave their home, but remain within the borders of their country
**Psychosocial**
Captures the interrelation between psychology (Individual thinking, emotional, feelings and behaviour) and the social world or environment in which we evolve (culture, traditions, spirituality, interpersonal relationships in the family or community, and life tasks, such as school or work.)

**Pseudo condition**
A practice that claims to be scientific but lacks reasonable evidence or plausibility

**Trauma**
In psychiatry, trauma refers to an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects
Chapter One

Introduction

1.1 The motivation for my study

My love of Uganda began in 2003, when as an 18 year old I decided to embark on a month’s charity trip, in order to pass the time between school and university. I am sure you’ve heard it before for more, will hear it again for less; but that trip changed my life.

The month brought new experiences of building work, teaching, playing games and building friendships within my team, but it also renewed a long stifled love of Africa. The place, its beauty is one thing, the people are quite another.

Upon returning to the UK, I declined my offers to university, instead ringing the same organisation and putting plans in place to return to Uganda for six months. I also re-applied to universities choosing ‘Anthropology and Sociology’ in place of ‘History’ as I was thinking to the future. So Uganda became my home for six months. In a year (2004) when much emotional turmoil was engulfing the north of the country, I instead found friendship and love within the south. I am sad to admit my naivety of the situation in the north. Of course I was aware of the war, but the atrocities and situation faced on a daily basis by IDPs were not something I remember considering to any great degree. I have changed.

In 2008, a module on the CENDEP course changed my thinking; Human Rights; I was inspired. I spent time speaking with Brian Phillips the Model Leader about the situation in the north, most specifically the ICC involvement verses anthropological natural resolution. While writing an essay to this fact, it became clear to me the depth of the situation facing IDPs in northern Uganda and the Human Rights violations committed by the LRA.

My mother, a palliative care nurse, has often spoken of the importance of mental wellbeing; I have always felt inclined to agree. While in my Human Rights class I realised the true lack of acknowledgement of this fact and while writing the above essay it became clear to me that there was great need for psychosocial support within the Acholi tribe; which I could even envision surpassing the current physical support provided. Thus, this dissertation will first give an analysis of the human rights agenda regarding psychosocial care and development. This will be followed in chapter three by a detailed history leading to war in northern Uganda and an analysis of the types of trauma suffered. Chapter four will detail the current care programmes available to IDPs in Gulu, northern Uganda and explore the importance of natural
resilience patterns. This will include both primary and secondary data sources. Chapter five will then discuss the key questions raised by this study and provide recommendations for ways to achieve healing.

1.2 Methodology and research design

This dissertation is based upon both primary and secondary research. Secondary materials range from number of recent articles regarding the care provided in northern Uganda, such as Amnesty International and Oxfam reports on human rights violations and experiences of IDPs, as well as older articles about general experiences of trauma, including the work of Summerfield (1999) and Papadopoulos (2006.)

The primary research was conducted over a 10 day period in Gulu, northern Uganda. Ten key informant interviews were conducted with interviewees who were chosen for their experience of the chosen subject, their interest, as well as their availability and openness to discussing the subject. In order for triangulation to occur interviewees of differing backgrounds, nationalities, and expertise where chosen, including donor agencies, NGO workers focusing on tangible outcomes, humanitarian agencies focused on coordination and many others.

<table>
<thead>
<tr>
<th>Interview</th>
<th>Date</th>
<th>Organisation/ profession</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>22nd July 2009</td>
<td>NGO worker</td>
<td>American</td>
</tr>
<tr>
<td>2.</td>
<td>22nd July 2009</td>
<td>Journalist</td>
<td>Ugandan</td>
</tr>
<tr>
<td>3.</td>
<td>22nd July 2009</td>
<td>Information Management Assistant for Humanitarian agency</td>
<td>Ugandan</td>
</tr>
<tr>
<td>4.</td>
<td>25th July 2009</td>
<td>Ex LRA rebel/ IDP</td>
<td>Acholi Ugandan</td>
</tr>
<tr>
<td>5.</td>
<td>26th July 2009</td>
<td>Local authority Development Officer</td>
<td>Acholi Ugandan</td>
</tr>
<tr>
<td>6.</td>
<td>27th July 2009</td>
<td>Child Protection Specialist for humanitarian agency</td>
<td>African</td>
</tr>
<tr>
<td>7.</td>
<td>27th July 2009</td>
<td>Administration Assistant for humanitarian agency</td>
<td>Acholi Ugandan</td>
</tr>
<tr>
<td>8.</td>
<td>28th July 2009</td>
<td>Psychosocial worker for NGO</td>
<td>Acholi Ugandan</td>
</tr>
<tr>
<td>9.</td>
<td>29th July 2009</td>
<td>Monitoring and Evaluation Officer for NGO</td>
<td>African</td>
</tr>
<tr>
<td>10.</td>
<td>30th July 2009</td>
<td>Probation and Welfare Officer for local authority and psychosocial expert</td>
<td>Ugandan</td>
</tr>
<tr>
<td>11.</td>
<td>30th July 2009</td>
<td>NGO Country Director/ DFID advisor</td>
<td>British</td>
</tr>
</tbody>
</table>

Interviews were conducted on a one to one basis with the discussion structured around nine pre determined subjects.

1. Forms of trauma the Acholi IDPs suffer from.
2. The importance of psychosocial care for the IDP Acholi population.
3. The psychosocial programmes currently running.
4. The effectiveness of the current programmes.
5. What do the Acholi IDPs think of the current programmes available?
7. Existing natural resilience patterns and whether they should be addressed.
8. Comparisons between those who have received psychosocial care and those who have not.
9. Whether healing can be achieved.

The interviews were generally half an hour to three quarters of an hour long depending upon the interviewee’s willingness to discuss the topic. All interviews were later transcribed and structured according to the above whilst the interviewees were encouraged to speak freely; this enabled direct comparison between individual opinions and analysis of areas of agreement or disagreement.

1.3 Limitations to the study

When conducting primary research in such a short amount of time it is inevitable to face limitations to the study. Time was a large constraint as arranging interviews was limited to a ten-day period. An interview with the Psychosocial Support Manager for the International Federation of the Red Cross and Red Crescent Society for example was unfortunately impossible as he was away for the entire period. Other interviews were cancelled due to last minute work commitments.

Prior to conducting research in the field I had wanted to make observations at an IDP camp and conduct a number of focus group interviews with the inhabitants. However, while in the field it became apparent that this would cause more harm than good to the inhabitants of the camps, which goes against the humanitarian mandate of ‘Do no Harm.’ Therefore this meant that unfortunately my capacity to gain the insight of IDPs was limited to the opinions of the current NGO, INGO, government and one IDP.

There is also scope for error due to ethnocentric opinions or perceptions, including scope for mistaken understanding of questions, as well as interviewees answering questions with a perception of what the interviewer wants to hear. Interviewees are also aware that they are answering questions regarding their work and as such answering questions on behalf of their employers. Therefore they do not want to say anything that could be misinterpreted or misrepresent the work that they do.
Chapter Two

Background

2.1 Civilians and War
In the fourth century St Augustine advocated the doctrine of a ‘just war’, based upon the protection of the civilian nation. This doctrine was again reflected in the 1949 Geneva Conventions and in the mandates of the various international tribunals set up over the past 15 years. However, in recent years such doctrines have been ignored as it is low intensity warfare, acted out in impoverished countries, that have become the most frequent form of large scale violent conflict. According to The World Health Organisation (WHO) paper on the mental health of refugees and displaced populations in conflict and post conflict situations; the period between the Second World War and 2000 saw 127 wars globally, most of which took place in low income countries. This growing number results in civilians becoming embroiled in the terror of war through destruction of buildings, including religious centers, fields of crops and through rape and torture. Civilians are therefore no longer incidental casualties of war, but have become ‘the forgotten victims’.

For countries who have been plagued by large scale, low intensity warfare; such as Uganda, the fear of terror often results in a distinct increase in the number of displaced people seeking refuge. This number is growing at an alarming rate globally, faster than the individuals whose plight is resolved through repatriation or resettlement. For the UN Secretary-General Ban Ki-moon (speaking in 2009), displacement remains ‘arguably the most significant humanitarian challenge that we face.’ This is because, according to The United Nations, close to one per cent of the world’s 6.7 billion people are now displaced within their own countries, forced to flee their homes for a variety of reasons including armed conflicts. In 2007, the estimated number of people displaced by armed conflicts and violence passed the 26 million mark, the highest global total since the early 1990s. Central and Eastern Africa alone has reached new heights in recent months, rising from 10.9 million in December 2008 to 11 million as of 19th May 2009.

10 Ibid
2.2 Refugees and Internally Displaced Persons (IDPs)

Although both are displaced and vulnerable people, it is important to note the difference between IDPs and refugees. IDPs are similar to refugees in so far as they are ‘persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence’\textsuperscript{12}. However, they differ because IDPs remain within the borders of their country, whereas refugees seek refuge across borders or state lines. To date there are twice as many IDPs as there are refugees in the world\textsuperscript{13}.

Today, in East Africa, civilians are more likely to migrate due to push factors, rather than pull. The most common of which is political migration, when an individual migrates in order to ‘escape political, religious or ethnic persecution’\textsuperscript{14} or ‘as a result of, or in order to avoid, the effects of armed conflict’\textsuperscript{15}. This is documented in the findings of ‘The Internally Displacement Monitoring Centre’ who also suggest that fleeing a conflict can also increase vulnerabilities, through; transition from one place to another, being forced towards unhealthy or inhospitable environments, the destruction of social organisations and traditional roles through killings or displacement, the lack of income, education, health care and the increase of psychosocial distress\textsuperscript{16}.

This means that once in flight, IDPs do not escape vulnerability; rather they experience traumas associated with displacement. In Uganda studies to support this have been carried out by Amnesty International as well as Oxfam\textsuperscript{17} and show that more often than not IDPs remain exposed to human rights violations in IDP camps, resulting in very limited access to food, employment, education and health care facilities. In Uganda alone the official number of IDPs exposed to such vulnerability and trauma reached 1.8 million at its height, over 6% of its total population. This forced displacement results in an enormous psychosocial and socio-economic burden often at the cost of the individual, the family as well as the community. For Hugo Slim, this is reflected in the numbers who ‘die from war rather than in battle’\textsuperscript{18}. He suggests the loss of identity and livelihood as a result of displacement caused by warfare proves more deadly than bullets and bombs.

\textsuperscript{13} ibid
\textsuperscript{14} Tearfund. March 2009. Footsteps 78, Page 9
\textsuperscript{16} ibid
2.3 Human Rights violations

During the conflict in northern Uganda widespread human rights abuses have been committed by the Lords Resistance Army (LRA) against the Ugandan civilian population. Amnesty International has recorded the LRA’s abduction of thousands of children and adults, unlawful killing of thousands of civilians, the rape of thousands of women and beatings of men, women and children21. Committing the abuses was not simply confined to the LRA, but also the Government's Uganda Peoples Defence Forces (UPDF) whose abuses consist of unlawful killing, rape and beatings of civilians. Also according to Bayer, Klasen, Adam, the enduring effect of the war and the Human Rights violations committed by the LRA remain apparent through the continued number of people who are displaced and minimal psychosocial support in place for sufferers of trauma22.

This minimal support is reflective of the lack of research into psychosocial care until the last 10 years and the relatively recent concession of its importance, which has now assumed a central position in the discourse surrounding development.

2.4 The rise of Human Rights

In recent years recognition of the fundamental links between rights, denial, impoverishment, vulnerability and conflict has led to the incorporation of rights-based approaches into funding strategies, policy formulations and practice of diverse range of actors, including United Nations (UN) agencies23. Although the concept and roots of human ‘rights’ began in the enlightenment period of the eighteenth century when theories began to emerge on the right to free speech and the eradication of slavery,24 they became an important part of development after the Second World War. Since the creation of the Universal Declaration

20 Tiffen, C. 2009
22 Bayer, C.P., Klasen, F., Adam, H. 2007. Association of Trauma and PTSD Symptoms with Openness to Reconciliation and Feelings of Revenge Among Former Ugandan and Congolese Child Soldiers. JAMA.
24 Farzaneh, A. 2009 The Main Objectives of the Age of Enlightenment .Education, Human Rights, and the Struggle Against the Authorities
of Human Rights (UDHR) on the 10th December 1948, humanitarian agencies such as the International Federation of the Red Cross and Red Crescent Societies (IFRC) have been faced with the problem of incorporating the ‘Human Rights agenda’ into humanitarian aid. Since this period, these rights have continually been reviewed and reinterpreted, such as The United Nations Millennium Declaration, ratified on 6th September to the 8th September 2000 in New York, which documented the newest aims and goals of humanitarian agencies.

