

**Review of Psychosocial Components of the Community Resilience  
and Dialogue Project in Northern Uganda**

June 30 - July 8, 2005

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This publication was produced for review by the United States Agency for International Development's War Victims Fund, DG/DCHA under Contract #DFD-M-00-04-00238 with Manila Consulting Group, Inc. The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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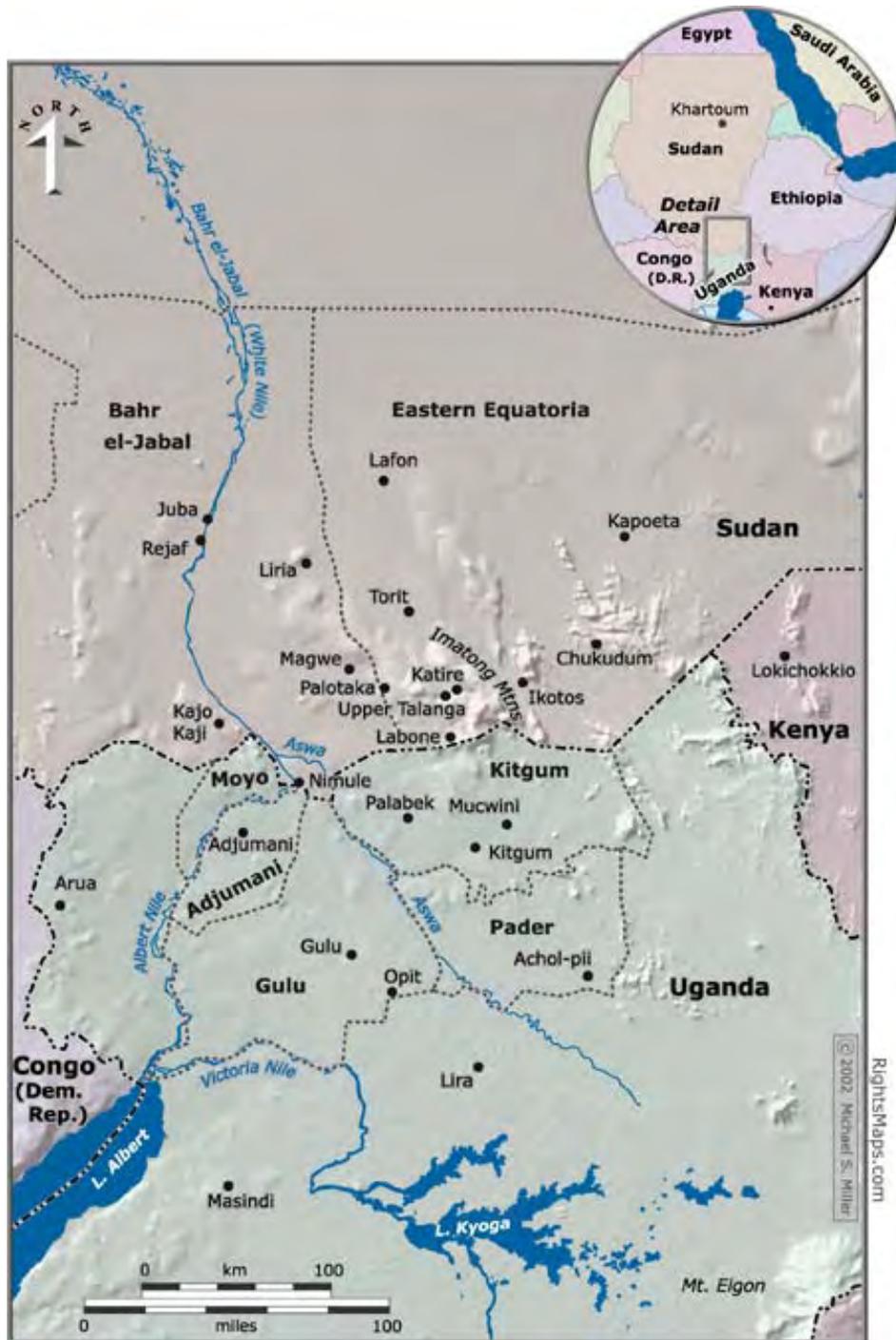
## **ACKNOWLEDGMENTS**

The Displaced Children and Orphans Fund (DCOF) and I wish to express appreciation to all the personnel of the U.S. Agency for International Development (USAID) mission in Uganda (USAID/Uganda) and the Community Resilience and Dialogue (CRD) Project USAID/Freetown and to those who facilitated this visit to Uganda and who participated actively in it. Carol Jenkins, conflict and reintegration advisor, and Elise Ayers, HIV/AIDS advisor, made arrangements for the visit. Lyvia Kakonge, who succeeded Ms. Jenkins in the mission as conflict and reintegration advisor, and Sandra Ayoo, conflict advisor, who traveled with and provided essential support to the DCOF technical advisor throughout the visit. Rajaram Subbian, psychosocial champion of the CRD project, and Josephine Kalule, HIV/AIDS champion of the CRD project, traveled with the DCOF technical advisor in northern Uganda and facilitated meetings with CRD partners. Also, Michael Alule, principle Probation and Welfare Officer of the Ministry of Gender, Labour, and Social Development, joined the team in northern Uganda and was very helpful in explaining Ugandan government structure and policies. AVSI, IRC, Save the Children in Uganda, and Catholic Relief Services (CRS) each assisted the team in arranging almost continuous meetings and discussions, providing documents and other information, and facilitating transportation. Dr. Tim Allen, who was carrying out an assessment of reception centers for formerly abducted children for USAID and UNICEF at the time of the visit, was generous with his time, sharing information about relevant history and culture of northern Uganda and current circumstances there. Beatrice Nyamwenge's help in typing the list of participants from each of the meetings during the visit was much appreciated.

## ACRONYMS

ARLPI	Acholi Religious Leaders Peace Initiative
ARV	Antiretroviral
AVSI	Associazione Volontari per il Servizio Internazionale
CPA	Concerned Parents Association
CPU	Child Protection Unit
CRD	Community Resilience and Dialogue
CVC	Community Volunteer Counselor
CYES	Children and Youth Economic Strengthening network
DCOF	Displaced Children and Orphans Fund
GUSCO	Gulu Support the Children Organization
HAART	Highly Active Anti-Retroviral Therapy
ICC	Interim Care Center
IRC	International Rescue Committee
KICWA	Kitgum Concerned Women's Association
LC	Local Council
LRA	Lord's Resistance Army
MVC	Most Vulnerable Children
NCDDR	National Committee for Disarmament, Demobilization, and Reintegration
NGO	nongovernmental organization
NPCT	National Psychosocial Core Team
OCHA	Office for the Coordination of Humanitarian Affairs
PEPFAR	President's Emergency Program for AIDS Relief
PMTCT	Prevention of Mother To Child Transmission
RUFOU	Rural Focus Uganda
SciU	Save the Children in Uganda
SPANS	Special Programs Addressing Needs of Survivors
TASO	The AIDS Support Organisation (in Uganda)
UPDF	Ugandan People's Defense Force
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
UPHOLD	Uganda Program for Human and Holistic Development
VTC	voluntary HIV testing and counseling
VTF	Victims of Torture Fund

# MAP



## EXECUTIVE SUMMARY

U.S. Agency for International Development's (USAID) Displaced Children and Orphans Fund (DCOF) sent its senior technical advisor to Uganda from June 30 to July 8, 2005, to review the activities of the Community Resilience and Dialogue (CRD) project in northern Uganda. The visit focused on psychosocial programming, and gave some attention to programming relevant to the President's Emergency Program for AIDS Relief (PEPFAR) interventions for orphans and vulnerable children. DCOF, the Victims of Torture Fund (VTF), and the Leahy War Victims Fund are three congressionally established funds managed by USAID that are collectively referred to as the Special Programs Addressing Needs of Survivors (SPANS). They have provided a cumulative total of \$11,147,648 to USAID/Uganda since 1999 for programming in northern Uganda. Discussions and interviews in northern Uganda were done on a group basis. In addition to DCOF's advisor, members of the team included representatives of USAID/Uganda, the CRD Project, and the Ministry of Gender, Labour, and Social Development. DCOF is responsible, however, for this report and its recommendations.

The northern part of the country has been affected by insurgency since 1986, and the Lord's Resistance Army (LRA) has been the primary insurgent group since 1990. The LRA includes followers of the Acholi spirit medium, Joseph Kony, and people who it abducts and forces into its ranks. The conflict, already bad, escalated dramatically in 2002 after the Ugandan army launched Operation Iron Fist into southern Sudan, where Kony and the LRA have been based.

Northern Uganda is caught in a stalemate of terror attacks on civilians and intermittent military action that keeps the vast majority of its people warehoused in artificial, densely packed camps that permit survival, but little more. The humanitarian assistance provided by the international community enables this situation to continue. Assistance measures that began as interim coping strategies to enable the population to survive while the Government of Uganda sought to defeat the LRA have become a semi-permanent framework that seeks to maintain survival. It is time for the international community to re-assess the situation, recognize that it has become complicit in maintaining a fundamentally unacceptable situation and, collectively, pressure the government either to find a way to end the predation of the LRA or to accept external help to do so.

The LRA has been highly effective in terrorizing the people of northern Uganda through periodically abducting and committing barbaric atrocities against children and women, the most vulnerable members of the population. Perhaps the most fundamentally evil aspect of the LRA's method of operation is that it instrumentalizes children by abducting them, subjecting them to the worst imaginable forms of torture—making them kill family members, relatives, neighbors, or other children—and converts them into predatory killers who loot and abduct others to continue the cycle of violence that enables the LRA to maintain itself. The LRA routinely uses forms of torture as it incorporates children. By late 2001, UNICEF had recorded about 29,000 abductions, about one-third of them children. The LRA has abducted a large but unknown number of children since then. Some abductees manage to escape, some within days, some after years, and others are rescued by the Ugandan Peoples' Defense Force (UPDF). Some have died—killed by the LRA, the UPDF, or disease, and others remain with the LRA. The three largest reception centers for children who return from the LRA are run by the Kitgum Concerned Women's

Association (KICWA), the Gulu Support the Children Organization (GUSCO), and World Vision.