2.5 Universal Declaration of Human Rights (UDHR)

The UDHR came into existence due to the persecution of thousands of Jews during the holocaust. They represent the first global united ideals on the expression of Human Rights for which all should be held accountable and are inherently entitled to. Article 1 of the UDHR states: ‘All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.’ This opening statement refers to the fundamental freedom and inherent rights of individuals, no matter creed or nation. It explains clearly that all are equal and are part of a human family called to honour and respect one another, therefore reinforcing an obvious link between human rights, development and governance25. The most apparent of which was the establishment of the UN to monitor the implementation of the UDHR and keep governments accountable to these rights and the rights of their civilian population.

2.6 Discourse of development

During the late 1970s and 1980s Amartya Sen became prominent for challenging previous notions of economic development, instead introducing the ideals of ‘freedom’, ‘agency’, ‘capabilities’ and ‘entitlement26.’ In his capability approach Sen emphasizes a person’s real freedoms in assessing ones advantage, notably defining positive (ones ability to fulfill potential) verses negative freedoms, noting that nations should be measured by the capabilities of their citizens. This is because he believed that the humanitarian charter would be dominated by top down development as long as terms of rights could not be successfully defined, such as: ‘Is a right something which is given or something with which one is born?’ Sen’s work has been a topic of much debate over the past twenty to thirty years, much of which has centralized around the idea of rights within development. It was this period which Molyneux and Lazar believed marked a functional shift in humanitarian agencies’ approaches to aid and development, when agencies moved from being needs and service driven to instead being guided by the human rights of individuals27.

2.7 Development and Human Rights

This rise of the rights-based approach framework is part of the rights revolution which redefines the relationship between individual and global governance, by granting both civil and political freedom as well as the right to cultural, economic and social welfare. This confirmed a shift from a needs analysis of development practices towards an inherent human right to life through moral, social and political process. This shift represents a different stress on the tasks of humanitarian agencies and NGOs, whose accountability is monitored through a wider framework of legal and political responsibilities.

One of these frameworks is the Sphere Humanitarian Charter and Minimum Standards in Disaster Response, launched in 1997, which represents ‘a group of humanitarian NGOs…based on two core beliefs; first that all possible steps should be taken to alleviate human suffering arising out of calamity and conflict, and second, that those affected by disaster have a right to life with dignity and therefore a right to assistance.’ It retains a degree of accountability in all standards of work and consists of a humanitarian charter and minimum standard response. These minimum standards give dignity and rights to individuals, who were previously categorized as ‘needing’ basic needs, rather than having a ‘right’ to them, thus granting a person a sense of dignity. Human rights in development, therefore represents more than simply a right to a legal code, but rather a universal ethical framework to abide by.

2.8 Human rights and Psychosocial care

The Inter Agency Standing Committee (IASC) guidelines (2007) defines ‘psychosocial’ as a word that: ‘captures the interrelation between psychology (Individual thinking, emotional, feelings and behaviour) and the social world or environment in which we evolve (culture, traditions, spirituality, interpersonal relationships in the family or community, and life tasks, such as school or work.)’ Psychosocial programmes can therefore be both specialized, for example focused on ex child soldiers or broad such as focusing on the general population. When programmes are tackling non specialized responses all humanitarian actors are expected to contribute following the intervention pyramid for mental health and psychosocial support in emergencies:

---

29 ibid
30 Sphere Handbook. www.sphereproject.org
31 See definitions under humanitarian affairs
It is also important to note the harmful affects of psychosocial programmes when implemented incorrectly or failures in communication across agencies occur, which go against humanitarian principles of ‘do no harm.’ These harmful affects have gone some way in discouraging humanitarian agencies in the area of psychosocial care. For some this was a result of the distinction in definition and framework for psychosocial programmes. For Ommeren, Saxena, Saraceno (2004) the term is used in order to specify an obligation to non-medical approaches and distance itself from the field of the physician controlled mental health care. This is because mental health is often believed too closely associated with the ills of an overly biopsychiatric approach. Yet, separating psychosocial care services from mental health care may unintentionally result in solely biological care for the severely mentally ill by taking skilled personal in non-biological interventions away from the formal mental health services which currently cater for these needs. This separation further divided care initiatives and often resulted in humanitarian organisations ignoring psychosocial care completely. Indeed, even the highly respected ‘Sphere Standards’ in its early editions did not cover the significance of mental health due to the obvious expert differentiation.

Yet in recent years as the ideals of development have shifted towards a Rights Based Approach so too a consensus of agreement has been established, which acknowledges the importance of psychosocial care. This is due in part by the increase in research of secondary (multi-generational) trauma and risk factors during acute emergencies, such as the 2004 Boxing Day Asian tsunami. Therefore centres have been set up to primarily focus upon psychosocial care, such as the IFRC’s Psychosocial support Centre’ which has

---

33 See definitions
recently produced guidelines on community-based psychosocial support which suggest ways in which to enhance the communities capacity to cope with psychosocial initiatives. However this guideline was only produced in July 2009 and as yet is untested.

The WHO has also proposed an 8-fold culturally specific guideline in order to initiative such programmes, seeking to avoid the contention listed above.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contingency planning</td>
<td>Before the emergency, national-level contingency planning should include (a) developing inter-agency coordination systems, (b) designing detailed plans for a mental health response, and (c) training general health care personnel in basic, general mental health care and psychological first aid.</td>
</tr>
<tr>
<td>2 Assessment</td>
<td>Assessment should cover the sociocultural context (setting, culture, history and nature of problems, local perceptions of illness, and ways of coping), available services, resources and needs. In assessment of individuals, a focus on disability or daily functioning is recommended.</td>
</tr>
<tr>
<td>3 Long-term perspective</td>
<td>Even though impetus for mental health programmes is highest during or immediately after acute emergencies, the population is best helped by a focus on the medium and long-term development of services.</td>
</tr>
<tr>
<td>4 Collaboration</td>
<td>Strong collaboration with other agencies will avoid wastage of resources. Continuous involvement of the government, local universities or established local organizations is essential for sustainability.</td>
</tr>
<tr>
<td>5 Integration into primary health care</td>
<td>Led by the health sector, mental health treatment should be made available within primary health care to ensure health care (low-stigma) access to services for the largest number of people.</td>
</tr>
<tr>
<td>6 Access to service for all</td>
<td>Setting up separate, vertical mental health services for special populations is discouraged. Nevertheless, outreach and awareness programmes are important to ensure the treatment of vulnerable groups within general health services and other community services.</td>
</tr>
<tr>
<td>7 Thorough training and supervision</td>
<td>Training and supervision should be carried out by mental health specialists (or under their guidance) for a substantial supervision amount of time, in order to ensure lasting effects of training and responsible care.</td>
</tr>
<tr>
<td>8 Monitoring indicators</td>
<td>Activities should be monitored and evaluated through key indicators that need to be determined, if possible, before starting the activity. Indicators should focus on inputs (available resources, including pre-existing services), processes</td>
</tr>
</tbody>
</table>
Psychosocial workers agree that this is a proficient guideline. However they suggest that problems with this model occur when applying them to political emergencies that have occurred prior to the early stages, such as the situation in northern Uganda, which has been in civil war for the last two decades.

2.9 Trauma
Experiences of trauma are suggested by Papadopoulos (2006) to be experienced in three different categories, including 'negative' which is when one experiences an actual psychological injury that can lead to a genuine pathological condition, 'neutral' when one's body becomes resilient and positive, which he suggests can provide individuals with a positive experience as they become strengthened by their particular exposure to adversity. Papadopoulos suggests this as a means to challenge the principles of psychosocial care, however many now see it as an aim for that care; which provides a way for individuals or groups to find meaning and become strengthened from their traumatic experiences.

In Uganda these experiences are vast as large numbers of IDPs were, and still are at times, caught up in the fighting. However it is believed to be the IDPs' loss of dignity and, as the period of displacement increases, their sense of hopelessness which creates the increase of fear and the most vulnerability. This is highlighted by Slim who emphasises the loss of identity in times of war, believing that people ‘lose themselves. Socially and personally, they are no longer the people they were …. If destitution, personal injury or rape has humiliated them and brought them very low, they may have lost that essential dignity and self-esteem which was the anchor of their sense of self and gave them the confidence with which to take their place in the world’.

This is reinforced by evidence documented by the WHO, which shows that when displacement occurs it can have severe adverse effects on the physical, social, emotional and spiritual wellbeing of a person including exposure to violence or disaster, the loss of or separation from family members and friends, deterioration in living conditions, the inability to provide for one’s self and family, and lack of access to services. All of the above can have immediate and long term consequences for individuals, families and communities, including post traumatic stress disorders, psychosomatic illness, depression, anxiety and even on occasion, violence. This is when communication between the government and humanitarian agencies needs to be of the utmost importance.

---

37 International consultation on mental health of refugees and displaced populations in conflict and post conflict situations
As first suggested by St Augustine, protection of civilians should still be a priority. However as warfare has changed, so too it seems has the construction of development and therefore the types of interventions to protect these civilians. Interventions are currently guided by and focused upon the human rights principles which focus upon the physical rights of individuals. Over time, psychosocial care has been promoted as a means to achieve resilience among populations. In low income countries these types of interventions focus on highly sensitive issues and in order for them to be a success and have a positive effect they must be conducted in a socially and culturally appropriate way and have clearer guidelines.

This thesis will seek to explore the types of trauma experienced in greater depth and what provision is currently in place in northern Uganda for psychosocial care and whether it is important. It will also examine how practical principles of participation and ‘Do-No-Harm’ can be achieved as well as seeking to explore ways to achieve clearer guidelines.

\[39\] ibid
Chapter Three

What forms of psychosocial suffering occur in northern Uganda?

This is a funny war. I cannot even describe it. The rebels are killing their own brothers and mothers. We are killing ourselves. We are confused.40

3.1 Introduction

Uganda is a small country in east and central Africa that borders Kenya to the east, the Democratic Republic of Congo to the west, Sudan to the north and Rwanda to the South. Uganda has a population of almost 32 million people41 and covers an area of 93,072 square miles. Life in northern Uganda is quite different to the south. Plagued by conflict for over 20 years the north of the country boasts little infrastructure and a community that has been decimated by poor resources and little international assistance prior to 2006.

Azar suggests it is never easy to know when a war truly begins44. The civil war in Uganda could be down to the erratic ideals of Joseph Kony, leader of the LRA but can as easily be attributed to a succession of persistent phases of structural violence from the Milton Obote and Idi Amin eras45. Even dating back to the

---

41 UN 2008 http://www.un.org/Uganda
1850s when Uganda and Sudan’s borders were devastated by British traders, under colonial rule, for ivory and sex slavery. These areas, affected by the new religious influences enhanced by religious mysticism as well as the boundaries imposed through the early 1900s, destroyed tribes and communities and laid the foundations for the trouble that exists within the region of northern Uganda, southern Sudan and eastern Democratic Republic of Congo (DRC) today.

Leading up to independence in 1962 Uganda was dogged by incoherent political parties, motivated by various tribal or religious ideals and by the time of independence, the country Winston Churchill had described as the ‘Pearl of Africa’ was showing signs of the disjointed politics and crisis of identity which would characterise its future for the next 40 to 50 years. Since independence Uganda has never seen a peaceful transition of power. Its political history is best reflected through the rule of Idi Amin, who led the country from 1971 until 1979 by conflict and military force. As leader he committed hundreds of human rights violations, and sanctioned the death of over 300,000 Ugandans. He also hurt the countries economy by expelling the Asian entrepreneurial community and reinforced ethnic divisions by continued brutality and oppression of ethnic groups including the Acholi and the Lango. Finally defeated in 1979 by Tanzanian led forces Amin had reinforced great political and ethnic tensions between north and south.

This chapter seeks to explain the motivations for the atrocities of war as well as examining in detail the traumatic experiences of the northern Ugandan population through the LRA era.

3.2 The rise of Joseph Kony

When Yoweri Museveni took power in 1986, after expelling Tito Okello (an Acholi) after six months in power it prompted ‘widespread fear in the north, especially among the Acholi people, that he would take revenge for atrocities committed when northerners dominated the army. NRA military actions, during which Acholis were abused, tortured or 'disappeared', partially justified these fears.

During this period religion had continued to underpin politics and the missionary teachings of the 19th Century had not been forgotten. 'By the early 1980s, Christian (and sometimes Muslim) diviners or healers were common, as indeed were possessions and other problems they were thought to be able to interpret and mediate.' For The NGO forum in Gulu district (2006) the Acholi tribe ‘has an intimate relationship with the spiritual world.’ This is also supported by Quinn and Hovil and Honwana studies on Acholi spirituality, who have documented beliefs in the spirits of the dead haunting and attacking the living.

---

Fear combined with the above religious beliefs in spirits gave rise to the ‘Holy Spirit Mobile Forces’ (HSMF) emerging in late 1986 led by Alice Lakwena, an Alcholi, who claimed to be possessed by various spirits (which some believe possess Joseph Kony to this day.) She opposed the rule of President Museveni, believing that there was a large gulf between the poorer north and the more prosperous south and that the north were being punished for their past indiscretions. The movement offered Acholi soldiers ritual purification for past misdeeds. It also provided a moral and identified religious missions to support their opposition to the government. This won her some degree of popular support among the Acholi. Upon defeat in 1987 Joseph Kony took over the fight, challenging those who had previously following Alice Lakwena to now support him. He re-named his army, the Lords Resistance Army (LRA) around 1994 due to the belief in his anointing by the Lord. According to interviews evidence recorded by the Human Rights Watch (1997) and Adonia (1998) Kony’s obsession with the spiritual realm builds the belief in his followers that he can dodge bullets and his possession by the spirit of war (a manifestation of the Holy Spirit) creates a shield around him.

Observers say Kony's supposed religious mysticism is where the similarity to Lakwena ends. Rather than captivating the hearts of the Acholi people, the LRA has instead targeted the civilian population, in defiance of international law, committing severe human rights abuses in the process, including murder, abduction, mutilation, sexual enslavement of women and children, and forcing children to participate in hostilities.

3.3 Challenging the LRA

Ways to combat the LRA insurgence have varied over the past 25 years. 1993 saw the first peace talks and hope for a solution to the conflict. However the talks broke down in early 1994 causing a dramatic resurgence of violence. Any support the LRA may have previously enjoyed among the Acholi dried up. According to widespread documents this period was when the rebels embarked on greater forms of violence, including the mass abduction of children for use as porters, fighters and sex slaves. Stationed in southern Sudan, the rebels embarked on numerous forms of terror throughout the northern region of Uganda, including the St Mary’s College abductions.

---

56 ibid
On the 10th October, 1996, in the middle of the night, the girls of St. Mary’s College, woke to members of the LRA raiding their dormitory. The rebels stole 139 students from the Catholic boarding school, forcing them to march in the middle of the night to an LRA camp in southern Sudan. One of the nuns who ran the school, Sister Rachelle Fassera, followed the rebels into the bush, found the rebel commander at a banana plantation and pleaded for the girls release\textsuperscript{57}. She succeeded in persuading him to free 109 of the girls. Yelling at Sister Rachelle that, ‘Jesus chose twelve apostles, we choose thirty angels.’ The commander then chose 30 girls that he considered to be the most beautiful. As an initiation ceremony the girls had to beat a twelve-year-old child to death. Since the LRA has subjected them to years of rapes, beatings, and armed conflict. Over time one has escaped alive, five have died in captivity. The others gradually managed to escape over the past ten years; some are infected with HIV/AIDS; many of them have children by the commanders who abused them. Over ten years later, two are still held hostage by the LRA\textsuperscript{58}.

These girls are merely one example from thousands of the brutality of the LRA.

A spate of these attacks resulted meant that instead of pursuing peaceful solutions to war the government instead started to pursue a military solution. Around the same time the Acholi Diaspora and the churches within the region had started to take an active role in pursuing peaceful settlements to the conflict\textsuperscript{59}. This led to a lull in LRA activity and created a sense of hope in the region that the War could come to an end within days. However according to Dolan this lull in insurgency was instead a period to re-group for the LRA and was later replaced with a better equipped, uniformed and trained LRA, who stepped up its attacks, abducting thousands of children and targeting religious leaders and other civilians\textsuperscript{60}.

In 2004, President Museveni made a refered the situation in the north to the International Criminal Court. From this period onwards the LRA’s hold on the north of Uganda has dwindled, also signing the ‘Cessation of hostilities’ agreement following a peace process in 2006, therefore ‘an uneasy calm has returned to the region\textsuperscript{61}.’ This has resulted in the Ugandan government lifting all remaining restrictions on freedom of movement for IDPs in the region\textsuperscript{62}.

According to Oxfam’s briefing paper, over half of the displaced population, which is a figure nearing 900,000 civilians have began to leave IDP camps and return to their homes. As well as 460,000 individuals moving to transit sites (camps closer to their homes.) However, what is significant is the numbers who have currently chosen not to return to their childhood villages. Indeed, this number nears 25% of the displaced

\textsuperscript{58} ibid
\textsuperscript{61} Amnesty International. 2008. Left to their own devices. The continued suffering of victims of the conflict in northern Uganda and the need for reparations.
\textsuperscript{62} Office for the Communication of Humanitarian Affairs, 16 July 2008, Report on Durable Solution Assessment in Lango Sub-Region
Acholi population, most of which are disabled or elderly populations. Perhaps in an effort to avoid the hostile and painful memories brought by the LRA era but also over 100 years of traumatic experiences.

Therefore for the civilians the war and the harmful effects of the war are far from over. The civilians of northern Uganda who have had to deal with the terrors imposed by the LRA over the last 20 years now have to find a way to achieve healing by overcoming their traumatic experiences. There is also widespread fear in the north that this period of peace is simply another lull in insurgance and an opportunity for the LRA to regroup.

3.4 The Violence of the LRA

‘After I was abducted I stayed with the rebels for 6 months. It feels good to be back with my mother, but I still have pain in my body from the beatings…I was tired and beaten many times…For most of the time I was not fighting, because I was small. They sent me up high trees. I have to stay there to watch for the soldiers…I moved with the rebels from place to place…but they never stopped beating me…they also forced me to kill many times…so many times that I cannot remember how many…if you refuse to do the killing they would cut off the head and make you carry it. They said that the cen (polluting spirit) of the dead person would possess us and that it would mean that we could never go home…None of us wanted to carry the head, so we all had to kill…When the killing is done, each of us had to swallow some of the blood…This was as a kind of cleansing…The head was passed around and we all had to taste the blood…some of the people we killed were people who had tried to escape…Not all the commanders make their soldiers do this…It depends on the person…We had someone with us who was an expert at killing…He was a man called Odong who had lost one of his eyes…He is an old man and still alive out there in the bush…The Commanders were the lucky ones…they have (magical) protection and the guns cannot affect them…Even if you stand next to them, the bullet will hit you but not them…My sister was also abducted with me, but she was taken away and I have not seen her since then…’

Many accounts of deep-rooted vulnerability and gross human rights violations have been recorded through the stories of ex child abductees, such as the one above; who were often made to carry heavy loads over a long distance. Those who lagged behind or fell ill were deemed an unnecessary burden and either beaten or killed. Some were forced to kill, maim, beat or abduct other innocent victims, or to look on as such abuses were committed. Sexual violence against girls and women was rampant; many were forced into marriages and years of sexual torture. They have been subjected to unwanted pregnancy and the risk of infections, including HIV. For some, this ordeal is not over; many remain in the bush with the rebels, while others who have fled have to deal with daily reminders of their abductions.

63 Interview Two. 2009
64 Oxfam, September 2008, From Emergency to Recovery: Rescuing northern Uganda’s transition
3.4.1 Displacement

According to an NGO Monitoring and Evaluation Officer (2009) everyone knows someone who has been killed, abducted, raped, stoned or affected in some way by the atrocities of the war. Over 1.8 million were forced to migrate and live in one of 51 different IDP camps, were conditions were cramped and limited. In flight these IDPs did not escape vulnerability, indeed their vulnerability to conflict was replaced by limited access to food, employment, education and health care facilities in IDP camps. Their political rights were often ignored, as well as becoming victims to other forms of abuse, including rape. It is common for large numbers of IDPs to be caught in desperate situations amidst fighting or in remote and inaccessible areas cut-off from international assistance which enhances vulnerability. However according to Patrick Oringa it is an individual’s loss of trust and hope, caused by a lack of control over their own life which affects them the most.

3.4.2 Communities fear

Many are still scared and live in daily fear of more attacks. However the fear for themselves is second to their fear for their community and families. As, in addition to their own traumas, a number of parents have to live in pain at the loss or abduction of their children. ‘For us whose children were abducted by the LRA and have no idea where they are, it would be good to know where they are. For me, it would be good to know where my four children are or if they are dead…Just having confirmation of what happened to them would make me feel at peace and wipe away my stressful thoughts…’ According to Interviewee Five a parents fear for their child and the unknown is something witnessed by the local authority on a regular occasions, stated recently that a body had been found and the death had been reported to the individuals family and instead of tears and mourning the parents were happy and relived to finally know what had happened to their child.

---

67 Interview Nine. 2009
68 Interview Eight. 2009
70 Tiffen. C 2009
72 Interview Five. 2009
3.4.3 Night commuters
Arguably the most visible sign of fear and vulnerability was reflected in the sight of the night commuters. These were vulnerable people who, in their quest to avoid abduction would migrate from the countryside into the more secure towns and villages at the end of each day. Children were known to walk up to 10 km to reach their destination, which varied from schools to hospitals and on occasion NGO offices. If left in the open, they remained vulnerable to ‘abuses and exploitation73.’ In August 2004 the UN estimated night commuters at 44,000. For Jan Egeland74 (2004) (UN Emergency Relief Coordinator) the situation that faced these night commuters and the sufferings incurred through persistent fear of LRA attacks was ‘totally unacceptable and intolerable75’ and was yet more evidence of the traumatic situations faced by the civilians in northern Uganda.

3.4.4 Numbers
The follow displays the numbers embroiled in this war, it is evident that fear and vulnerability will be assumed due to the shear numbers of civilians caught in such brutality. As at June 17th 2009:

<table>
<thead>
<tr>
<th>Displaced</th>
<th>Unofficially 2 million people were displaced through either voluntarily or forceful means.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injured</td>
<td>Thousands have been physically maimed by having their lips, ears, mouths and/ or limbs cut off.</td>
</tr>
<tr>
<td>Killed</td>
<td>30,000 people have been killed as a direct result of LRA action. A further 80,000 have been killed through indirect actions of the LRA.</td>
</tr>
<tr>
<td>Abducted</td>
<td>35,000 children</td>
</tr>
<tr>
<td>Night Commuters</td>
<td>40,000 children became night commuters, leaving their villages at night and staying in towns at centers, hospitals, storefronts, verandas. Many of them would be abused in the towns during their nightly stay.</td>
</tr>
<tr>
<td>Lost</td>
<td>Countless children are unaccounted for, dying in combat, or from diseases such as malaria.77</td>
</tr>
</tbody>
</table>

In October 2005, the decision was made by the International Criminal Court (ICC) to order the warrants for the arrest of Joseph Kony along with Vincent Otti, Raska Lukwiya, Okot Odhiambo and Dominic Ongwen for the persistent crimes against humanity. This indictment, although seemingly justified by the catastrophic offences committed by the LRA promoted much debate in Uganda and around the world regarding the failures of the ICC in measuring the offences committed by the Uganda Peoples Defence Forces (UPDF) as well as the LRA.

3.5 The violence of the UPDF

There is a widely held belief that the ICC were hugely unsuccessful in evaluating the magnitude of offences committed by the UPDF against their own civilian nation. Indeed, Adam Branch suggests that ‘The ICC intervention represents a blatant instrumentalisation of international law by the Ugandan government, which has, via the criminalisation of the LRA, acquired international legitimacy for its military campaign78.’ A view reinforced by findings recorded by Human Rights Watch, who documented many forms of abuse carried out by the UPDF, such violations include extrajudicial killings, rape and sexual assault, forcible displacement of over one million civilians, and against the conventions on the right of the child act; the recruitment of children under the age of 15 into government militias79.

Individuals such as Omona have also recorded their own experiences of the UPDF, suggesting their guilt in brutal killings, but also their willingness to push blame onto the LRA. Omona, along with other children, was abducted on February 26, 1998 from Pader district. After walking some kilometers their abductors set up camp while they awaited another LRA unit that was linking up with them. With their hands tied to that of the next child, they were then ordered to fetch some water, under the watchful eye of about 15 LRA rebels, many of them also formerly abducted. Unknown to them, a UPDF unit was laying in wait and once they entered the ambush, the soldiers opened fire at close range. At least 30 child captives were killed. To this date the UPDF maintains it killed “LRA rebels” on March 1, 1998 at Ogole, 8kms west of Wol in Agago. Omona’s story is also reinforced by Interviewee Four, an abductee, who suggested that during his time as an LRA child soldier he was witness to a number of unforced barbaric offences committed by the UPDF towards scared forced child soldiers80. There is little evidence in the accounts of the civil war in northern Uganda that the UPDF have constitutionally and faithfully shielded the people of northern Uganda and their property against the LRA. On the contrary, they participated in some of the most barbaric and senseless killings, reinforcing the fear and vulnerability of its civilian nation81.