During the visit, KICWA and GUSCO reported having received more than 11,400 child abductees, and World Vision had received 13,500 formerly abducted children and adults as of the end of March 2005. Some children have come through other centers, some have gone directly home, and some have been abducted and gone through centers more than once.

The LRA has been effective in violently perpetuating itself, and it has managed to displace 1.8 million Ugandans. It does not enjoy popular support in northern Uganda, but neither does the UPDF. The population is caught between these forces, and is the primary loser in this seemingly unending conflict.

In addition to the military dimensions of the conflict, there are active peace initiatives, including an extremely generous amnesty bill in 2000, under which members of the LRA can surrender to the government (or be captured by it) and not face prosecution, if they renounce rebellion against the government.

This report identifies improvements that can be made in the effectiveness of some services. But neither CRD nor all the extensive, additional humanitarian effort in northern Uganda can adequately compensate for the security that the population needs to return to their homes and try to rebuild a normal life.

The large majority of children in northern Uganda are growing up in the artificial environment of densely packed camps which lack adequate security and services. About 1.8 million people live in 228 camps. Life in the camps is constrained and abnormal. Huts are tiny and packed closely together, sanitation is poor, and there is minimal opportunity for economic activity. Children who are able to attend school do so in extremely crowded conditions. The nature of the camps hinders the implementation of DCOF-supported reintegration services for formerly abducted children that the CRD project seeks to implement. How best to integrate children to live in an unacceptable situation is not a fully answerable question. In the current context, reintegration into camps is the least bad option available, but to recommend “good practice” in such a context seems impossible.

## **Programming Issues**

### *Night Commuters*

In camps close to Kitgum and Gulu, every night children and some adults, typically women, leave their families to seek a degree of safety by walking into the town area to sleep. This “night commuter” phenomenon is a complicated issue. Fear, a desire for greater security, parents’ desire for privacy, and the constraining and boring conditions in camps are “push” factors. “Pull factors” include the opportunity to experience a significant degree of freedom in town, opportunities to meet and play with other children, and, for adolescents, interacting with members of the opposite sex. The activities and opportunities offered by shelters that

nongovernmental organizations (NGO) have established are another pull factor. Local officials in Gulu have established formal guidelines for the operation of the shelters and limit their activities.

Some sleep in shelters and others sleep on shop and hospital verandas with little or no supervision. Children were reported to be particularly vulnerable during the period when they are not at the camp or the shelter. In May 2005 over 38,000 night commuters had been counted on a single night. In addition, a night commuting pattern within camps was reported, with parents sending children to sleep in the center of the camp at night.

### *Reception Centers*

The team visited the centers for children run by the KICWA, GUSCO, and the center for adults run by the Concerned Parents Association (CPA). A study supported by USAID and UNICEF is expected to shed light on the operation of the centers. A significant concern is that follow-up visits to children who have come through the centers have been very limited, constrained by the security situation. There is little information on how children are adjusting in the camps. There have been many reports of children being stigmatized because they had been with the LRA and significant community sensitization work seems to be needed. There are lessons in this regard that CRD can gain from Sierra Leone. Both KICWA and GUSCO reported facing difficulties in placing very young orphaned children whose mothers had been with the LRA.

### *The Use of Volunteers*

Many organizations raised concerns about the use of volunteers and how to ensure their continued work over time. The difficulties were most frequently mentioned regarding Community Volunteer Counselors (CVC), but various other types of volunteers were mentioned as well. DCOF's technical advisor discussed with CRD an analytical framework developed during a program assessment in Zimbabwe where similar issues were identified. It includes the respective strengths and limitations of direct service delivery, the use of volunteers, and community-led and managed activities, and suggests that problems arise when the differences between the latter two approaches are not reflected appropriately in program design. Regarding the CVCs, it would be helpful to ensure that the different agencies seeking their assistance operate from a common understanding regarding the use of volunteers and appreciate how program volunteers differ from participants in community owned, led, and managed initiatives.

### *Categorizing Children*

An impediment to effective programming discussed with CRD partners and others is targeting too specifically and for too long particular categories of children, as opposed to targeting the factors that cause children's vulnerability in each context. In northern Uganda some of the categories of children around which programming has been developed include: formerly abducted children, girl mothers, night commuters, and children orphaned or made vulnerable by HIV/AIDS. When programming is built around a specific label or category of children, it tends

to impede both the social integration of the children concerned and an integrated programming. Effectively, the label becomes an eligibility criterion, excluding other children, who may be more vulnerable than those in the target category. This is often seen by families and communities as unfair discrimination, and it undermines community ownership of responsibility. This can be an issue in targeting PEPFAR funds to children specifically affected by HIV/AIDS.

Good programming gives due attention to the particular problems and challenges that some children may have in common, but it also enables them to move out of categories, rather than labeling them on an ongoing basis. An alternative to a categorical approach is to mobilize local community structures to identify and monitor children who they find to be vulnerable, regardless of the specific cause(s). Problems related to categorizing children often stem from donor requirements, and USAID/Uganda could work with other donors to explore alternatives. CRD's mandate includes addressing the needs of all children affected by the conflict in northern Uganda, not just specific categories of children. It needs to give attention to children who do not have access to school, who have been subjected to gender-based or other violence, and other children whose circumstances make them especially vulnerable.

### *Coordination and Collaboration*

In Kitgum, there seemed to be no consistent government mechanism for ensuring adequate coordination among NGO programs. The district's Psychosocial Core Team with leadership of the District Development Office had previously played this role, but had ceased to do so. There were efforts to revive it, as well as the alternative mechanism of the Protection Sector Working Group of the Office for the Coordination of Humanitarian Affairs (OCHA). The latter includes sub-groups on formerly abducted children, night commuters, and protection of internally displaced people, but it appeared not to be providing the same level of coordination that the Psychosocial Core Team had.

It is important that local government fulfill its responsibilities and that organizations recognize and respect its authority. It is also important for all agencies to recognize that it is in the best interests of the war-affected population and of good programming for them, at a minimum, to coordinate their activities and, preferably, to actively seek ways to complement each other's programs through collaboration.

In addition, CRD and other agencies concerned with vulnerable children in northern Uganda need to review their conceptual framework of programming to benefit children. Most of the work for children in northern Uganda seems to be framed in terms of addressing children's psychosocial needs or providing psychosocial services to them. This method of programming seems to provide a more limited umbrella than would programming based on child protection.

HIV/AIDS-related programming has recently increased dramatically in northern Uganda, but HIV/AIDS-related services apparently are very limited for camp residents. There are a number of potential areas for collaboration among organizations addressing psychosocial needs related to HIV/AIDS or which relate to armed conflict and constricted life in camps.

## **SUMMARY OF RECOMMENDATIONS**

1. The international community should re-assess the situation in northern Uganda, recognize that it has become complicit in maintaining a fundamentally unacceptable situation and, collectively, pressure the government either to find a way to end the predation of the LRA or to accept external help to do so.
2. The psychosocial champion of CRD should assist KICWA to explore whether better, family-based placements might be possible for young unaccompanied children who have been born while their mothers were held by the LRA.
3. CRD should ensure that lessons learned regarding the effective community sensitization process used in Sierra Leone are made available to those organizations working in northern Uganda that are facilitating the reintegration of those who have returned from the LRA.
4. CRD should establish a case referral system through which reception centers can notify CRD of returned children in need of specialized treatment for crucial medical, rehabilitation, or mental health services that are not otherwise available through existing programs.
5. CRD should initiate discussions among its partners and with other agencies that use volunteers about the advantages and disadvantages of different approaches to service delivery, what is realistic to expect community volunteers to do, and under what circumstances it is appropriate to provide incentives in cash or kind.
6. With the aim of promoting more integrated programming for the most vulnerable children, USAID/Uganda should initiate dialogue among donors in Uganda regarding some of the pitfalls of targeting funding too narrowly to specific categories of children or using the categories for too long.
7. Governmental and non-governmental stakeholders in Kitgum district should discuss and determine what would be the most appropriate structure for coordinating program activities to address child protection, psychosocial needs, and other issues related to vulnerable children.

## INTRODUCTION

### The Displaced Children and Orphans Fund and Uganda

Established in 1988 by an act of the United States Congress, the Displaced Children and Orphans Fund (DCOF) is administered by the Bureau for Democracy, Conflict and Humanitarian Assistance of the U. S. Agency for International Development (USAID). DCOF is managed by Lloyd Feinberg and is supported by the Displaced Children and Orphans Fund, War Victims Fund and Victims of Torture Fund Technical Support Project managed by Manila Consulting Group, Inc.

DCOF has evolved into a program that focuses on issues of loss and displacement among children in the developing world, primarily children affected by armed conflict and street children. The first arm of the U.S. Government to respond to the issue of children being orphaned and otherwise made vulnerable by HIV/AIDS, DCOF continues to provide technical support to that type of programming, although it is not providing new funding in that area.

DCOF's fundamental approaches are to strengthen the capacity of families and communities to protect and care for their most vulnerable children as well as strengthening children's own capacities to provide for their own needs. In keeping with DCOF's standard approach, "children" in this report are considered to be below 18 years of age.

DCOF, the Victims of Torture (VTF) fund, and the Leahy War Victims Fund (WVF) are three congressionally established funds managed by USAID that are collectively referred to as the Special Programs Addressing the Needs of Survivors (SPANS). They have provided a cumulative total of \$11,147,648 to USAID/Uganda since 1999 for programming in northern Uganda. In addition to those funds, from 1992 to 1997 DCOF supported programming that addressed the impacts of AIDS on children in other parts of Uganda. The following table gives an overview of the history of SPANS funding for northern Uganda:

**Table 1. DCOF and Victims of Torture Funding History in Northern Uganda**

Partner	Source of Funds	Grant/Agreement Number	Funding Period	Amount
Redd Barnett (Save the Children Denmark)	DCOF	617-G-00-99-00007-00	4/08/99-9/30/02	\$1,352,155
Associazione Volontari per il Servizio Internazionale (AVSI)	DCOF	617-G-00-99-00013-00	7/29/99-7/31/02	1,467,919
International Rescue Committee (lead agency for the Community Resilience and Dialogue Project)	DCOF	617-A-00-02-00010-00	9/10/02-8/31/07	3,793,074
	VTF	617-A-00-02-00010-00	9/10/02-8/31/07	4,030,000
Private Agencies Cooperating Together (PACT) for Omega Project	WVF	623-A-00-01-00017-00	9/13/01-9/12/06	504,500
<b>Total</b>				<b>\$11,147,648</b>

The International Rescue Committee (IRC) is the lead agency for a consortium of organizations that implement the Community Resilience and Dialogue (CRD) project. The other members of

the consortium are Associazione Volontari per il Servizio Internazionale (AVSI), Catholic Relief Services, Save the Children in Uganda, and CARE.