80 Interview Four. 2009
81 Tiffen. C. 2008 The use of the ICC as an effective tool in combating the civil war in northern Uganda.
3.6 Psychosocial suffering

Trauma can be defined through medical terms, through injury or harm, but is primarily associated with a psychiatric need. ‘In psychiatry, trauma has assumed a different meaning and refers to an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects.’ Trauma, therefore has a variety of physical causes, but can also occur due to the witness of a traumatic event. The symptoms of this can take on a variety of forms. According to human rights groups, former abductees are usually scarred for life, constantly reliving their maltreatment, living permanently with the knowledge that they had been forced to beat, maim or kill others, even their own parents and relatives, so as not to be beaten, maimed or killed themselves. As a result of the unhygienic conditions in the bush, many children come back with severe skin infections. They are also restless at night, can hardly sleep, and wake up very early. Some are also susceptible to flashbacks, which are reported in individuals who have witnessed the murder of a loved one, a terror tool often employed by the LRA in order to promote fear and obedience in a community. Flashbacks can be caused by hearing the sounds, smelling the smells and feeling the sensations originally associated with the murder. For others, there are visible reminders of their ordeal, including people who lost limbs as a result of torture or landmines. These individuals live in fear of their memories and the unknown and seldom wish to be left alone.

3.6.1 Depression

Depression is a common form of mental illness for individuals exposed to persistent trauma, such as IDPs fleeing from conflict. In a study of the Cambodian refugees and IDPs living in camps on the Thai-Cambodian border during the Khmer Rouge regime of 1975-1979, 55% of individuals qualified for diagnoses of depression. In Uganda, reported rates of depression amongst IDPs have varied between 44.5% to 67.4%. If ignored, depression can be very serious and could lead to suicide. In times of conflict the most common causes of depression are loss of a family member or friend. Other common causes are the loss of valuable property and extreme poverty, hurtful and terrifying experiences such as rape, or being attacked and robbed by bandits. All of these are identifiable in the experiences of IDPs in northern Uganda.

3.6.2 Psychotic episodes

Psychosis is a temporary state of mind, not something with which one is born. Psychotic states can be characterised through a variety of the following means including; a chemical imbalance, a stressful trigger,

---

83 OCHR. 2004. When the sun sets we start to worry: An account of life in northern Uganda.
a history of episodes, an obvious change in thought process and a pain or raw fear. Rape victims in times of conflict are prone to deep psychological harm, including psychotic episodes. Rape is often used as a weapon of torture. In the 1994 Rwandan genocide, as many as 500,000 women and girls may have been victims of sexual violence. According to Gerald Chamina, Rwanda’s prosecutor general, ‘Rape was the worst experience of victims of the genocide. Some people paid to die, to be shot rather than tortured. Their prayers were for a quick and decent death. Victims of rape did not have that privilege.’ The LRA combatants have also used rape as a weapon of torture, as a form of power and oppression. According to Interviewee One, an NGO worker, ‘rape is also common among IDP camps surrounding Gulu which are stressful and unlawful areas,’ some of the girls are even faced with the additional burden of unwanted pregnancies and sexually transmitted infections, including HIV/AIDS. Therefore as suggested by a local authority development officer, ‘rape is a common cause of deep psychosis,’ which can be triggered through discussions with health workers or humanitarian agencies if a programme is ill equipped to deal with these traumas.

3.6.3 Mental disorder caused by hurtful and frightening events
In Uganda, the terror felt by the 35,000 abducted children who have been exposed to torture, rape, murder and many other human rights violations results in high levels of depression and fear. Indeed, escape from such atrocities rarely brings peace, as they continue to suffer from ongoing physical and psychological injuries, including reliving memories. ‘The trauma arising from their own injuries and these memories of having to kill and torture civilians make it difficult for the children to reintegrate into society.’ It is also hard for a community to cope when coming face to face with the memories that these children represent.

3.6.4 Mental disorder caused by beatings or other injuries to the head
Mental sufferings can also occur due to a variety of physical abuses, including, beatings and other injuries to the head. These include; shelling or rocket attacks, being thrown from a truck or falling from a height. LRA attacks often involve hacking their victims with machetes or axes and crushing their skulls with clubs and heavy sticks. While damage on the outside of the head can heal, these kinds of attack contribute to the IDPs experience of disabling or unpleasant mental problems. Although these physically induced mental illnesses need medication to aid in an individual’s recovery or management of an illness, these do not constitute the bulk of traumatic stress injuries incurred by IDPs in Uganda.
3.6.5 Stress

‘Stress comes from unpleasant experiences and living conditions. It can disturb the mind and body. Stress causes unhappiness and prevents people from doing useful work. It is important to identify people who are suffering from a lot of stress.’ 96 This is because, if left undiagnosed, stress (like depression) can result in suicide. Stress can occur through inadequacies of living conditions and continued migration, without a place to call ‘home.’ Other contributors to stresses are; uncertainty regarding the lives of loved ones and persistent fear of attack; indeed, characteristics which define the lives of all IDPs in northern Uganda over the past 25 years.

In recent years the discussions regarding mental illness of IDPs has moved away from discussions of stress and depression and has rather centralised around trauma and its psychological consequences; at the heart of which lies the diagnosis of Post Traumatic Stress Disorder (PTSD)97.

3.6.6 Post Traumatic Stress Disorder (PTSD)

PTSD is an anxiety disorder which occurs as a result of a traumatic event, provoking feelings of helplessness and fear. It is commonly believed that PTSD occurs due to a change in the brain resulting from biological, psychological and social factors. Although the reasons for the onset of the disorder are unclear, as well as the reasons why some people develop PTSD and others do not, The National Centre for PTSD suggests a person’s likelihood for developing PTSD are enhanced by the following factors:

- How intense the trauma was or how long it lasted
- If you lost someone you were close to or were hurt
- How close you were to the event
- How strong your reaction was
- How much you felt in control of events
- How much help and support you got after the event 98

According to an NGO Monitoring and Evaluation Officer PTSD has ‘become an acceptable and more comprehensible form of mental healthcare in recent years within Africa99, and is used regularly to describe the experiences of IDPs in northern Uganda because it creates a space for a comprehensible understanding of trauma100.

---

99 Interview Nine. 2009
Adults who suffer from PTSD may also show signs through addictions, feelings of shame or despair resulting in depressive behaviour, problems in gaining employment and relationship breakdowns as well as physical illnesses. Children in comparison may become closed, have trouble sleeping, even on occasion stop communicating altogether. They can complain of physical problems or become irritable or aggressive. Whatever the result it is evident that if ignored PTSD can severely affect one’s way of life and the way of life for one’s immediate family.\textsuperscript{101}

3.7 Studies of trauma
Evidence of a high proportion of this disorder has become apparent in Uganda over the past five years through varying studies of randomly controlled samples of IDPs.

2004
An MSF Holland survey of Alcholi civilians in 2004 found 79% of people had witnessed torture, 40% had witnessed killing and 5% had been forced to physically harm someone; 62% of women interviewed thought about committing suicide.\textsuperscript{102}

2005
Consistant with this analysis is a study carried out between April and May of 2005 by Vinck which focused on the experiences of Acholi IDPs. Four patterns of exposure to trauma were distinguished: those with low exposure (21.4%); witnesses to war-related violence (17.8%); those threatened with death and/or physically injured (16.4%); and those abducted (44.3%). By examining these groups, Vinck found that about three-quarters of the respondents (74.3%) met PTSD symptom criteria and almost half (44.5%) met depression symptom criteria.\textsuperscript{103}

2008
This high proportion of PTSD and depression diagnosis is further supported by a study carried out of IDPs in northern Uganda, by the London School of Hygiene & Tropical Medicine and Gulu University in May 2008, which found that 54% of those interviewed met symptom-criteria for post-traumatic stress disorder, while 67% showed signs of depression.

This is also reinforced by the following findings, documented by Roberts et al November 2008 who found that out of the 1206 participants they interviewed, all had experienced some form of traumatic event and high levels were experienced across the board.

\textsuperscript{101} Tiffen 2009. What forms of psychosocial distress occur in Internally Displaced Persons (IDPs). Centrally focusing on northern Uganda?
Exposure to traumatic events of Ugandan IDP respondents (n = 1206)

<table>
<thead>
<tr>
<th>Trauma events experienced</th>
<th>Numbers out of 1206 / (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of food or water</td>
<td>1085 (89.9)</td>
</tr>
<tr>
<td>Lack of housing or shelter</td>
<td>931 (77.2)</td>
</tr>
<tr>
<td>Unnatural death of family/friend</td>
<td>913 (75.7)</td>
</tr>
<tr>
<td>Murder of family member/friend</td>
<td>902 (74.8)</td>
</tr>
<tr>
<td>Being close to, but escaping, death</td>
<td>841 (69.7)</td>
</tr>
<tr>
<td>Ill health without medical care</td>
<td>784 (65.0)</td>
</tr>
<tr>
<td>Witnessing murder of stranger(s)</td>
<td>775 (64.3)</td>
</tr>
<tr>
<td>Tortured or beaten</td>
<td>678 (56.2)</td>
</tr>
<tr>
<td>Forced separation from family</td>
<td>546 (45.3)</td>
</tr>
<tr>
<td>Being abducted or kidnapped</td>
<td>521 (43.2)</td>
</tr>
<tr>
<td>Made to accept ideas against will (brainwashing)</td>
<td>482 (39.9)</td>
</tr>
<tr>
<td>Serious injury</td>
<td>473 (39.2)</td>
</tr>
<tr>
<td>Forced isolation from other people</td>
<td>450 (37.3)</td>
</tr>
<tr>
<td>Being in a war fighting situation</td>
<td>329 (27.3)</td>
</tr>
<tr>
<td>Imprisonment against your will</td>
<td>296 (24.5)</td>
</tr>
<tr>
<td>Rape or sexual abuse</td>
<td>171 (14.1)</td>
</tr>
</tbody>
</table>

According to Medical News Today, the traumatic experiences documented above gives compelling evidence that ‘Uganda has the highest rate of post-traumatic stress and depression ever recorded, following extremely high levels of civilian exposure to violence and poor healthcare'.

3.8 Second generational trauma

If ignored, experiences such as the ones above can become normalized and incorporated into every day life. This is well documented through studies into second generational trauma of holocaust survivors, where


Intergenerational or multi-generational trauma occurred when ignored and there is little or no support for dealing with its affects.\(^{106}\)

What one learns to believe is normal as a child can be passed onto their children. This means that children who learn that physical and sexual abuse is normal, and who have never dealt with the feelings that come from this may inflict physical abuse and sexual abuse upon their own children.\(^{107}\) It is evident therefore, that if ignored, trauma can have a profound affect upon communities now and for a long time into the future.

3.9 Conclusion
This chapter has documented the depth and immediate need for psychosocial support in order to deal with both the individual and collective traumas displayed in northern Uganda’s IDPs. It is compelling evidence which displays both the harsh reality of lives for IDPs as well as for the unborn communities of the north if left unaddressed. The next chapter will seek to explore the care programmes available and examine the depth of support and funding available for these types of psychosocial care programmes.


\(^{107}\) Wesley-Esquimaux, Smolewski 2004. Historic Trauma and Aboriginal Healing. Ottawa, ON: Aboriginal Healing Foundation
Chapter Four

What place do psychosocial programmes have in Gulu, northern Uganda?

IDPs are entitled to the same legal protection under human rights and humanitarian law as other civilians, and they are supposed to be protected by their governments. But some governments lack the capacity to protect displaced citizens; others simply don’t care.108

4.1 Introduction

In Uganda, the government run army of the Uganda People’s Defence Forces has made progress in the north, creating the opportunity for many IDPs to return home; however there is still much work in recovery to be done. Since April 2009, all IDP camps have been ordered by the Ugandan government to be closed and the residents told to return to their villages.109 In July 2009, an estimated 1,452,000 (80.7%) IDPs had voluntarily returned to their homes. However 388,000 have remained in camps. According a local journalist based in Gulu those who remain in the camps are the elderly and disabled, often stating fear, poor water sources, poor resources in villages, or even lack of access to their village as well as the fear of haunted villages that inhibit their ability to return ‘home’.110

In Gulu a lack of humanitarian assistance which has plagued the region for over 25 years seems to be a distant memory. Noting over 40 charitable organisations working in Gulu alone it was clear that a ‘need’ in the region has finally been identified. The majority of these projects focus their attention on the current humanitarian understanding of the basic needs agenda which means establishing access to food and water, shelter, clothing, sanitation, education and healthcare facilities, all of which are paramount to the survival and betterment of life for the returning IDP Acholi communities. However, there is little focus on psychosocial care.

4.2 Humanitarian assistance in Gulu

The heated expressions of opinions regarding psychosocial care as well as the financial implications and need for a long term strategy during and after acute emergencies mean that programme planners are often faced with a choice between specialized, trauma-focused care or completely ignoring mental health altogether. In Gulu comparatively little assistance is focused upon psychosocial care for this reason. Many

110 Interview Two 22nd July 2009.
111 A detailed list of organisations working in Gulu can be seen in Appendix 14
are hindered due to a lack of available funding, resources, well planned programmes and trained facilitators, the essential elements necessary to ensure the effectiveness of psychosocial care. It is facilitated by trained personnel as well as lead by experienced professionals. It seeks to focus attention on the individual and is vigilant to the harmful effects of trauma. Conventional psychological therapies are often based upon a long term approach of weekly or fortnightly attendance by the client, with a minimum length of 6 months for the therapy process, yet can often see real long lasting change in an individual or a community. However in post conflict environments such as Gulu this is often impossible to coordinate. Experienced psychosocial therapists can therefore design programmes which are still effective but require no more than three to four sessions that can be carried out in any place in a community.

UNICEF, Save the Children, GUSCO, CARITAS and The Norwegian Refugee Council all provide capacity building for teachers on psychosocial support and on how to handle children affected by war, which aims to support children as they return to school\textsuperscript{112}. However, in Gulu the two most effective programmes to facilitate psychosocial care are the work of World Vision Rehabilitation Centre and GUSCO (Gulu Support the Children Organisation), who both place emphasis on the rehabilitation of ex child soldiers\textsuperscript{113}. Support is received through interpersonal therapy for groups (IPT), which is a short-term supportive psychotherapy that focuses on the connection and interactions between people and the development of a person's psychiatric symptoms and is led by trained facilitators\textsuperscript{114}. IPT is the main method used at the World Vision rehabilitation centre which focuses on the treatment of ex child solider depression. The other psychosocial method used is Narrative Exposure Therapy (NET), facilitated by ‘Victims Voice’ (VIVO) foundation, an alliance of professionals experienced in the field of psychotraumatology, international health, humanitarian aid, scientific laboratory and field research, sustainable development and human rights advocacy\textsuperscript{115}. VIVO provides training and effective resources to the staff of GUSCO and World Vision. NET therapy is focused upon those individuals who have been identified as having PTSD and invites witnesses to traumatic events and severe human rights violations to testify their traumatic experiences. In cooperation with the therapist they can help to restore their autobiographic memories about those experiences. This practice helps to process any painful memories or emotions which generally leads to significant emotional recovery. If the survivor agrees, the testimonies given can then also be used directly for prosecution of human rights violations or awareness raising purposes. Although treatment of this nature and length does not result in a complete cure of severe psychological disorder immediately, it can often help in finding some relief for a victim of trauma as well as provide means for future processing in the future\textsuperscript{116}. Such treatments are employed by GUSCO and

\textsuperscript{112} Oringa, P. 2006. In the name of the ten commandments: Children and War in northern Uganda.
\textsuperscript{113} All interviews
\textsuperscript{115} VIVO foundation http://www.vivofoundation.net/eng_mission_statement.php
\textsuperscript{116} Ibid
World Vision alongside general medical support as well as vocational skills training and education programmes, which seek to provide longer term relief for these individuals.\textsuperscript{117}

It is clear at present that in Gulu the above two services provide the most effective forms of psychosocial care available in the region. At first plagued by stigma and unwillingness of the community to accept the work, the success of the programme soon spoke for itself; ‘When we first started some people kept their children out of the programme because they feared stigma. Now they have seen the success and change of the children these same people try to get their children into the programme’\textsuperscript{118}. There is also evidence that individuals who have completed one of the above programmes have a greater capacity to cope with life in the community and concentrate in school\textsuperscript{119}. However, sadly resources do not exist to cater for all the need of ex child soldiers, or follow up programmes in the region let alone the IDP community.

For many of the interviewees the work of the trained staff at GUSCO and World Vision was greatly respected and while the importance of helping ex child soldiers was not disputed by interviewees, it was suggested in more than one interview that by limiting psychosocial programmes to this group it can reinforce stigma; ‘There are many people in the community that although they would never say such, would be thinking that this person killed my mother, sister, friend and now they are receiving all the support.’\textsuperscript{120} For some it is these ex child soldiers who have benefited the most, while general Acholi IDPs struggle to come to terms with the realities of life after war. For interviewees the general IDP population also needs help through psychosocial facilities to overcome the traumatic experiences of war. Most identified depression and fear as key among the IDP community. Trained psychosocial experts suggested the general Acholi IDP community suffer from high levels of PTSD which reinforced the findings recorded in chapter two. A local authority development officer pointed out that these high levels of depression and trauma related disorders were reinforcing vulnerability within the community even now, as she suggested poverty, gender based violence and rape was at an all time high as well as criminal activity as individuals had lost the concept of the community. For the interviewees psychosocial care is a necessity for the Acholi IDP community who they feel continues to suffer traumatic experiences, reflected in their daily living.

\textbf{4.3 Government assistance in Gulu}

According to the Inter Agency Steering Committee paper of Psychosocial Care 2007, psychosocial recovery systems are largely the duty of the state to provide. However in the case of northern Uganda, the current government initiative, entitled the Peace, Recovery and Development Plan (PRDP) established on the October 15, 2007 in order to support northern Uganda transition from war to peace\textsuperscript{121}, focuses little

\begin{thebibliography}{9}
\bibitem{117} Interview Nine. 2009
\bibitem{118} Interview Nine. 2009
\bibitem{119} Interview Eight. 2009
\bibitem{120} Interview Seven. 2009
\end{thebibliography}
attention on psychosocial recovery programmes, instead choosing to focus its attention on basic services and security.

<table>
<thead>
<tr>
<th>Area of development</th>
<th>Expense in Ugandan Shilling</th>
<th>Expense in American Dollar</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rebuilding and empowering communities</td>
<td>517,489,619,951</td>
<td>$323.4 million</td>
<td>47.4%</td>
</tr>
<tr>
<td>2. Consolidation of state authority</td>
<td>259,805,128,720</td>
<td>$162.4 million</td>
<td>23.8%</td>
</tr>
<tr>
<td>3. Revitalization of the economy</td>
<td>253,112,895,260</td>
<td>$158.2 million</td>
<td>23.2%</td>
</tr>
<tr>
<td>4. Peacebuilding and reconciliation</td>
<td>29,528,991,184</td>
<td>$18.5 million</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

With this, important basic physical needs will be met; however, it is evident from these plans that little attention has been given to the enormous levels of emotional trauma experienced by IDPs, not simply ex child soliders, over the last 25 years (see chapter three.) This may in part be down to a failure of framework for such events. The ISAC guidelines (2007) suggest that strategies to protect and promote the psychosocial well-being of internally displaced and other affected populations, should mobilize existing care systems and capacities within the community to promote the restoration of a sense of normality. However for areas where care systems and community capacities have been completely devastated over 20 years of constant brutality it is hard to consider a place for such services to exist. There is also little agreement on the public health value of such services in the face of poor resources, when emphasis will generally be placed upon tangible outcomes such as the areas highlighted above in the PRDP, which has been delayed until September 2009 (The third delay123.)

For interviewees the perception of the government was not consistent. For some the government ‘provides no hope and limited planning’124, while for others, ‘The government has done a lot in advocating for peace and development and supporting programmes run by humanitarian agencies’125. However regardless of perception it was noted that interviewees believed the government resources and financial aid to be limited; as it provided ‘no financial aid, which is definitely not based upon the need as it is huge126.’ It was also suggested by a number of interviewees that if the PRDP were to be implemented alongside a psychosocial care programme, funded through other channels but with the support of the government it would greatly enhance it’s capacity to achieve healing within the Acholi community as the psychosocial programme would instill the hope and reinforce the belief in capabilities, while the PRDP would provide the means to achieve it.

---

123 Interview Two. 2009.
124 Interview Eleven. 2009
125 Interview Five. 2009
126 Interview Nine. 2009
4.4 The importance of the Community

In the pursuit to identify and heal a problem, humanitarian agencies have in the past overlooked their greatest asset; the knowledge of the local community. It is evident that effective psychosocial support is in place in northern Uganda. However it is also apparent that this support is vastly limited and under resourced. It is the local cultures and people who have called for support\(^{127}\) and have the vital knowledge to assist any humanitarian agencies in their quest to provide healing to a community in great need of assistance. Given the emphasis that the UNHCHR places on empowerment and participation it seems evident that the voice of the community should be listened to. Indeed, with the cooperation of the local community in facilitating a psychosocial programme a greater understanding of power, local structures of authority and governance can be established.

Ensor and Galant (2005) suggest that; ‘Whereas fundamental human rights and justice can be constructed as absolute concepts and non negotiable, the application, interpretation and realization of rights and justices are negotiable within the context of specific political, historical and cultural conditions\(^ {128}\). This means that although the concept of rights is universal, how one interprets it is often distinct and therefore the knowledge of the local community in requesting psychosocial support as well as their ability to help in the facilitation and work of trained professionals is irreplaceable when seeking to implement a programme of great emotional value.

4.5 The Importance of Culture and Spirituality

The Alcholi tribe are a deeply spiritual community and as such possesses rituals of both peace building, psychosocial healing and cleansing, such as ‘mato oput’ a ritual performed by the Acholi people to reconcile social divisions after a case of killing, and ‘Gomo tong’ which is performed to deal with the resolution of conflicts between clans; it is a ceremony of peacemaking\(^{129}\). These ceremonies can be seen as a ‘general reduction of unspecific stress and the reaffirmation of positive cultural values\(^ {130}\). Even if traditional identity has been weakened and therefore are distinctly limited, the roots and much of the uniqueness of an ethnic group still lie in their traditions. It is imperative that humanitarian agencies do not ignore these customs, as colonialists have in the past. Many practices of Acholi culture were abandoned or weakened starting from the beginning of the colonial era and deprecated as being backward. This happened without the full understanding of their meaning. In Gulu at present the Kerkwaro Acholi palace are practicing cleansing rituals upon the request of an individual who have received support from World Vision rehabilitation centre or GUSCO\(^ {131}\). They also go into villages in the community and perform cleansing rituals, as well as burial ceremonies as it is common for communities to believe in the haunting spirits of

\(^{127}\) Interview Five. 2009.
\(^{130}\) ibid
\(^{131}\) Interview Nine. 2009
the dead\textsuperscript{132}. Such ritual and dignity afforded to the dead can prompt the return to villages, as well as lessen the fear for the community\textsuperscript{133}.

While the Kerkwaro palace are promoting the traditional cleansing rituals in order to promote unity among the Acholi, it is important to note that such rituals are not a reinstallation of former times by the Acholi people. This is because the Acholi culture of today is not simply shaped by tradition but also other religions, including Christian and Islamic beliefs as well as both modern and global influences\textsuperscript{134}. This changing identity is related to certain beliefs, attitudes and indeed practices (including rituals) while designing interventions to support conflict reconciliation, peace building and recovery. It is imperative to be aware of this blend of identities and beliefs. Traditional approaches are still very meaningful and important to many people in Acholiland, but it is also true that they are at the same time less relevant to many others, especially the young people who have grown up in times of war with very restricted possibilities for cultural practices. These individuals seem to be alienated from the tradition of their own people. This is especially true for many Christian believers, especially ‘the Balokole (the saved ones) who often vigorously reject traditional practices as being ‘satanic.’\textsuperscript{135} Therefore as it is important to acknowledge the influence of traditional beliefs so too it is imperative to acknowledge the religious beliefs of an individual, who instead of asking for ritual cleansing may instead ask for prayer or blessing from a priest\textsuperscript{136}. It is evident in Gulu that both World Vision and GUSCO have realised the imperative nature of acknowledging the importance of local beliefs and are, as such, held in high regard by all community members as well as religious centers.

\textbf{4.6 Healing}

It is apparent that peace building, livelihood programmes and psychosocial healing are inextricably intertwined. The psychosocial effect of acknowledging such beliefs might be seen in a general reduction of unspecific stress, in the reaffirmation of positive cultural values and the improvement of interpersonal relationships within the Acholi community\textsuperscript{137}. By achieving these goals it is easy to see how they can contribute towards an environment that is more open to the solution and healing of a conflict.

Healing can be affected by the depth of livelihoods programmes available for the general community to be self reliant as many people claim that strengthening and supporting both the unique and positive identity and livelihoods and values of people ravaged by war can help restore a sense of dignity and orientation for the future and thus be a strong factor for psychosocial healing\textsuperscript{138}. According to interviewees this can be

\textsuperscript{132} Interview Five. 2009
\textsuperscript{133} Interview Two. 2009
\textsuperscript{134} Interview Five. 2009
\textsuperscript{135} Interview One. 2009
\textsuperscript{136} Interview Eight. 2009
\textsuperscript{137} Psychosocial Support Programme, Caritas, Gulu. January 2005. Traditional ways of preventing and solving conflicts in Acholi: Results of some secondary and primary research.
\textsuperscript{138} Psychosocial Support Programme, Caritas, Gulu. January 2005. Traditional ways of preventing and solving conflicts in Acholi: Results of some secondary and primary research.
achieved through a number of means, including providing a compulsory counseling service in schools and within a number of health care facilities for the foreseeable future in order to provide a safe place for individuals to seek help. By providing these services over a long period of time it is suggested that real change can occur, especially if implemented in conjunction with a new education curriculum, which follows the model used in Rwanda since the 1994 genocide, teaching students of a united history of one nation, therefore centrally focusing on the principles of ‘Uganda’ rather than tribes. This can also be reinforced by education programmes for adults on basic needs and human rights. By implementing such systems it means that the new Acholi generation will learn the values of the community and the older generation will learn of ways to better their own lives through basic needs and human rights understanding. The availability of psychosocial care would also provide much needed support to the individuals who require it, which would again enhance the capacity of the whole community. These ideas provide means of achieving hope for the Acholi IDPs and provides a means to achieve healing as both individuals and as a community.