DCOF sent me to northern Uganda from June 30 to July 8, 2005 to review the activities of the CRD project. The aims of the visit were to:

- Review and make technical recommendations for the DCOF/VTF-funded CRD program, and to review a sampling of the psychosocial programming in northern Uganda.
- Review and make recommendations on the President's Emergency Program for AIDS Relief (PEPFAR) interventions for orphans and vulnerable children in the conflict setting of northern Uganda
- Meet with the researcher working on the reintegration study to discuss early findings and the scope of the research project
- Prepare a report with recommendations for program improvement

The scope of work for the visit is included as Appendix A. It was more ambitious than what could be achieved in the seven days available, and this report presents what proved possible to address during the time available. Key resource documents are listed in Appendix B, and the itinerary is in Appendix C. A list of key contacts during the visit is included in Appendix D.

While this report reflects my observations and recommendations as DCOF's senior technical advisor, almost all of the discussions and interviews in northern Uganda were conducted by a review team. Members of the team who participated in most of the meetings in Kitgum and Gulu included Lyvia Kakonge, conflict and reintegration advisor of USAID/Uganda; Sandra Ayoo, conflict advisor of USAID/Uganda; Rajaram Subbian, psychosocial champion of the CRD project; Josephine Kalule, HIV/AIDS champion of the CRD project; and Michael Alule, principle probation and welfare officer of the Ministry of Gender, Labour, and Social Development. Their active involvement in meetings clarified significantly an extremely complex situation. I am, however, solely accountable for the observations and views presented in this report.

## THE CONTEXT: CONFLICT IN NORTHERN UGANDA

The portions of Uganda most affected by the predatory insurgency of the Lord's Resistance Army (LRA) are the northern districts of Gulu, Kitgum, and Pader, whose population is primarily Acholi. Conflict between the Government of Uganda and various groups in the northern part of the country has continued since the government came to power in 1986. Since 1990, the LRA has been the only significant insurgent group in the North. It includes followers of the Acholi spirit medium, Joseph Kony, and people who the LRA abducts and forces into its ranks. The conflict, already bad, escalated dramatically in 2002 after the Ugandan army launched Operation Iron Fist into southern Sudan, where Kony and the LRA have been based. Rather than destroying the LRA, this operation drove small groups of LRA fighters into northern Uganda where they loot, abduct, and commit brutal acts to terrorize the local population. The history of the ongoing conflict in northern Uganda has been extensively documented and will not be elaborated here. Those interested in knowing more about it will find a good resource in part one of Dr. Tim Allen's, "War and Justice in Northern Uganda: An Assessment of the International Criminal Court's Intervention, An Independent Report."<sup>1</sup>

### Security as a Fundamental Issue

*There was an increase in attacks by the Lords Resistance Army (LRA) on camps and villages in Gulu, Kitgum, Pader and parts of Lira district throughout May compared to April, characterized by the usual looting, abductions and killings. The security situation in these districts remained fluid, hindering activities of humanitarian agencies and civilians. The continued attacks are a cruel reminder of the rebel presence and capacity to destroy the lives of people in northern Uganda.*

**May 2005 Humanitarian Update by UN Office for the Coordination of Humanitarian Affairs, Kampala**

Northern Uganda is caught in a continuing cycle of terror attacks on civilians and intermittent military action that keeps the vast majority of its people warehoused in artificial, densely packed camps that permit survival, but little more. The humanitarian assistance provided by the international community enables this situation to continue. Assistance measures that began as interim coping strategies to enable the population to survive while the Government of Uganda sought to defeat the LRA have become a semi-permanent framework that seeks to maintain survival. It is time for the international community to re-assess the situation, recognize that it has become complicit in maintaining a fundamentally unacceptable situation and, collectively, pressure the government either to find a way to end the predation of the LRA or to accept external help to do so. Humanitarian aid enables the people of northern Uganda to barely survive, but mere survival is not enough. [See Recommendation 1.]

The LRA has been highly effective in terrorizing the people of northern Uganda through periodically abducting and committing barbaric atrocities against children and women, the most vulnerable members of the population. Perhaps the most fundamentally evil aspect of the LRA's method of operation is that it instrumentalizes children by abducting them, subjecting them to the worst imaginable forms of torture—making them kill family members, relatives, neighbors, or other children—and converts them into predatory killers who loot and abduct others to continue

the cycle of violence that enables the LRA to maintain itself. This pattern seems to reflect a self-hatred on the part of the Acholi people, in that most of this violence involves Acholi inflicting unspeakable violence on other Acholi.

One source suggested that as much as 80 percent of the LRA fighters are children.<sup>2</sup> Staff of one reception center in Kitgum, however, said that adults they were receiving indicated that LRA bands operating in northern Uganda tended to include five to ten people, of whom two or three would be children. They said that the children are sometimes used to kill captives.

From 1997 through 2001, UNICEF maintained a database on abductions in northern Uganda. It recorded almost 29,000 abductions during that period, about one-third (close to 10,000) of which were children.<sup>3</sup> Some are abducted to carry looted goods and are then released. Others are kept by the LRA and used as fighters, or “wives,” or in support capacities.

The number of abductions increased dramatically in 2002 following Operation Iron Fist. There have been thousands of abductions since that time, many of them of children, but the number and demographic profile of the abductees is a matter of speculation. Dr. Patricia Spittal, an anthropologist doing research with girls in northern Uganda said that prior to Operation Iron Fist, when the LRA had a relatively secure base in southern Sudan, it purposely abducted pre-adolescent girls because it was assumed that they would be HIV negative. These girls were then given as wives to LRA commanders. If a lower ranking LRA fighter raped one of these girls, he was punished. She said that since 2002 rape by the LRA had become more common.<sup>4</sup>

Some abductees manage to escape. Some escape within days, some after years, and others are rescued by the UPDF. Some have died—killed by the LRA, the UPDF, or disease, and others remain with the LRA. When we visited the adult reception center of the Concerned Parents Association (CPA) in Kitgum, there was one young man who had been adducted as a young child and had been with the LRA for 13 years before escaping. The three largest reception centers for children who return from the LRA are run by the Kitgum Concerned Women’s Association (KICWA), the Gulu Support the Children Organization (GUSCO), and World Vision. During the visit, KICWA and GUSCO reported having received more than 11,400 child abductees, and World Vision reported having received 13,500 formerly abducted children and adults as of the end of March 2005.<sup>5</sup> Some children have come through other centers, some have gone directly home, and some have been abducted and have gone through centers more than once.

Some of the hard core LRA fighters who return—both adults and children—are being recruited by the Ugandan Army, the Ugandan People’s Defense Force (UPDF) into its ranks (Battalion 105) or by Local Defense Units, which operate under the UPDF. Refugees International reports that

Upon return, some of the former abductees feel that they have no choice but to join government forces, either the UPDF or militias known as Local Defense Units. Children are particularly vulnerable to re-recruitment by the UPDF. After escaping or being rescued from the LRA, and prior to going to the UPDF-run Child Protection Unit (CPU), where NGOs have access to them, some of the children “get lost.” These children are

usually the ones who have been identified by former LRA commanders, now working for the UPDF, as skillful fighters.<sup>6</sup>

The LRA does not enjoy popular support, but neither does its military adversary, the UPDF. The population of northern Uganda is caught between these forces, and is the primary loser in this seemingly unending conflict.

It is the responsibility of the Government of Uganda to ensure the security of its citizens, including the population in the North. It has been 19 years since the National Resistance Movement gained control of most of the country. It is not clear, however, whether the government has the commitment and will to ensure the security of all its citizens.<sup>7</sup>

The LRA has been effective in violently perpetuating itself, and it has managed to displace 1.8 million Ugandans. But it is not a formidable military force, nor does it enjoy popular support. The number of LRA fighters, adults and children, is a matter of much speculation, but little dependable information. The number is estimated to be under five hundred. The LRA is lightly armed. The UPDF is a large, relatively well-equipped army, which (as the National Resistance Army) took control of the government and most of the country in 1986. It showed itself to be effective in establishing security in western Uganda. Many with whom I spoke in northern Uganda believe that the UPDF is not seriously committed to ending the war with the LRA. But, it also seems likely that to force the LRA to give up or to defeat it, the government and the UPDF would need the support of the Acholi people. However, the UPDF's approach suggests that it is more concerned with controlling the population of the North than with winning its support.

Staff of the reception center of the Concerned Parents Association (CPA), which receives adults who have left the LRA and accepted amnesty, said that most of those who remain in the bush are very frustrated and see no prospects for themselves if they return home. Many in the LRA have been forced to kill their own family members and have been told repeatedly by their commanders that if they surrender to the UPDF they will be killed. The LRA commanders also feel their conflict with the government is personal, since many of them have lost family members in conflicts with the UPDF. They see their attacks on and mutilations of civilians as reprisals for the population's failure to support the LRA. It uses atrocities against civilians as a tactic to terrorize the population. The International Crisis Group quotes a former LRA commander as saying, "They want to prove the world wrong, that they are not finished. Atrocities speak louder than what the Ugandan government claims."<sup>8</sup>

The origins of the rift between the government and its Acholi citizens lies in the history of the conflict that eventually brought Yoweri Museveni and the National Resistance Movement to power in Uganda. In many respects, the Ugandan Government has earned the praise and respect of the international community. The country has made significant economic progress and, unlike most states in Africa, has seriously addressed HIV/AIDS and reduced its rate of HIV prevalence. However, residents of Kitgum and Gulu and others feel that the behavior of the UPDF when it invaded the Congo and its ongoing approach in northern Uganda suggest that the interests of its senior officers are more economic than humanitarian.