4.7 Conclusion
In Gulu it is apparent that much of the Acholi IDP community and ex child soldiers are deeply affected by the war and the traumas they have witnessed. At present the psychosocial support provided in Gulu focuses much attention on ex child soliders, for which benefits are beginning to be realised. However, at present, the need of the Acholi IDP population has not been realised due to a lack of funding, trained professionals and acknowledgment of its importance by the government and other humanitarian agencies in comparison to easily identifiable tangible physical needs.

It is also evident that the adjusting and blending of traditional beliefs over recent years and in times of rapid change is quite a challenge that calls for research over time as well as support from the community itself. However once realised this can have a profound affect upon the healing of a community. In additional to this a systematic process for monitoring would greatly enhance the effectiveness of any programme over a sustained period of time. It appears therefore at present that psychosocial planning in Gulu is something identified to a limited degree. However, if coordinated with a continued analysis of ideas and an agreement on how traditional approaches can be utilised it would greatly enhance the capacity of the community and the individual to achieve healing, especially if facilitated alongside both humanitarian agencies work on livelihoods, education and skills training as well as the government PRDP.
Chapter Five

Discussion

Does psychosocial care have an important place in post conflict societies? If so, how can these programmes be implemented effectively? Who should take responsibility for the implementation of such programmes and what place should psychosocial care take in the Human Rights Agenda? These are areas for discussion that the studies in chapters two to four have made available.

5.1. Does psychosocial care have a place in post conflict societies?

The past decade has witnessed an academic consensus on the importance of providing psychosocial support programmes following complex disasters, including conflict. However, the field is not without its critics, including Summerfield (1999) who suggests that the assumptions underpinning the work of psychosocial programmes reflect the globalisation of Western medicalisation of distress and the rise of psychological therapies. For Summerfield the majority of survivor’s post-traumatic stress is a pseudo condition to which short-term technical solutions like counseling are applicable. He argues that there is little evidence that war-affected populations, such as those in Uganda are seeking these programmes, which ignore their own traditions.

However, in recent years The WHO, The ISAC and IFRC have acknowledged Summerfield’s belief which suggests it is the community who has the power to decide on psychosocial approaches; by implementing psychosocial care programme guidelines which emphasise a community-based approach, the need for participatory action research as capacity building and models that integrate western methods and traditional healing practices. Therefore the crisis of definition which at first plagued psychosocial care programmes has begun at last to seek clarity as well as place emphasis on community participation, enhancing the capacity of the programmes.

It is common that when a community has faced persistent crisis and conflict, the traditional structures have been weakened and therefore it is in need of programmes to support identity building and reconciliation. Indeed, in Gulu, the community have identified their own need through requirements of ritual healing and peace building exercises. Although they may not define that need as psychosocial care, for many their wish for a solution to the fear that characterises their daily lives and healing through other means than just

livelihoods training\textsuperscript{141} establishes a space for psychosocial programmes, which exclude traditional and spiritual beliefs.

For the many humanitarian agencies and NGOs working in Gulu there is much work in recovery still to be achieved because many IDPs face poverty enhanced vulnerability, as well as weakened community structures, which had perviously been relied upon to provide care, support and identity. By providing spaces to access traumatic experiences, psychosocial care programmes, working in coordination with traditional beliefs can provide a safe place to achieve hope and healing. This has been successfully implemented in Somalia by the IFRC, who employ community members, as they understand the importance of the community and utilise their understanding of the infrastructure to achieve a successful programme, that can provide healing for individuals and in time enhance the capacity of the community\textsuperscript{142}.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{diagram.png}
\caption{Humanitarian Response in Conflict}
\end{figure}

If psychosocial care programmes are set up without a means to achieve the hope they are often imparting, they can have an ineffective place in post conflict societies, and even on occasion increase disillusionment. However when supported by both education and livelihood programmes as the above diagram illustrates, the effectiveness of psychosocial support can be enhanced as well as an important place in post conflict societies identified as it can lay a firm foundation for effective development in the future. It is imperative therefore for these programmes to be holistic and work alongside physical development programmes,

\begin{flushright}
\textsuperscript{141} Interview Five. 2009
\end{flushright}
which provide means to achieve the hope unlocked through psychosocial support. This will enhance the healing capacity of these projects and provides means to achieved real post conflict transformation.

Response to Conflict

5.2 How can these programme be implimented effectively?
Although the ability to achieve healing is greatly enhanced by the knowledge of local community members. It is also apparent that scope for error in the implementation of these programmes can result in even greater distress for an individual and the community. Therefore for a programme to be effective it is important to establish programmes in coordination with experts in the field, such as VIVO foundation, whose knowledge is used well by World Vision and GUSCO in Gulu.

As identified above, by utilising the knowledge of the local community psychosocial programmes can provide a space for healing to occur. By also incorporating the knowledge and opinions of rural people in the process for planning and monitoring of a project, psychosocial programmes can become even more effective. This can be achieved by using Participatory Rural Appraisal (PRA) tools, which can also provide another means of establishing empowerment as it connotes the value and importance of the communities opinion.

For any system or programme to be a success an effective monitoring system needs to be established, such as the use of PRA tools as well as a means for the programme to be sustainable. For most humanitarian projects donors funding exists for a period of one to two years with a view to evaluate towards the end of
that time period. However for psychosocial care to be effective and achieve change or healing in a community the time scale of programmes need to be greater, with continuous monitoring and evaluation.

The sustainability of a project is essential for its success. Psychosocial projects can become sustainable if implemented based upon a need analysis and if assessed based upon that continued need. For real healing to occur in northern Uganda and in nations who have been plagued by persistent conflict over a long period of time and whose identity has therefore suffered it is crucial that psychosocial programmes are not a short term project, but are instead implanted through a long term commitment from donors and a long term strategy.

5.3 Whose responsibility is it to implement psychosocial programmes

An acknowledgement of psychosocial importance across the board of humanitarian agencies and medicines reflects the emphasis for it to be developed as a humanitarian principle which will benefit all who suffer in silence. However the question remains whose responsibility is it to implement psychosocial programmes especially when faced with such cultural perceptions of interpretations.

According to the ICRC and ISAC guidelines it is the government who has the responsibility to provide these services for their citizens. In theory, reinforcing existing capacities is the best way to achieve an effective culturally aware system in a short period of time. However, this is a contentious issue for countries where capacity and resources are limited or infrastructure is not strong enough to handle any additional pressure, especially when a government does not have the capacity to even acknowledge or assess the need let alone provide extra support.

It could be suggested therefore that where the capacity of the government is hindered, psychosocial care should be the responsibility of one united experienced task force to monitor and assess. They could utilise PRA tools as they have both the time capacity as well as the experience and the ability to monitor their successes and failures. However, when implementation occurs it can still be achieved through the facilitation and enhancement of local resources and communities, together with capacity building programme as this would strengthen the community roots as well as reinforce identity.

While space exists for an organisation to take charge of psychosocial care, room for harmful programmes to occur is also present. The following illustration demonstrates the need for psychosocial care programmes, the will of the IDP community to take part in these programmes as well as the ability for NGOs or humanitarian organisations to generate harm. A Christian organisation, based in Kampala but with links to IDPs and ex child soldier work in Gulu, designed a psychosocial programme with the help of an Acholi for twenty IDPs to take part in over a two week period. On the first day 161 IDPs turned up for the programme and the organisation feeling that they could not turn people away embarked on a
psychosocial discussion programme with over 130 people more than the programme was designed to cater for. Upon completing the two week course IDPs were left with no follow up days or community projects to rely upon. They had in effect been granted hope with no means to achieve it, which can in turn cause greater harm than good. This merely represents the need for clarity of who is responsible for providing psychosocial programmes. Without a consensus of communication between governments and humanitarian agencies regarding psychosocial care there are many IDPs whose rights to ‘life with dignity’ (UDHR article 1) are being ignored and whose traumatic experiences are not being addressed or addressed in a way that will cause more harm. According to the Unicef; ‘The longer that comprehensive investment is withheld, the greater the gap between crisis and recovery’\textsuperscript{143}, not because of a unwillingness, as was previously the case, but more because of a disjointed understanding of who provides such care and how to administer it correctly to so many, though culturally sensitive means, without impeaching on biological mental healthcare.

5.4 What place should psychosocial care have in the Human Rights agenda

The imperative nature of psychosocial care has become apparent in recent years through the work of rehabilitation centers and community healing projects in Rwanda to name but one example. In Uganda the need for such programmes was unanimously agreed upon by interviewees. It is the means to achieve and implement these programmes which causes the greatest debate. If it were to be afforded greater recognition through the Human Rights Agenda, the assessment of ‘needs’ in the UDHR and development goals, humanitarian agencies and donors would have no option but to afford it greater attention themselves as it would become part of the legal, political and ethical responsibility.

It is important however that in seeking to acknowledge the need of psychosocial healing humanitarian agencies do not ignore the importance of realising other basic needs as well as reinforcing the basic infrastructure of the community because (as previously discussed) if implemented in conjunction with other services, such as curriculum education, psychosocial care can become even more successful. Education programmes for example could contribute to the development of unity for the next generation, while livelihoods programmes could provide means for individuals to be reliant upon their own skills, thus creating the opportunity for real empowerment.

5.5 Recommendations

In order for psychosocial care to achieve its goals in post conflict societies it is apparent that the following needs to occur:

- Continuous acknowledgment and integration of cultural and spiritual beliefs
- The ability to utilise PRA tools in accessing the ‘need’ and community opinions regarding facilitating an effective system

\textsuperscript{143} Unicef Humanitarian Action Report. 25\textsuperscript{th} April 2008
A consensus of agreement across donors, humanitarian agencies and governments regarding who is responsible for providing psychosocial care, be it the government who takes the initiative or a coordination with the government over a consensus of agreement over who provides the support so that it is not ignored.

An approach that does not reinforce stigma within a community and single out one group for specialised care when everyone in the community is in need.

A system that can be implemented in conjunction with other tangible programmes which also aim to seek healing in the community such as education programmes, counseling in schools and livelihoods programmes.

Effective monitoring systems, including PRA tools.

Sustainable approaches that could be phased into existing healthcare.

A long term commitment by donors.

If possible, in order for coherent and effective care programmes to be implemented a task force perhaps based at the United Nations should be set up. This task force, led by experienced professionals, could be responsible for accessing the need and guiding the local systems in creating the best opportunity for healing to occur in post conflict societies throughout the world, thus accepting the importance of psychosocial care, as well as minimising the harmful effects of inadequate programmes.

5.6 Conclusion

Although primarily beset with expert differentiation it has become difficult to argue against the importance of psychosocial care in recent years. This has resulting in a change in emphasis given by agencies such as the IFRC, who have set up the reference centre for psychosocial support believing that it is paramount in the healing of post conflict societies.

In the eleven interviews I was able to conduct in the field with people of varying experience, various expertises and of differing nationalities there was a clear consensus in the importance of psychosocial care in post conflict societies. But whilst its importance was not questioned; most commented on the issue of it being continuously under funded and resourced.

It seems evitable at present that until psychosocial care can be propelled into the basic needs and human rights agenda it will be overlooked in favour of services that seek less funding and long term holistic change, but meet the needs set in these humanitarian guidelines.
5.7 Bibliography

Books and Journals


Akello. S. 2008 in District in Amnesty International: Left to their own devices.


Bayer. C. P; Klasen. F; Adam. H. 2007. Association of Trauma and PTSD Symptoms with Openness to Reconciliation and Feelings of Revenge Among Former Ugandan and Congolese Child Soldiers. JAMA.


Mackay. B. M. 2003. The task of integrating into society a teenaged boy whose only skills are operating an AK-47 and mutilating others upon order would daunt Sisyphus.” War Crimes Research Symposium. The Role of Justice in Building Peace, A View from the Trenches: The Special Court for Sierra Leone—The First Year.


Office for the Coordination of Humanitarian Affairs. 24 June 2008, Report on Durable Solution Assessment in Lango Sub-Region

Office for the Coordination of Humanitarian Affairs. 2004. When the sun sets we start to worry: An account of life in northern Uganda.


Oringa. P. 2006. In the name of the ten commandments- Children and war in northern Uganda.