The rationale for emptying the countryside by forcing the population of the North into tightly-packed camps was to enable the UPDF to defeat the LRA, establish security, and enable development to proceed in the North as it has elsewhere in Uganda. Much of the population of Gulu was forced into camps in 1996. Subsequently, most of the population of northern Uganda has come to live in camps either willingly or under duress. In the current situation, however, people in these camps have only a limited measure of security, evidenced by the nightly flow of children who seek safety in Kitgum, Gulu, and Pader town areas. Optimistic government pronouncements to the contrary, the conflict between the LRA and the UPDF seems to have devolved into a slow war of attrition of the LRA's capacities. The UPDF may be gradually gaining the upper hand, if the flow of support to the LRA from Sudan really has stopped. This remains to be seen, however.

The following comments provide a concise summary of the conflict in northern Uganda and are consistent with most of the views reported to the team in northern Uganda:

[T]he military problem in the North is not an easy one. The area is huge and difficult to control without active support of the Acholi civilian population. The government has never really tried to heal the rift with the Acholis since the fall of Obote.\* UPDF tactics have included measures to empty the countryside by bringing people into guarded locations but I don't believe they have managed to guard the displacement camps effectively; possibly because they haven't really tried. Part of the problem is that the units sent into DRC lost their discipline and may not have recovered it. The kind of operations they are attempting against the LRA require very high levels of discipline if they are to succeed. As I have said before, it's a puzzle that the same army did it so well in Rwenzori region but failed consistently in the North. The two cases are different and the LRA are no easy opponents but the history of UPDF blunders against the LRA, when set against their achievements elsewhere, suggests they are not really trying. The Acholi still see the UPDF as a scourge sent against them by a vengeful leader and there seems to be no serious attempt to reign in military behaviour to win the people away from this conviction. Every mistake the Army makes reinforces the people's belief that the Army is more interested in punishing them than in stopping the LRA.<sup>9</sup>

In addition to the military dimensions of the conflict, there are active peace initiatives, both on the part of civil society and the government. Over the initial opposition of President Museveni, the Parliament passed an extremely generous amnesty bill in 2000 under which members of the LRA can surrender to the government (or be captured by it) and not face prosecution, if they renounce the rebellion against the government. Dr. Allen, who carried out research for USAID/Uganda in the summer of 2005, estimated that about 6,000 individuals had received amnesty cards by that time.

Children ages 12 to 17 years can request amnesty, but normally this is not considered necessary by the Amnesty Commission for those under age 12, since under Ugandan law criminal responsibility only begins at age 12 and younger children would not face prosecution. Those

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\* Although Youweri Museveni's National Resistance Army (NRA) fought against Milton Obote, he was actually overthrown in 1985 by Tito Okello, an Acholi, who was in the seat of power in Kampala for a short while until he was defeated by the NRA.

granted amnesty receive a reintegration package that includes a mattress, a blanket, cooking utensils, a jerrycan, two hoes, a panga, an ax, maize and bean seeds, and 263,000 Ugandan shillings (about US\$155). The Amnesty Commission does not have any resources to assist children who wish to return to school, participate in skills training, or receive assistance to initiate a livelihood activity. Provision for the latter, sometimes instead of a cash payment offered to adults, is often made in a formal disarmament, demobilization, and reintegration program.<sup>10</sup>

About 800 former LRA fighters, some of whom are thought to be underage for recruitment, have been incorporated into the UPDF since the amnesty law went into effect.<sup>11</sup> Former Minister for the Northern Uganda Reconstruction Programme Betty Bigombe has been engaged in official negotiations between the government and the LRA off and on since 1994, as well as making additional unofficial personal efforts to negotiate a peace deal. There is also a very active peace lobby involving members of Acholi civil society. The Acholi Religious Leaders Peace Initiative (ARLPI) was established in 1998 and has been active in seeking to convince the LRA to stop fighting and to lobby for action by the government to facilitate this.

When the CRD project was designed and initiated in 2002, it was anticipated that the conflict in northern Uganda would soon be ending. The project was to facilitate a transition from a long-standing humanitarian emergency to development. Rather than becoming the hoped-for bridge to development, the CRD project is caught in the ongoing conflict as an interim route to nowhere. Its DCOF- and VTF-funded humanitarian efforts are essential, and they help reduce suffering. This report identifies areas where improvements can be made in the effectiveness of some services. But neither CRD nor the extensive, additional humanitarian effort in northern Uganda can adequately compensate for the security that the population needs, so they can return to their homes and try to rebuild a normal life. [See Recommendation 1.]

## **The Camps for Internally Displaced People**

*“The people in the camps are very poor. I mean, the life is horrible. The people here are not living, they are existing. They are next to dead.”<sup>12</sup>*

**Charles Uma, chairman of the Gulu Disaster Preparedness Committee**

The majority of children in northern Uganda are growing up in the artificial environment of densely packed camps that lack adequate security and services. Moving portions of the population of northern Uganda into such camps became a significant part of the government’s strategy in 1996. After Operation Iron Fist drove groups of LRA fighters into Uganda in 2002, the population in camps increased further.

Camps are established on government land in and around sub-county centers, each of which has a small garrison of UPDF troops and a Local Defense Unit. In its May 2005 monthly Humanitarian Update, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported a total of 1.8 million people living in 228 camps for internally displaced people:

<b>Internally Displaced People as of the End of May 2005</b>			
<b>District</b>	<b>Camps</b>	<b>Number</b>	<b>Trend</b>
Gulu	53	503,409	DOWN
Kitgum	18	285,120	UP
Pader	29	326,725	UP
Lira	23	388,658	UP
Apac	Northern Apac - 18	94,988	**
Teso Region (as of February 05)	Soroti – 11	12,999	**
	Katakwi – 73 (estimate)	189,526	**
	Kaberamaido – 3	4,966	**
	IDPs now not receiving relief food distributions		
<b>Total</b>		<b>1,806,391</b>	<b>UP</b>

These camps range in size from about 67,000 (Pabbo in Gulu District) to less than 2,000.<sup>13</sup> At the time of my visit, an enumeration exercise was underway to reassess the actual number of people in these camps.

Based on the figures available, in Kitgum, about 95 percent of the district's population is living in camps, the remainder is in the town area. In Gulu, 92 percent of the district's population is in camps. Recent census update figures reported for the two districts were 307,348 and 528,800, respectively. The majority of the population of northern Uganda is surviving in camps where normal life is not possible.

The team visited two camps. Labuje Camp in Kitgum has a population of about 13,000 and Unyama in Gulu has a population of over 20,000 residents. The team also talked with many agencies and researchers who work in the camps. The camps are very crowded, with inadequate provisions for drainage and sanitation. The most common illnesses are malaria, respiratory diseases, and diarrheal diseases.<sup>14</sup> There have been cases of cholera in some camps, with 201 cases having been reported in Gulu District by the end of May 2005.<sup>15</sup>

The huts observed in Labuje camp were tiny and packed closely together. Reportedly, each family has one hut. Most huts are only large enough for two adults to lie down at the same time. One or two children might also be crowded in, with difficulty. Figures for average household size were not available, but Uganda has one of the highest female fertility rates in the world, at 7.1. Even assuming a lower rate in the camps, the huts were clearly much too small to accommodate a typical household group simultaneously. The huts seen in Unyama camp were larger, but not nearly as large as those seen on homesteads, which would typically include several huts. Sanitary facilities are reported to be inadequate in the camps.

There is minimal opportunity for economic activity for those in the camps. Some have or are able to arrange access to land within what is considered a "safe" distance from the camp. Sweet potatoes and green vegetables are the primary crops attempted.<sup>16</sup> The team learned that in Unyama camp about one-third of its residents go out to cultivate. But in that camp and elsewhere this is a risky practice, and the prospects of securing a harvest uncertain, because the LRA sometimes attacks or abducts those who do go out to cultivate. Because of the fluid security

situation, residents may be restricted to camp at anytime, increasing the uncertainty of producing and harvesting a crop. Insecurity during the April 2005 planting season has limited cultivation. July and August are the next opportunity for planting.<sup>17</sup> On the morning of July 8, traveling from Gulu to Kampala, team members saw camp residents with hoes walking away from their camps in Gulu District.

In the artificial camp environments, most adults are not able to fulfill normal livelihood, social, or cultural roles. Some children have access to overcrowded schools, some of which have themselves been displaced into temporary facilities in camps. The leader of Unyama camp reported that classes in the lower primary school grades had about 100 students per teacher. Higher figures were reported by agencies in some meetings.

The nature of the camps hampers the implementation of DCOF-supported CRD reintegration services for children who have returned from abduction. How best to integrate children to live in an unacceptable situation is not a fully answerable question. In the current context, reintegration into camps is the “best” option available, but to recommend “good practice” in such a context seems impossible.

## **Torture**

The LRA routinely uses forms of torture as part of its instrumentalization of children. Forcing children to kill other children or adults has frequently been mentioned in descriptions of the LRA, as had the cutting off the limbs and lips of civilians. At the CPA reception center, the team learned that this practice was part of the process of incorporating children into the LRA. The LRA sometimes kills a person in front of newly abducted children, forces them to smear their bodies with the person’s blood, and then prevents them from washing it off for several days. Torture by caning was reported to be common, with 100 strokes said to be the LRA’s standard. Other forms of torture cited were sexual abuse, forcing captives to eat the brain of someone they knew, or forcing them to sit on a dead body while eating. One example mentioned to the team concerned someone who was accused of having contributed to the death of an LRA commander during battle. This individual was reportedly forced to carry the decomposing body of the commander on his back for some period. All of these forms of torture serve to break down the identity and personality of captives, and the LRA then seeks to make them feel that, “You are now one of us, and you can’t go back.” The Justice and Peace Commission of Gulu Archdiocese is documenting cases of torture.

There have also been accusations against the UPDF of torturing people whom it suspects of having collaborated with the LRA.

## **Labora Farm**

During the team’s discussions prior to going North, both U.S. Ambassador Jimmy Kolker and personnel at USAID/Uganda expressed concern about Labora Farm. It was established by the central government about 10 kilometers east of Gulu town in early 2005 as a place for senior ex-

LRA officers (reportedly including Kony's former chief negotiator, Sam Kolo, and Kenneth Banya, who was running the farm). A number of child mothers are staying there as well, reportedly cultivating. Those with whom the team spoke had serious concerns about Labora Farm: whether it is a reward for people likely responsible for crimes against humanity, whether the young mothers who were working there were doing so voluntarily and, if so, whether they would actually benefit from their work. USAID was concerned about a false claim during a recent meeting that it had provided a tractor for the farm.

The team could not visit Labora Farm, but discussed the issue with a gathering of Acholi leaders and agency personnel working on peace and reconciliation issues. Their primary concerns included why returnees were kept separate from the local population since reintegration was a goal, whether the child mothers there were being exploited, and whether the arrangement would become permanent. They reported that the members of the district's Disaster Preparedness Committee were very concerned about Labora Farm and had formally requested that their chairman ask the District Council to address their concerns. The chairman of the district's Protection Working Group had also written a letter to the UPDF regarding several protection concerns, including rape, torture, and Labora Farm. During the discussion, Rajaram Subbian recommended that the District Disaster Preparedness Committee request authorization to visit Labora Farm, the gates of which have armed guards.

## PROGRAMMING ISSUES

### Night Commuters

*Our biggest concern is their behaviour. Those who sleep on the verandahs are becoming spoiled. They think there are good things on the street. On the street, they are free to do what they want. They watch videos and all sorts of things which are not good. This means that the number of children on the verandahs is growing every day, because more and more children prefer the free life in town.*

*They are ruining their future. There has to be a way of getting off the street or there will be no future. Teenage girls often are late. We hear that men usually disturb them. The local government is talking all the time about this problem, but I don't think they are serious. NGOs are taking more responsibility for the children. The parents also are not serious. They are not checking to make sure that their children are where they are supposed to be. It is their responsibility to find out if the children have reached their sleeping place.*

**Emanuel, a social worker at the Noah's Ark centre in Gulu**

In camps close to Kitgum and Gulu, every night children and some adults, typically women, leave their families to seek a degree of safety by walking into the town area to sleep. This “night commuter” phenomenon has sparked international attention and increased awareness of the conflict in northern Uganda. From the team’s short visit, it was evident that this is a complicated issue.

The pattern of night commuting began in March 2002 after Operation Iron Fist, and the numbers of commuters has increased since large LRA massacres in 2003. Fear and a desire for greater security are significant “push” factors, but another push factor mentioned by multiple informants was parents’ desire for privacy. Also, the artificial conditions in camps are extremely constraining and boring, especially for children. These conditions constitute another push factor. One of the “pull factors” for children is the opportunity to go into town and experience a significant degree of freedom and opportunities to meet and play with other children. Adolescents undoubtedly find opportunities to interact with members of the opposite sex appealing, at least between the camp and the supervised night shelters where many stay. Others stay outside of shelters on the verandas of stores, where there is little or no supervision.

The number of night commuters fluctuates depending on the security situation. The combined total in the towns of Gulu, Kitgum, and Pader in June 2004 was about 52,000 per night. In August 2004, the number was about 44,000, and by May 2005, a total of 38,415 was reported. May 2005 figures included 16,000 in Gulu, 16,595 in Kitgum, and 5,820 in Pader.<sup>18</sup> In Kitgum the figures reported on by the Town Council for May 2005 indicated that 66 percent of night commuters were children (34 percent boys and 32 percent girls) and 34 percent adults (21 percent women and 13 percent men).

The activities and opportunities offered by shelters that NGOs have established for night commuters are another pull factor. Gulu's District Disaster Preparedness Committee was, concerned about this as well as about children's safety and well-being in the centers. The committee has, therefore, established formal guidelines for the operation of the shelters. To reduce pull factors, the guidelines prohibit video shows, the provision of food or clothing, and the construction of permanent facilities. Recreational and cultural activities are permitted, however.

This practice contrasts with that of St. Joseph's Hospital in Kitgum, which has established a library where students were seen studying. The hospital also organizes story groups for younger children. The team walked through the hospital grounds and saw people sleeping on verandas of the various hospital buildings.

In Gulu, the team visited the Rural Focus Uganda (RUFU) center, which is being supported by CRD through Save the Children in Uganda (SCiU). It has eight semi-permanent structures of corrugated iron sheeting, bricks, and wood, each with a concrete floor. Boys and girls are separated and divided into age groups, and each shelter has an adult who sleeps in it to provide a degree of supervision. Each month, RUFU convenes a meeting with parents of the children who come there to sleep and discusses their concerns, which are largely for their children's safety in the center and en route to it. RUFU staff expressed some concern that supervision only starts after children begin coming into the center about 8:30 p.m. each evening, well after dark and after they have left their camp or home on the periphery of the town.

Members of the team also visited a homestead on the edge of Gulu, the home of two boys who are among the RUFU center's most regular visitors. The team met and talked with their parents there. The two boys, ages 11 and 8, had been abducted by the LRA about two years previously and were kept for about two weeks before they were allowed to return home. The family's compound includes three large huts and some other structures. The father works for the government and has some land close to the compound where he and his wife grow maize and sweet potatoes. From appearances, the family is probably better off than many in town, and far better off than those in the camps. The father explained that there are UPDF troops who provide security, and said that it is now safe. However, he was adamant that it was not sufficiently safe for his boys to sleep at home. Each morning the brothers return home from the RUFU night shelter, eat breakfast, and go to school. After school, the boys return home, eat, and leave again for the shelter.

While the issue of night commuters in Kitgum and Gulu towns has received considerable attention, there is a similar but little noted pattern within camps located beyond walking distance from these towns. Some members of the team met with Dr. Spittal, who has been researching cultural patterns of protecting girls among the Acholi. Through a questionnaire with a sample of over 500 girls in camps, in-depth interviews with 130 girls, and 35 focus group discussions, Dr. Spittal has collected information on traditional mechanism for protecting girls whereby girls from ages seven or eight would start sleeping in the "grandmother's hut" of the compound where life education would begin. She also found that in each of the five camps where she did research, at night, households on the periphery of a camp send girls to sleep in the center of the camp. She also found that a number of girls engage in transactional sex when sleeping away from their

families. Over 60 percent of their partners were from a subsistence farming background, 20 percent were students, and 7 percent were military (this might include either UPDF or Local Defense Unit personnel). Her concern is that such transactional sex provides an opportunity for the transmission of HIV, which is one aspect of a larger child protection issue. She was exploring whether it might be appropriate to build on the tradition of the grandmother's hut and establish supervised night shelters in camps.

## **Reception Centers**

The team visited the centers for children run by the KICWA, GUSCO, and the center for adults run by the CPA. Children come to the centers from Child Protection Units of the UPDF, where children who escape the LRA or are rescued are sent for interrogation. They are supposed to be kept for no more than two days.

At the time of the visit, Dr. Allen was carrying out a study for USAID/Uganda and UNICEF to assess the various reception centers for formerly abducted children and compare the effectiveness of their respective approaches. He was in the process of carrying out, together with two student research assistants, extensive field work in the camps attempting to locate and interview a randomly selected sample of people who had come through the reception centers for children. He anticipated preparing a report on his findings in September.

### *Kitgum Concerned Women's Association*

The Kitgum Concerned Women's Association (KICWA) reported that 3,987 children had passed through its center since 1997. All but 10 were reunited with family members or relatives. In the absence of a local foster care program, the other 10 were referred to residential care facilities. CRD should explore with KICWA whether better alternatives might be possible. Only 12 children were staying at the center at the time of the visit, but as many as 100 had been there when many children were coming back from the LRA. Staff reported a 30-day average stay, indicating that child mothers often require more time than other children. The KICWA program includes interim residential care, medical referral, cultural activities, traditional cleansing ceremonies, and individual and group counseling. IRC is the sole funder of KICWA, and the World Food Program provides the food for the center. *[See Recommendation 2.]*

It was reported that through CRD, the IRC is working with KICWA to integrate HIV/AIDS education into the program. Voluntary testing and counseling regarding HIV/AIDS is available only in response to requests, and some of the child mothers who have come to the center have requested it.

One challenge KICWA faces is placing with relatives very young orphaned children who were born while their mothers were with the LRA. Staff reported that in Acholi culture, a child is a member of the father's clan. However, in these cases the father may not be known or the clan may not recognize the child as their own. KICWA reported having had some success through identifying mothers and placing young children with their families.

The security situation has severely limited the center's ability to conduct follow-up monitoring of children who have been reunited with their families. KICWA reported that before 2002 all children received follow-up visits, but since then, because of security concerns, only children in the town area had received such visits until recently. Staff members said that 35 follow-up visits had been made in the month and a half preceding the team's July 2005 visit. The visits revealed that these formerly abducted children were not reintegrating well because of the harsh camp environment. They also found that returned children were being stigmatized, and they said, in response, that the district's Protection Working Group has formed a committee to sensitize camp communities to be more accepting of formerly abducted children.

KICWA staff members also said that Community Volunteer Counselors (CVC) were not proving to be dependable in monitoring the situation of reunited children. Consequently, they anticipate identifying and training respected people from camp communities to do follow-up. This promoted a discussion about the realities of depending on "volunteers" to carry out specific tasks for an agency. An overview of the history of the CVC program and a discussion of issues regarding the use of volunteers is included in the following section on volunteers.

### *Gulu Support the Children Organization*

GUSCO provided statistics indicating that a total of 7,436 children (4,760 boys and 2,676 girls) had passed through its center between August 1994 and February 2005. The largest number of children staying at the GUSCO center at one time was 298 in June 2004. There were 55 children at the center when the team visited.