Oxfam, September 2008, From Emergency to Recovery: Rescuing northern Uganda’s transition


Wesley-Esquimaux. S. 2004. Historic Trauma and Aboriginal Healing. Ottawa, ON: Aboriginal
Healing Foundation


Websites


Historic Traumatic Transmission Eyaa-keen Centre Inc 2009 http://www.eyaa-keen.org/Pages/Historic%20Trauma.pdf


http://www.medicalnewstoday.com/articles/109818.php


Nystrom. C. 2009. UGANDA: The Party System from 1963 to 2000: 


http://www.exonomist.com/displaystory.cfm?story_id=10683820


Interviews
Interview One. 22nd July 2009 - NGO worker
Interview Two. 22nd July 2009 - Journalist
Interview Three. 22nd July 2009 - Information Management Assistant for Humanitarian agency
Interview Four. 25th July 2009 - Ex LRA rebel/ IDP
Interview Five 26th July 2009 - Local authority Development Officer
Interview Six. 27th July 2009 - Child Protection Specialist for humanitarian agency
Interview Seven. 27th July 2009 - Administration Assistant for humanitarian agency
Interview Eight. 28th July 2009 - Psychosocial worker for NGO
Interview Nine. 29th July 2009 – Monitoring and Evaluation Officer for NGO
Interview Ten. 30th July 2009 - Probation and Welfare Officer for local authority and psychosocial expert
Interview Eleven. 30th July 2009 - NGO Country Director/ DFID advisor

Photos


Appendix One - Ugandan Timeline

- **1870**: Becomes a British colony
- **1894**: Missionaries arrived
- **1952**: Uganda gains Independence
- **1962**: Constitution was changed in order to create an alliance between the UPC and the KY parties
- **1963**: Obote, a northerner from the Lango region staged a military coup that took power and suspended the alliance as well as the forthcoming elections
- **1966**: Idi Amin took power away by military force and lead the country through a terror regime
- **1971**: Okello, an Acholi took power from Obote
- **1979**: Amin's was defeated by Tanzanian led forces who reinstating Obote to power
- **1985**: Creation of first Ugandan political party
- **1986**: Betty Bigombe, by the Minister for Northern Uganda, starts peace negotiations with the rebels
- **1993**: Joseph Kony establishes Lord's Resistance Army
- **1994**: Betty Bigombe starts new negotiations with the rebels. But peace deal fails.
- **2000**: Peace talks collapsed
- **2002**: The government and the LRA sign the cessation of hostilities agreement
- **2004**: UPDF's Operation Iron Fist Starts. Terror against civilians increase
- **2005**: ICC order warrants for the arrest of Joseph Kony
- **2007**: Amnesty law
- **2009**: Betty Bigombe, by the Minister for Northern Uganda, starts peace negotiations with the rebels
- **2010**: Power seized from him by the current Ugandan president, Yoweri Museveni, a southerner and Christian Alice Lakwena mobilises her Holy Spirit Movement
Appendix 2

Interview: One

Date: 22.07.2009

Position/ Organisation: NGO worker

Nationality: American

1. Forms of trauma the Acholi IDPs suffer from
Depression, stress, fear, stigma, anger, PTSD etc

2. The importance of psychosocial care for the IDP Acholi population
Psychosocial is very important to address and currently little is being done. There are lots of NGOs, but little effectiveness. Only a couple doing good things.

Rape is also common among IDP camps surrounding Gulu which are stressful and unlawful areas.

3. The psychosocial programmes are currently running
World Vision Rehabilitation Center- Centre for war affected children.
GUSCO
‘Empower’ a two week course focusing on psychosocial trauma by Watoto

4. The effectiveness of the current programmes
World Vision and GUSCO do good work, but there needs to be more done as there is a great need.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
I think the majority need psychosocial support to be made more available for them. For those who receive it I’m sure they really feel the affects.

There is also a real problem with social stigma. There is a belief that everyone has suffered because of the conflict so why is it only those who perpetuated the atrocities who are provided for through trauma rehabilitation centers.

6. Provisions put in place by the government
From my understanding the government has put little in place to support IDPs.

7. Existing natural resilience patterns and whether they should be addressed?
Yes as well as Christian beliefs as the Balokole often vigorously reject traditional practices as being 'satanic.

8. Comparisons between those who have received psychosocial care and those who have not?

----

9. Whether healing can be achieved?

-----
Appendix 3

Interview: Two

Date: 22.09.2009

Position/ Organisation: Journalist

Nationality: Ugandan

1. Forms of trauma the Acholi IDPs suffer from
I am not a specialist but I think it is obvious that all the IDPs suffer in some way; there are high numbers of depression, fear and little hope. Everyone in and around Gulu has been affected by war in some way.
Kerkwaro Acholi palace has been encouraging IDPs to return home but the crops have failed due to drought and people are left with even less hope.
The elderly and disabled have chosen to stay in camps claiming that there is little water sources and no road access to their villages.

2. The importance of psychosocial care for the IDP Acholi population
Addressing psychosocial care is very important. Humanitarian agencies don’t look at the work holistically. It takes a process and needs to be well thought out if it is going to work.

3. The psychosocial programmes are currently running
Gusco and World Vision Rehabilitation center do the best work but centers need to be open for all.
There is also work being done to bury the remains of bodies in villages as fear is enhanced due to spiritual beliefs in haunted villages. Nuti (Northern Uganda Transition Institution) funded by US Aid helps the Kerwaro Acholi palace bury these bodies.

4. The effectiveness of the current programmes
The work of the organisations mentioned in the previous question is done well, but all programmes need to be thought out fully and care needs to be made available for all.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
I don’t know the answer to this question I’m afraid.

6. Provisions put in place by the government
They have proposed the PRDP but have postponed implementing it until September 2009, which is the third delay.

US aid also help fund reconstruction projects and the governments PRDP

7. Existing natural resilience patterns and whether they should be addressed?
The Kerkwaro Acholi palace is doing a lot of good work. They should definitely be addressed as they help to minimise fear, but other religions beliefs should also be addressed.

8. Comparisons between those who have received psychosocial care and those who have not?
I think child soldiers who received psychosocial care are better able to reintegrate into society.

9. Whether healing can be achieved?
Psychosocial centers for rehabilitation need to be open for all, otherwise it reinforces stigma and social segregation.
Appendix 4

Interview: Three

Date: 22.07.2009

Position/ Organisation: Information Management Assistant for Humanitarian agency

Nationality: Ugandan

1. Forms of trauma the Acholi IDPs suffer from
These IDPs suffer from high levels of trauma.

2. The importance of psychosocial care for the IDP Acholi population
Yes as the memories are very fresh and there is a great fear in the community.
At the moment there is a negative peace as it has been affected by the ICC involvement as Kony says he will not give himself up so people are still scared.

3. The psychosocial programmes are currently running
OCHA provides coordination for all other agencies for the UN so we are aware that gender protection is provided by UNHCR and child protection by UNICEF.

4. The effectiveness of the current programmes
We are currently in a transition phase from recovery to development. In the emergencies NGOs were very affective as they provided a lot of assistance in camps and now individuals are returning home NGOs are less able to meet their needs.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
All programmes are trying to work together but there is a general feeling that they don’t help every man in the village.

6. Provisions put in place by the government
PRDP will help, but it doesn’t expressly mention psychosocial care.

7. Existing natural resilience patterns and whether they should be addressed?
Every agency should address cultural ideas.

8. Comparisons between those who have received psychosocial care and those who have not?

-----
9. Whether healing can be achieved?
Through time fear will decrease. As well as effective coordination of agencies and protection of civilians.
Date: 25.07.2009
Position/ Organisation: Ex LRA rebel/ IDP
Nationality: Acholi Ugandan

Story: Justin is 27 years old now. He was abducted at the age of 19. He spent three years as a commander, fighting for the LRA were he was so scared of what they might do to him that he was made to kill many people. He managed to escape during a change of guard.

He left his girlfriend and daughter with the LRA. He does not know what has happened to them.

His sister was also abducted at the same time as him. She was made to marry a commander, who has infected her with HIV.

Justin returned to his family upon his escape; however 2 months later the LRA came looking for him and burnt his family house down killing most of his family members.

1. Forms of trauma the Acholi IDPs suffer from
The acholi IDP population suffer much trauma. So many people have been hurt by the war. I am still scared.

2. The importance of psychosocial care for the IDP Acholi population
Acholi IDPs blame ex LRA soldiers and kill them sometimes so IDPs would definitely benefit from counseling services as it would help the community to heal.

3. The psychosocial programmes are currently running
I know of TESO because I went there. (TESO is an Aids Support Organisation)

4. The effectiveness of the current programmes
I used to live in a village close to Gulu but now live in Alero camp with 400 other people. We stay in the camp because we fear more LRA attacks and there is little work done by NGOs in out village.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
For me GUSCO is good, but I think more needs to be done.
6. Provisions put in place by the government
The government army has caused fear over the years with brutal attacks on soldiers forced to fight for the LRA, but they are trying hard now to achieve peace.
But I don't like Museveni because I think he is the one who extended the war because of the ICC involvement. The LRA continue fighting because if the ICC.

7. Existing natural resilience patterns and whether they should be addressed?
I believe in God and think it is important to remember this.

8. Comparisons between those who have received psychosocial care and those who have not?
They are less angry.

9. Whether healing can be achieved?
When everyone accepts each other and everyone knows what happened to their families.
Appendix 6

Interview: Five

Date: 26.07.2009

Position/ Organisation: Local authority Development Officer

Nationality: Acholi Ugandan

1. Forms of trauma the Acholi IDPs suffer from

All are traumatized. Families have to cope with the loss of family members. Others have to cope with the unknown regarding their children who were abducted and live in fear and anger. Many people have gone mad. There are the highest rates of depression and fear as well as HIV/ AIDS ever recorded. Rape and gender based violence has also become common because people will do anything when they are traumatized. Rape is a common cause of deep psychosis. Poverty and vulnerability is also a huge burden and causes distress and trauma.

2. The importance of psychosocial care for the IDP Acholi population

Yes is it a necessity in post conflict situations for everyone who was affected. Many of the communities we have worked in ask for support both in direct and indirect ways through spiritual, traditional and what we would call psychosocial healing.

IDPs ask for solutions to their fear and healing through other means than livelihood programmes.

3. The psychosocial programmes are currently running

Institutional cleansing of ex child soldiers, which is a way of removing dirt. You use an egg and step on it and the rest of your community follow. It shows that they still love and accept you and want you in the community. We support they work of World Vision and provide cleansing for individuals who request it at the World vision rehabilitation center.

World Vision and GUSCO also provide good services

4. The effectiveness of the current programmes

Programmes are good but not adequate as many are left out.

In Gulu law is below the people and there is no justice, children are not looked after because of poverty and women face gender based violence regularly. Psychosocial care would help to find a solution to all of this.
5. What do the Acholi Internally Displaced Persons think of the current programmes available?
They think they are good. They give people hope and shows them love. It also helps to fight stigma.

6. Provisions put in place by the government
The government has done a lot in advocating for peace and development and support programmes run by humanitarian agencies.

7. Existing natural resilience patterns and whether they should be addressed?
Yes and we are trying to address them. We are also trying to restructure our old values to increase healing in the community. Values such as a man can have more than one wife are beliefs we are now trying to change.

8. Comparisons between those who have received psychosocial care and those who have not?

-------

9. Whether healing can be achieved
Healing can be archived by restoring traditional cultural practices and getting rid of bad ones and providing psychosocial support for all who need it.
Appendix 7

Interview: Six

Name: 27.07.2009
Position/ Organisation: Child Protection Specialist for humanitarian agency
Nationality: African

1. Forms of trauma the Acholi IDPs suffer from
They experience all sorts of trauma to a great degree including high levels of depression.

2. The importance of psychosocial care for the IDP Acholi population
Yes but rather have more practical rather than abstract processes, such as combining psychosocial care with livelihoods programmes and education systems.
50% can be solved through normalizing life
40% will need higher levels of care.

3. The psychosocial programmes are currently running
Religious organisations
GUSCO and World Vision
It would be good to make it available through health care facilities

4. The effectiveness of the current programmes
They are affective to a certain extent; however there is a lack of follow up after individuals return to their communities.
UNICEF support community structures so these services are available with the community.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
Most vulnerable are still in camps so not everyone has been helped by all programmes let alone psychosocial care. These people need help.

6. Provisions put in place by the government
The work of the government needs to be questioned.

7. Existing natural resilience patterns and whether they should be addressed?
Yes, as long as they are not harmful. Things like cleansing are helpful.
8. Comparisons between those who have received psychosocial care and those who have not?
Those who have gone through the centers have a far greater ability to cope.

9. Whether healing can be achieved?
Through time, resources and continued support through all types of programmes
Appendix 8  Interview: Seven

Date: 27.07.2009

Position/ Organisation: Administration Assistant ‘World Health Organisation’

Nationality: Acholi Ugandan

1. Forms of trauma the Acholi IDPs suffer from
There are many different types of people who suffer from the war. It made people feel helpless. People are scared and sometimes angry.

2. The importance of psychosocial care for the IDP Acholi population
Yes, every family has been affected. People are directly and indirectly affected and so it is important for everyone to receive some sort of psychosocial care, or at least have the opportunity to reach that care. It is important that the approaches vary according to the types of trauma experienced.