GUSCO has had some of the same types of difficulties as KICWA in reuniting cases of young children born in the bush. It had received a total of 51 "unaccompanied children." In northern Uganda, this term was being used to refer to young children, all or most of whom were born in the bush, whose identity was not initially known. Of these children, GUSCO had eventually been able to reunite 40 with relatives and 11 with their mothers. None had been referred to residential care.

Returned children whose home was in Gulu are sent to the GUSCO center from the district's Child Protection Unit. Children are received, registered, and briefed by GUSCO staff. In consultation with parents, some children go home directly, but most stay for some time at the center. Services provided by the center include counseling, guidance, and structured activities, including traditional dances, group discussions, games, and team building (which includes maintenance of the compound).

While at the GUSCO center, children are expected to carry out such basic tasks as helping to cook and clean, which are consistent with tasks children are expected to perform within a household. "Class therapy" is included three times per week. This allows children to experience a classroom setting, like in a school, and is intended to teach appropriate classroom behavior, rather than academic skills. GUSCO traces the families of children at the center and facilitates

re-establishing contact and family reunification. Each child receives a mosquito net and bedding, which they take with them when they leave.

GUSCO nurses, in addition to screening and monitoring injuries and health conditions among children, provide counseling regarding HIV and AIDS. Children who decide they want to be tested for HIV are referred to The AIDS Support Organization (TASO). Results are provided to the nurses to enable them to monitor the health and treatment of children who are positive, and to counsel their parents.

To facilitate reintegration, GUSCO has enabled a small number of children, girl mothers in particular, to participate in apprenticeship training in their communities. This training has been followed up with provision of tools and start-up capital to enable those trained to start small businesses. Notably, GUSCO trains artisans before they take on apprentices and it has developed standards for the skill levels those trained need to achieve. This kind of preparation of artisans and structuring of the training process was neglected in the program for the reintegration of former child soldiers in Sierra Leone and identified there as a shortcoming.<sup>19</sup>

It will be potentially useful for Dr. Allen's current review of the reception centers to explore whether this and other centers' livelihood support activities have been effective. The extremely limited economic opportunities in the camps, however, means that such a review would likely have to be limited to considering the degree of success that graduates have had in town areas.

In principle, children who leave the center for reunification are classified as either high or low risk, with the former to receive follow-up visits from GUSCO social workers, while the latter receive follow up by community caregivers. Staff said, however, that follow-up had been difficult and limited due to security constraints, so it is doubtful whether this system is being consistently used. Recognizing difficulties with follow-up, GUSCO personnel reported that they were trying to engage community-based organizations in the process, providing bicycles as an incentive, and that they would like to see CVCs integrated into community structures, rather than operating independently. GUSCO also reported that it was working with World Vision and other agencies to develop a standard approach and tools for follow-up visits.

GUSCO reported that children who have the most difficulty with reintegration are those with serious wounds or whose parents had died. USAID mission personnel informed GUSCO that such cases should be referred directly to CRD, not simply mentioned in a quarterly report. [*See Recommendation 3.*]

The most recent CRD quarterly report indicated that turnover among staff and volunteers had hindered program operations. The issue was discussed with the program coordinator, who explained that a variety of factors had contributed to the turnover, and that appropriate steps had been taken to fill vacant positions. The only structural factor contributing to staff turnover, a cumbersome process requiring board and staff signatures for all expenditures, had been addressed by the board to allow staff to make modest payments without a board member's signature. Constraints regarding volunteers are not unique to GUSCO, and this issue is discussed below.

## **Community Sensitization**

Community sensitization regarding the needs of children who have returned from the LRA is important in addition to monitoring the reintegration of specific children. This is one of the approaches that CRD partners and other agencies are using to facilitate reintegration. In Sierra Leone, local IRC staff was highly effective in influencing community leaders to accept former child soldiers. It is important that IRC ensure that lessons its staff learned regarding community sensitization in Sierra Leone are conveyed to KICWA, GUSCO, and other organizations concerned with the reintegration of children returned from the LRA.

In Sierra Leone, children who had been abducted by the Revolutionary United Front (RUF) were in a position similar to that of children formerly with the LRA in Uganda. Many had also been forced by the RUF to commit atrocities against members of their own family or community as part of their being instrumentalized. Initially, community members expressed hatred and fear of those children and never wanted to see them again. However, prior to and during disarmament and demobilization, extensive community sensitization work by Sierra Leonean NGO personnel was able to change this. Mediation with families, patient sensitization work in communities, traditional cleansing ceremonies, and caring supportive attention to the former child soldiers have brought about a remarkable transformation of children, families, and communities.

Chiefs and their counselors were key entry points for local staff responsible for the sensitization work. Staff discussed with these traditional leaders the situation of the former child soldiers, stressing that these children had been abducted and forced by adults to become part of the RUF. Eventually, chiefs enabled the local staff to approach key people in the community, such as civil authorities, religious leaders, heads of male and female initiation societies, teachers, CDF leaders, the community Mammy Queen (an elected role model), youth leaders, medical personnel, and community-based organizations doing development work. These leaders, in turn, influenced other community members. Staff of the Interim Care Centers (ICC) receiving demobilized children went house-to-house in the surrounding areas to generate community acceptance of the children. Some of these centers shared facilities such as a rehabilitated well or recreational equipment, with neighbors, so the community felt that it was benefiting from the children's presence.

The sensitization process carried out by local IRC personnel in Sierra Leone included a highly participatory, two-day workshop in each chiefdom (a governmental administrative unit) with a focus on peace building and conflict resolution. Workshop participants identified local causes of conflict and traditional ways of resolving conflict (including approaching someone through an elder, showing remorse, and bowing and lying on the ground in front of someone you have wronged.) Participants discussed forgiveness and acceptance. They were asked to develop a role play of rebels attacking a town, abducting children, giving them drugs, and forcing them to fight. During the debriefing period after the role play, participants were asked what they saw and experienced in real life. Typically, this was the point in the workshops when attitudes began to change. The IRC Sierra Leone staff discussed with participants how to help children during a crisis. They explained the assistance network and the ICCs. At the end of the workshop, a child

welfare committee was formed. In turn, these chiefdom-level committees helped organize and conduct similar workshops at the next administrative level.

This work was supported in Sierra Leone by USAID and other donors; coordinated, monitored, and facilitated by UNICEF; and implemented by national and international NGOs. But the heroes of the process, the ones who were on the front line and made it work, were the Sierra Leonean staff, community leaders, and grassroots volunteers. Additional information on the reintegration of former child soldiers in Sierra Leone is available in “Assessment of DCOF-Supported Child Demobilization and Reintegration Activities in Sierra Leone,” John Williamson and Lynne Cripe, DCOF, June 2002. [*See Recommendation 4.*]

### **The Use of Volunteers**

Concern about the use of volunteers was an issue that surfaced in many of the discussions the team had in northern Uganda. Frequently, agency personnel raised questions and concerns about how to ensure that volunteers would continue to carry out over time the tasks for which they had been trained. The difficulties most frequently mentioned concerned CVCs, but similar issues were raised concerning other volunteers, including paralegals working with the Justice and Peace Commission of the Gulu Archdiocese, and community caregivers in HIV/AIDS-related programs. Some agency personnel reported that volunteer structures were simply not working and that alternative approaches were needed to ensure necessary action was taken at the community level to address particular needs.

CVCs were a major topic discussed at a meeting the team organized on the morning of July 6 in Kitgum. Questions about CVCs had been included in the scope of work for my visit (See Appendix A). In addition to team members, participants included staff members of AVSI and IRC. William Nokrach of AVSI provided a very informative history of the development of the CVC approach in Kitgum. (See text box on page 22)

In response to these concerns, I presented and discussed the framework on the following page, which was developed during a 2003 program review in Zimbabwe in response to similar concerns about the continuity of action by community-level volunteers.

**Table 2. Alternative Approaches to Implementing Services at Community Level**

<b>Approach</b>	<b>Process of Initiation</b>	<b>Service Delivery Process</b>	<b>Services</b>	<b>Resource Base</b>	<b>Continuity</b>	<b>Relative cost per beneficiary</b>
<i>1. Direct Service delivery</i>	Agency submits proposal to funder, contract is negotiated for delivery of specific services to targeted beneficiaries	Paid staff of a funded agency provide specific direct assistance to targeted beneficiaries	Pre-determined by funder and agency	Funding and possibly technical assistance from donor(s) to agency	Determined by the availability of funding	High
<i>2. Service delivery through community participation</i>	As above, then agency persuades specific community members to carry out specific activities with agency training and support	A funded agency supports community volunteers to provide specific direct assistance to targeted beneficiaries	Pre-determined by funder and agency, possibly with consultation with communities	As above, with addition of volunteer action by community members and possibly use of community resources (e.g., land, expertise, facilities)	As above	Moderate
<i>3. Community owned, led, and managed activities</i>	Community analyzes its own situation, decides what and who it is most concerned about, and initiates action. May be catalyzed (mobilized) by one or more community members or an external agency. May include capacity building of community group and/or designated members	Community members carry out and manage activities they have planned	Determined by community, often in dialogue with mobilizing agency. Cannot be pre-determined by mobilizing agency.	Basis is community resources (as above), possibly with additional resources from external body(ies) (e.g., funding, material inputs, expertise, training, information)	Determined by community commitment (closely linked to concern about problem(s) addressed and sense of ownership of the response) and availability of local resources	Low

The first approach in Table 2, which involves appropriately trained, paid personnel delivering specific services, is the most dependable way to ensure the delivery of those services. Its continuation depends entirely on the provision of adequate resources for a sufficient period of time.

The second approach depends upon the involvement of community volunteers and on funding that comes from outside the community. From the perspective of the community concerned, when something is introduced by an outside body, the responsibility for the initiative remains with the body that advocates the initiative to the community. Community members may participate or contribute in substantive ways, but they are likely to continue to look to the outside body for ongoing support. This lesson has been learned many times, for example, in connection with hand pumps. If the initiative is to install a pump and most of the resources come from the outside, when the pump breaks, the community is likely to expect the group that built the hand pump to come back and fix it.