3. The psychosocial programmes are currently running
World Vision rehabilitations centre
GUSCO
Lots of organisations are operating in order to bring hope.

4. The effectiveness of the current programmes
For those individuals who have received support from these programmes it has generally helped them. However there are problems with the general population who question why it is the people who have done the killer who have now gained the most. Psychosocial care programmes as also done in conjunction with livelihoods and educational training.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
They generally appreciate what is being done.
Everyone wants help and support.
Not everyone who needs help has received it.

6. Provisions put in place by the government
More or less everything has been implemented by partners. Health systems supported by outside agencies.
7. Existing natural resilience patterns and whether they should be addressed?
Amnesty given to returnees is important as well as embracing traditional beliefs as it helps support a community and helps to heal the past.

8. Comparisons between those who have received psychosocial care and those who have not?
As above

9. Whether healing can be achieved?
Appendix 9

Interview: Eight

Date: 28.07.2009

Position/ Organisation: Psychosocial Worker for NGO

Nationality: Acholi Ugandan

1. Forms of trauma the Acholi IDPs suffer from
Fear, depression, PTSD, suicide, stress, anger.

Many people suffer daily from the trauma they experienced and live in fear. Although he is not spoken about, the day Kony dies it will be like Christmas in Gulu.

2. The importance of psychosocial care for the IDP Acholi population
Psychosocial care is very important because the community still suffers from fear. For those people who have not received any sort of psychosocial support life is not easy. There is poverty, loss of parents or family members and cultural values of the Acholi community have been lost. People are lost and need some guidance.

3. The psychosocial programmes are currently running
World Vision rehabilitation Centre
GUSCO which deals with child rights and protection, it is supported by UNICEF.

4. The effectiveness of the current programmes
The programmes are generally effective for those people who take part in them and help ex child soldiers to reintegrate with their community. However the there is still the problem of stigma to overcome.
There is little access to psychosocial care for other people, especially children affected by war.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
Many who have missed out of receiving counseling now wish to be a part of the service as they have seen how successful it has been.

6. Provisions put in place by the government
It was the government who decided to close the camps, however when 90% decided to leave the camps there was little provision put in place for them. Without the NGOs thing would be awful. The government was not ready or did not have the capacity to cope.
The government now does not want NGOs interfering because they are scared of being exposed for human rights violations, especially with the entire backlash regarding the ICC. The PRDP - The government does not want NGOs to participate in the monitoring of this plan. There are question marks already over the finances of this plan and where some of the money has gone. We are also still waiting for it to be implemented.

The government does not have any direct links with psychosocial care. Psychosocial care is supported through NGOs only. It is the least funded but has the most crucial role to play in seeking healing for the Acholi community.

7. Existing natural resilience patterns and whether they should be addressed?
It is important to respect individual beliefs.

Ignoring cultural beliefs may actually cause more harm than good. It may prove to be damaging to people by contravening cultural norms, which may not reduce stress symptoms and may ignore the impact of present as well as past experiences.

Cleansing rituals can bring acceptance and help psychologically. Not all families accept traditional cleansing; some instead prefer to refer their children to Christian rituals and forgiveness, which are just as important to accept.

Any interventions should be based on understanding of the culture and should seek to support and strengthen and not undermine existing traditions and practices that may broadly contribute to healing processes and encourage resilience with the community.

8. Comparisons between those who have received psychosocial care and those who have not?
Some are helped more than others and when this happens it can reinforces differences.

The majority of ex child soldiers who attend psychosocial programmes are changed and are better able to support themselves and concentrate in education, livelihood programmes, when they get married etc.

9. Whether healing can be achieved?
I worry about what will happen when the NGOs leave. Thankfully there is no exist strategy that I am aware of in place, which would be a 5 year plan in itself, but who would help? Perhaps the community and district could take up some of the issues, but at present there are so many.
When people were in the camps they were relying upon hand outs. They have forgotten how to support themselves.

Children are changed. In the villages before the war children used to play games. Now they play with pretend guns and try to shoot each other.

For healing to occur for children
1. A dialogue needs to be opened up for the education syllabus to be changed. Children need to learn the benefit and value of every culture in Uganda and learn to be a united Uganda.
2. The rights of the child should also be strengthened and children should be taught about their own rights to life in children’s clubs in schools.
3. Counseling should be provided in all schools.

For healing to occur for parents
1. Trained to support themselves and in the knowledge of basic needs.
2. Strengthening community structures through plays, dances, sporting events
3. Building friendships
4. Having a place for them to receive psychosocial support if they require it.

All of the above needs to be implemented in a long term sustainable plan that is vigorously monitored as corruption is rife.
Appendix 10

Interview: Nine

Date: 29.07.2009

Position/ Organisation: Monitoring and Evaluation for NGO

Nationality: Ugandan

1. Forms of trauma the Acholi IDPs suffer from
   PTSD, which 60% of IDPs suffer from. It affects the vulnerable and traumatised.
   Depression, which is milder but the numbers who are believed to suffer from it are generally
   perceived to be higher than that of PTSD. Others are full of fear.

2. The importance of psychosocial care for the IDP Acholi population
   It is important but at the moment with our resources and funding it is just not feasible.

3. The psychosocial programmes are currently running
   World Vision – Inter Personal therapy for groups, which treats depression, not PTSD. It helps
   mentally rehabilitate children and gets them ready for reintegration and education.
   GUSCO – Narrative exposure therapy
   Reception based care and healthcare medical support and vocational skills training and
   education.

4. The effectiveness of the current programmes
   Because PTSD has become a more acceptable and comprehensible form of mental healthcare in
   recent years within Africa the centre based care work has become very good.
   When children leave then there is often a change.
   It is up to the individual how they cope after they leave the centre.
   If we had more facilities it would be good to carry out better monitoring and follow up.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
   People who receive support sometimes say it is inadequate in order to receive greater help,
   however generally when they open up most say it has been an effective programmes which
   provides hope.

6. Provisions put in place by the government
   Very little.
Organisations who provide the care enjoy the good will of the government and they also help to coordinate the programme by separating people into groups of people who they believe need the care and groups of people who do not. The government has not provided any financial aid, which is definitely not based upon the need as it is huge.

7. Existing natural resilience patterns and whether they should be addressed?
There is an idea among those who believe in these rituals that they ‘need’ them in order to be reintegrated into society, therefore they are important even if they are a symbolic act.

Some also have religious beliefs that it is important to acknowledge.

8. Comparisons between those who have received psychosocial care and those who have not?
The community has said there is a change.

When we first started some people kept their children out of the programme because they feared stigma, now they have seen the success these same people try to get their children into the programme.

9. Whether healing can be achieved?
Time and through a lot of effort healing can occur.

Reintegration is the ultimate goal.

It is a long process of care resettlement and reconstruction as well as changing peoples mind set, which would be enhanced through psychosocial care.

Structures needs to be changed
Appendix 11

Interview: Ten

Date: 30.07.2009

Position/ Organisation: Probation and Welfare Officer for a local authority and psychosocial expert

Nationality: Ugandan

1. Forms of trauma the Acholi IDPs suffer from
Suicide, aggression, isolation, living in streets, committing crime, bagging, truancy, extreme courage

2. The importance of psychosocial care for the IDP Acholi population
Providing psychosocial care for IDP in Acholi Population is extremely important because the effect of the long lasted war was enormous on the population and it has affected their social functioning as well as their culture negatively.

3. The psychosocial programmes are currently running
Strengthening re-integration of those extremely affected such as formerly abducted persons, the displaced population, victims of torture among others

Sensitization and awareness on land mines for people returning home from IDP camps

Training community leaders on good governance and conflict resolutions

Provision of food items to the elderly people, HIV/AIDS victims and some child headed families

Construction of simple houses to extremely vulnerable groups still left in the IDP camps and some livelihood support e.g supply of goats for rearing

Infrastructural development with support from some international organizations e.g Sub-county administration units, schools, health centres, safe water points and road construction

Medical care specifically ARVs for those infected by HIV/AIDS

4. The effectiveness of the current programmes
Unfortunately these programmes are not very effective in that their emphasis does not empower the people to be sustainable. Besides the programmes benefits approximately 10% of the affected people only.

Services delivered are of poor quality as a result of corrupt acts

5. What do the Acholi Internally Displaced Persons think of the current programmes available?
The thinking of the Acholi IDP population towards the available programmes is that the services provided is not a right based approach and may not be sustained instead it makes them be dependence and more vulnerable to suppression and rights violation by those who want to take-over their land.

6. Provisions put in place by the government

7. Existing natural resilience patterns and whether they should be addressed?
Natural resilience patterns that exist with the population was their strong culture in the administration of justice (Restorative Justice) as oppose to inflicting pain to pay for crime done
Other aspect is the communal responsibilities of supporting one another

8. Comparisons between those who have received psychosocial care and those who have not?

To some extent this discrimination is causing stigmatization, withdrawal, aggression, isolation, revenge and other nature of dispute or conflict. Some people express mistrust on the government

9. Whether healing can be achieved?
For healing to be achieved, there should be social inclusion in programme implementation.
Families should be targeted as opposed to individuals.

Respect of the cultural values, believes and community structures can accelerates healing
Appendix 12

Interview: Eleven

Date: 30.08.2009

Position/ Organisation: NGO Ugandan Country Director/ DFID advisor

Nationality: British

1. Forms of trauma the Acholi IDPs suffer from

So many people suffer through depression, fear, stress and anger. Recently I went out into the bush and found hundreds of disabled people who living out there because they were too frightened to return to their homes. These people are receiving no support at all and they are in such great need.

There is a great amount of trauma and a lot of anger.

2. The importance of psychosocial care for the IDP Acholi population

Yes, it is very important.

3. The psychosocial programmes are currently running

GUSCO and World Vision.

We are currently looking into supporting a programme, but psychosocial support is very complex.

Hindrances exist because agencies are skeptical and suspicious of each other.

4. The effectiveness of the current programmes

The programmes are good, but given the need the quantity is poor.

Quality and quantity are not enough.

5. What do the Acholi Internally Displaced Persons think of the current programmes available?

-----

6. Provisions put in place by the government

Trust needs to be built in the ability of the society to cope and this needs to be lead by the government.

No hope and limited planning at present.
7. Existing natural resilience patterns and whether they should be addressed?
8. Comparisons between those who have received psychosocial care and those who have not?

Very necessary but in Gulu it is an extensive luxury for individuals who are not necessarily the most in need.

9. Whether healing can be achieved?
We are aiming to fund a civil education programme which helps child protection programme and teaches of rights under the African charter. I think healing can occur by looking to the future and by providing children means to achieve acceptance, love and care within their community through programmes like the one we are funding as well as making psychosocial care for all.
Appendix 13

INGOs and NGOs

Based on order of sight

UNHCR (The United Nations High Commission for Refugees)
UHRC (Ugandan Human Rights Commission)
WHO (World Health Organisation)
CARE (Cooperative for Assistance and Relief Everywhere)
CAFOD (Catholic Agency for Overseas Development)
UNICEF (United Nations Children’s Fund)
UNDP (United Nations Demining Programme)
UNOCHA (United Nations Office for the Coordination of Humanitarian Affairs)
US AID funded programmes:
- Malaria consortium
  - SPRING (Stability, Peace and Reconciliation in northern Uganda project)
  - NUTI (Northern Uganda transition initiative)
AMREF (African medical and research foundation)
WATOTO children’s village
TESO (The Aids Support Organisation)
HEAL (Health Education and Literacy)
Invisible Children (providing education to children)
NUSAIF (Education and training support organisation)
RHU (Reproductive health Uganda)
NFA (Gulu Central forest reserve)
WACA (War affected children association) Promoting youth community projects in the community.
War Child Holland
Action for Children
SOS children’s village
Caritas (is the emergency Relief and Development Department / arm of the Catholic Church in northern Uganda)
Christian life mission (rural development)
United Youth Impact wood workshop (providing youth with livelihood skills in carpentry)
CPAR Uganda (Canadian Physicians for aid and relief) Providing youth building projects
Straight Talk (Health and Development Communication)
National Mine Action Programme (clearing mines)
Lions Club International (Providing recreational activities)
TUNADO (The Uganda National agriculture development organisation)
AUSI (Autonomous Undersea Systems Institute) Uniting industry and education
Danish refugee council and demining group
Hunger Alert (An NGO committed to household food security and income
Northern Uganda rehabilitation programme (Legal aid project)
NUSAIF (Northern Uganda social action fund)
ACOI (food security programme)
International labour organisation (small enterprise for media in Africa)
Every Child matters Ministries
Surface (Support families with HIV/AIDS through capacity enhancement)
CHAFORD (rural development project)
Child Voice (helps support child rights)
Sport outreach ministries
Care Mango tree (non-profit organisation textiles produced for sale abroad)

Psychosocial Care
GUSCO (Gulu support for children organisation)
World Vision rehabilitation centre
Red Cross psychosocial care unit