In contrast, action that is initiated and planned by community members (the third approach) is more likely to be “owned” by participants, and consequently, more likely to continue over time with less dependence on or expectation of outside support from a specific source. Participants in a locally initiated activity may actively seek outside resources whenever there is an opportunity, but they are much more likely to feel that they are responsible for ensuring its continuity. While this approach has a better chance of generating ongoing activities, it has disadvantages in that an outside agency cannot specify specific action that the community will take without effectively assuming responsibility and ownership for those activities.

With community owned, led, and managed activities (the third approach), the specific focus of action or the actions taken cannot be pre-determined by an outside body. A local group is much more likely to carry out an activity over time if it is a response to their own priorities, which may be very different from the priorities of an outside group. Community action is usually initiated when a group of people finds some action to be in their collective self interest. This may happen as a result of discussion and decision-making solely involving community members, or it may be catalyzed by an outside group. Typically, an outside group playing a catalytic or mobilizing role helps community members to:

- Decide what they are most concerned about in their community,
- Recognize that they share a common and deeply felt concern,
- Decide what capacities and resources they control that they are willing and able to bring to bear to address this concern, and
- Decide how and at what pace they are willing to take action.

An outside group, however, cannot predetermine the specific issue, the approach to be taken, or the timetable, without being seen as assuming responsibility for the continuity of the activity. An outside body can bring information to a community mobilization process. But if this body leads the process with a pre-determined approach, determines the specific result to be achieved, or attempts to jump start action by offering financial resources, then community members will likely see the outside agency as having assumed a degree of responsibility for the continuity of the activity. If the outside body’s role shifts from catalytic or facilitative to one of prescribing

and guiding the action to be taken, the process begins to shift from category three to category two because the body is assuming a level of ongoing responsibility for the action.

*The Journey of Life* is an excellent new resource for helping communities mobilize around their concerns for their children.<sup>20</sup> It provides guidance for a community-level workshop process that enables people at the grassroots level to identify children's material and non-material needs, understand the problems of vulnerable children, identify those children who need help, and take action to build children's strengths. One of the virtues of *The Journey of Life* is that it provides guidance without using any technical language or terms like "psychosocial." Essentially it is a very accessible community mobilization tool. Developed by the Zimbabwe-based Regional Psychosocial Support Initiative, which originally focused on the impacts of AIDS, this new tool is very appropriate for use in areas where children are affected by conflict as well as other risk factors.

Several DCOF reports describe the approach of systematically mobilizing community action and specific programs that have used this approach. These reports are listed in the following box and are available on the DCOF web site.

### **Community Mobilization Resource Material**

DCOF reports available at the web address below provide information about and examples of systematic approaches to mobilizing communities to address needs among vulnerable children:

[http://www.usaid.gov/our\\_work/humanitarian\\_assistance/the\\_funds/pubs/ovc.html](http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/ovc.html)

"Community Mobilization to Mitigate the Effects of HIV/AIDS"

"Expanding and Strengthening Community Action"

[http://www.usaid.gov/our\\_work/humanitarian\\_assistance/the\\_funds/pubs/report1st.htm](http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/report1st.htm)

"Developing Interventions to Benefit Children and Families Affected by HIV/AIDS: A Review of the COPE Program"

"Community Mobilization to Address the Impacts of AIDS, A Review of the COPE II Program"

"Community Mobilization for Orphans in Zambia: An Assessment of the Orphans and Vulnerable Children Program of Project Concern International"

"Technical Assistance to SCOPE Community Mobilization and Economic Strengthening Lusaka, Zambia"

In a camp that is expected to have a limited lifespan, the approaches in categories one and two have distinct advantages for achieving specific ongoing results. Such pre-determined activities can also be appropriate in a community setting, if there is a body prepared to provide the necessary resources and support on an ongoing basis (e.g., a ministry of health makes a commitment to provide medicines to a community clinic). However, in a community setting, it is not realistic to anticipate that the second approach will result in an activity that the community will continue on its own, unless some other body (e.g., a government department) is prepared to step in and provide ongoing support.<sup>21</sup>

The implication for CRD and other programs in northern Uganda of this framework is that it is essential to be clear on which of the three approaches is being used in a particular situation and to recognize the strengths, limitations, and requirements of each approach. Problems often arise when agencies use the second approach and assume that it will be owned by the community. Experience suggests otherwise. It is unrealistic to anticipate that CVCs or other volunteers will carry out specified tasks on an ongoing basis in response to program needs unless they receive some kind of periodic benefit, if not regular compensation.

## Community Volunteer Counselors

When camps for internally displaced persons were established in Kitgum in 1997, the initial humanitarian response was to address material needs, but the district's Disaster Relief Committee came to recognize that this was not sufficient and that people were still distressed. With funding provided by UNICEF to the District Development Office, the Disaster Relief Committee (since renamed the Disaster Management Committee) initiated a trauma training program for community volunteer counselors (CVC), with AVSI and World Vision conducting the training. The initial training period was for six months and was carried out in seven camps. Following a study carried out by the National Psychosocial Core Team, *Northern Uganda Psycho-social Needs Assessment Report*, in June 1998, local government, UNICEF and AVSI established a tripartite agreement and initiated a longer-term psychosocial support program with a broader focus than trauma counseling. The agreement specified that the Community Development Office would be responsible for implementing the program. UNICEF provided about 60 percent of the funding, and AVSI provided training and other technical assistance as well as about 25 percent of the budget. The following objectives were specified:

- Promote community and political support for the psychosocial support program
- Develop a sustainable and coordinated community-based psychosocial support delivery system
- Enhance and build the capacity of key players in providing psychosocial support
- Equip adolescents and children with life skills
- Promote normal family and everyday life, so as to improve child resilience

Those trained were selected by their respective Local Councils (LC 1). After training they were provided with a bag, a notebook, and a T-shirt to identify them as a CVC. Periodic non-food assistance was also provided and their expenses were covered when they had to travel for meetings.

In addition to providing direct psychosocial support, CVCs were able to help vulnerable individuals obtain such basic material items as food, jerrycans, or blankets from the District's Community Development Office (CDO) or an NGO. CVCs were also given responsibility to report to the CDO any abductions or returns of children and any LRA attacks. This information was, in turn, channeled to UNICEF, which through 2001 maintained a national database on abductions.

By the time of the team's visit in 2005, three CVCs had been trained for each sub-county with a total of 315 in the district. There was a new District Development Officer, UNICEF funding had ended, and various persons with whom the team met indicated that motivation and ongoing action by the CVCs was uneven, with some no longer being active. Funds were not being provided by the district to enable them to travel to Kitgum to report, nor was non-food assistance provided. AVSI was initiating an evaluation of the CVC program.

[Based on a presentation by William Nokrach of AVSI in Kitgum on July 6, 2005, a discussion with Kitgum district officials on July 4, 2005 and *Resilience in Conflict: A Community-Based Approach to Psycho-Social Support in Northern Uganda*, by Glenn Williams, Caroline Aloyo Obonyo, and Jeannie Annan, AVSI and UNICEF, Kampala, 2001.]

Currently, different agencies are seeking the assistance of CVCs in their work. A common understanding among agencies and a consistent approach to the use of volunteers and/or collaboration with community owned, led, and managed initiatives would be beneficial to programming. Agencies working in northern Uganda might use the framework in Table 2 as the basis for analysis, discussion, and planning when they consider alternative approaches to ensuring that essential child protection and support activities are carried out to benefit vulnerable children and adults, including those who have returned after having been abducted and those made vulnerable by HIV/AIDS. More realistic expectations and more consistent approaches on the part of agencies in relating to community volunteers would benefit programming in northern Uganda. *[See Recommendation 5.]*

## **Integration and Coordination**

Two inter-related issues that the team discussed at length with personnel implementing CRD activities as well as representatives of other agencies were (1) how to integrate different kinds of programmatic interventions in ways that make sense to populations of concern, and (2) how to better coordinate action by different agencies.

### *Categorizing Children*

An impediment to effective programming that was discussed with CRD partners and others is targeting too specifically and for too long particular categories of children, as opposed to targeting the factors that cause children's vulnerability in each context. In northern Uganda some of the categories of children around which programming has been developed include formerly abducted children, girl mothers, night commuters, and children orphaned or made vulnerable by HIV/AIDS. When programming is built around a specific label or category of children, it tends to impede both the social integration of the children concerned (because they are continually identified as somehow different) and an integrated programming (because assistance is provided on the basis of externally defined categories instead of needs and rights). Effectively, the label becomes an eligibility criterion, excluding other children, who may be more vulnerable than those in the target category. This categorization is often seen by families and communities as unfair discrimination, and it undermines community ownership of responsibility, because an external body decides which children can benefit from particular assistance and which cannot. Good programming gives due attention to the particular problems and challenges that some children may have in common, but it also enables them to move out of categories, rather than labeling them on an ongoing basis.

For example, children who have managed to return from the LRA do tend to have some needs in common (e.g., immediate care and family tracing and reunification, and psychosocial support, as well as for many, making a shift in identity from child soldier to child), but they share many needs with other distressed children (e.g., safety, food, health care, education, and age-appropriate developmental opportunities). Categorical programming is sometimes referred to as a "stovepipe" approach, and it can lead to the stigmatization of children. Dr. Allen said that from his contacts with formerly abducted children, many did not want to be the focus of follow-up

visits that would call attention to their having formerly been with the LRA. In my opinion, follow-up monitoring needs to be done, but it should be done without singling out children within their community using a category or label.

Social conflicts and an inappropriate sense of entitlement can result from such a category-based approach to targeting. One example cited was a situation in which some children were observed chasing other children from a veranda at night, saying that they were not “real” night commuters.

Agency or funder-defined targeting categories conflict with the third approach in Table 2 (Community owned, led, and managed activities). Categories can be externally defined with the first or second approaches in Table 2, but ongoing action will depend upon the continued flow of external support from the body specifying which categories of children should benefit. UNICEF child protection officers indicated that the approach they were advocating with child-focused NGOs was to mobilize local community structures to identify and monitor children who they find to be vulnerable, regardless of the specific cause(s), which implies moving toward a mainstream rather than a categorical approach. This would be consistent with the community owned, led, and managed approach.

In some countries, the issue of categorizing children has been a concern in relation to programming PEPFAR funds. There has been some uncertainty as to whether programs intended to benefit orphans and vulnerable children had to distinguish between children affected by AIDS and other children and assist only the former. I did not have an opportunity to explore whether this was an issue for organizations that have received PEPFAR money in northern Uganda. The issue is being addressed by the U.S. Government’s Technical Working Group on Orphans and Vulnerable Children in Washington. The guidance provided by *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* makes good programmatic sense and is in the best interests of children affected by AIDS:

**Focus on the most vulnerable children and communities, not only children orphaned by AIDS.**

Program should not single out children orphaned by HIV/AIDS. Rather, they should direct services and community mobilization efforts toward communities where the disease is making children and adolescents more vulnerable. Orphans are not the only children made vulnerable by AIDS. All children living in communities hard hit by the epidemic are affected. Targeting specific categories of children can lead to increased stigmatization, discrimination, and harm to those children while, at the same, deny support to other children in the community whose needs may be profound. Targeting in two stages has been found to be an effective approach to supporting children affected by HIV/AIDS. The first stage is to geographically target areas where families and communities are having the greatest difficulty protecting and providing for the needs of their children. While no area is likely to be spared by HIV/AIDS, the impact of the epidemic and coping capacities will vary significantly among geographic areas and segments of the population. The second stage is to identify individuals and families in need. That stage is best carried out by communities themselves, who often know better

than outsiders the local factors that contribute to vulnerability and which individuals are at greatest risk.<sup>22</sup>

Addressing child vulnerability regardless of its specific cause is consistent with the National Policy on Orphans and Other Vulnerable Children recently issued by the Ministry of Gender, Labour and Social Development. The policy discusses the various factors that can undermine the fulfillment of children's rights and their safety and well-being. It acknowledges that the family is the first line of response to vulnerable children and that the community is the second line of response. The policy priorities it identifies are

- Socio-economic security
- Food and nutritional security
- Care and support
- Mitigating the impact of conflict
- Education
- Psychosocial support
- Health
- Child protection

At least two factors tend to encourage the categorical approach to programming for children: donor requirements and agency specialization. The first is the targeting that donors often require in the use of their funds. A staff member of the Uganda Program for Human and Holistic Development (UPHOLD) project working in northern Uganda expressed the concern that targeting specific clients with funds prevents the integration of activities. She said that "We are now coming with issues and selling our own packages" and recommended instead an approach that looks broadly at needs and approaches identified by a community and responds to those needs. She also pointed out that good programming requires some flexibility in the use of funds to enable projects to adjust to the changing situation. USAID/Uganda might initiate a dialogue among donors in Uganda regarding some of the pitfalls of too narrowly targeting funding to specific categories of children and of linking eligibility to those categories for too long. UNICEF might be able to obtain from its Tanzania office information on the "Most Vulnerable Children" (MVC) program. In that program, funding is targeted to districts of concern, but community MVC committees mobilize to address the children who they consider to be the most vulnerable.

Agency specialization can be very beneficial in that it may develop particular kinds of expertise (e.g., in HIV prevention activities, microeconomic strengthening, addressing psychosocial needs, etc.), but this can lead to problems if agencies fail to integrate their interventions in ways that make sense to the concerned population. This issue is addressed in the following section, *Coordination and Collaboration*.

Also, it is important for agencies concerned with particular categories of vulnerable children to understand the situation of those children in context and not to predetermine the kind of service that they will need. For example, organizations with whom the team met in Kitgum were concerned that, apparently without consultation, a newly arrived U.S.-based NGO was planning to establish a skills training center for girl mothers. They were concerned that separating, rather than integrating, girl mothers might be a poor approach. They also wondered how the new

agency would contact girl mothers without having first established referral links through the reception centers.

An issue related to the pitfalls of programming for categories of children is the exclusive focus on children when addressing needs and rights. As Uganda's National Policy on Orphans and Other Vulnerable Children indicates, family and community are the first two lines of response to children needs, so to a large extent, efforts to benefit vulnerable children need to focus on strengthening the capacities of families and communities to protect and care for them, as well as on strengthening children's own capacities (e.g., through ensuring access to education and health services and actively involving children in developing programming intended to benefit them). For example, increasing the livelihood capacity of families is an important strategy as is social and emotional support to families. Agencies concerned with this issue might wish to seek information through the Children and Youth Economic Strengthening (CYES) network, whose purpose is to improve the livelihood capacities of families, communities, and working adolescents and youth in order to improve the well-being of children and youth.\*

CRD's mandate includes addressing the needs of all children affected by the conflict in northern Uganda, not just specific categories of children. The program needs to give attention to children who do not have access to school, who have been subjected to gender-based or other violence, and other children whose circumstances make them especially vulnerable. *[See Recommendation 6.]*

### *Coordination and Collaboration*

From the team's discussions with a variety of stakeholders, it appears that coordination mechanisms among child-focused agencies are working better in Gulu than in Kitgum. The visit was much too brief, however, to be able to analyze the specific causes of that indiscrepancy or to provide a basis for making specific recommendations. NGOs in Kitgum appeared to have quite a bit of leeway to implement activities for which they had funding without much consultation with other agencies working in the same geographic area. A representative of the Local Council V (LC-V) indicated that IRC (USAID/Uganda's implementing partner for the CRD) had kept district officials adequately approved of its activities in Kitgum. But, when the representative was asked for an explanation of which district office NGOs are supposed to contact about their programs, his response was that three offices should receive every important document related to an NGO's program: those of the LC-V, the district probation officer, and the child administrative officer. His answer appeared to be spontaneous, since this information had not previously been conveyed to the NGOs present in the meeting, and it seemed to reflect the lack of a clear, consistent government mechanism for ensuring adequate coordination among NGO programs.

UNICEF reported that it has tried without success to convince the District Development Office in Kitgum to play a more active role in coordinating psychosocial or child-focused NGO programming. Under the Office for the Coordination of Humanitarian Affairs (OCHA) umbrella, UNICEF convenes a Protection Sector Working Group, which includes sub-groups on formerly

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\* See information at: <http://www.aed.org/HIVAIDS/International/ovc.cfm> Requests to receive information from the Network can be sent to the coordinator, Maggi Alexander at: [maggialexander@mail.comcast.net](mailto:maggialexander@mail.comcast.net).

abducted children, night commuters, and protection of internally displaced people. But that working group does not substitute for the more comprehensive coordination role that the district development office had played for several years in Kitgum. Previously it convened a district-level Psychosocial Core Team, which addressed a broader range of programming for children.

It is clear that responsibility for ensuring effective coordination among agencies working in Uganda rests with the government. At the district level in northern Uganda, responsibility is vested in the District Development Office and the Disaster Management Committee under it. It is important that local government fulfill its responsibilities and that organizations recognize and respect its authority. It is also important for all agencies to recognize that it is in the best interests of the war-affected population and of good programming for them, at a minimum, to coordinate their activities and, preferably, to actively seek ways to complement each other's programs through collaboration.

There is one aspect of coordination that can be addressed: the conceptualization of the overall framework of programming to benefit children, which needs to be revisited by the agencies concerned. Most of the work for children in northern Uganda seems to be framed in terms of its addressing children's psychosocial needs or its providing psychosocial services to them. There is a good deal of utility in the concept, "psychosocial." Its wide acceptance and use among agencies addressing needs among vulnerable children reflects the fact that psychological and social factors are closely interrelated. Marie de la Soudiere presented the following definitions during an expert consultation shortly before the visit to northern Uganda:

"Psychosocial" refers to the dynamic relationship that exists between psychological and social processes, each continually influencing the other.

Psychological processes are those which affect different levels of functioning including cognitive (perceptions and memory as a basis for thoughts and learning), affective (emotions), and behavioral.

Social processes pertain to relationships and interaction, family and community networks, economic status.

In the early 1980's, before it came into wide use among practitioners working with conflict-affected populations, some programming tended to reflect a false dichotomy between psychological and social issues. The concept of "psychosocial" reflects the interrelationships between them. However, recognizing the utility of the term "psychosocial" in communication between practitioners concerned with psychological and social issues, the term is also problematic. It refers to a rather loose concept rather than to a tangible reality, and this creates communication problems among practitioners addressing these issues. It leads to even more confusion between these practitioners and others engaged in more concrete aspects of development and relief work.

Concern over the psychosocial consequences of the predatory tactics of the LRA in northern Uganda resulted in the development of a variety of programmatic activities and, in 1997, the formation of the National Psychosocial Core Team (NPCT). Its *Northern Uganda Psycho-social*

*Needs Assessment Report* was released in 1998 and proved to be influential in the development of relevant programs. The NPCT is chaired at the national level by the Ministry of Gender, Labour and Social Development and district-level committees are supposed to be chaired by the District Development Office. The district-level committee apparently functioned well in Kitgum for several years, and came to serve, in practice, as the main forum for coordinating work among NGOs responding to returned children. But, the committee has been inactive for the last two years, following a change in district development officers. Time did not permit exploring whether Gulu has an active counterpart committee.

While work with children in Uganda has been organized under a psychosocial conceptual umbrella, in most other countries where DCOF is supporting programs for children affected by armed conflict the conceptual framework for such work tends to be “protection.” Sierra Leone, for example, has had an active and effective Child Protection Network:

A striking aspect of the response to separated children and demobilized child soldiers in Sierra Leone, in contrast to many other situations, is that there is an effective, integrated system involving a large number of civil society organizations and committees and the government. The demobilization framework developed by the Child Protection Committee (which has since become the Child Protection Network) helped shape the process that began on a significant scale in 2001. The framework encouraged protection of all vulnerable children, including combatants, street children, and separated children, and recognized the particular risks faced by girls. It identified family reunification as the principle factor in the social reintegration of child soldiers. The Child Protection Network has grown to 40 members, including United Nations bodies, national and international NGOs, and government ministries. It was an active member of the Technical Coordinating Committee of the National Committee for Disarmament, Demobilization, and Reintegration (NCDDR).

It should be acknowledged that the development and function of the Child Protection Network has not been without problems and some inter-organizational differences. There have been, for example, delays for some children because of the limited capacities of some of the members of the tracing network and delays in the procurement of vitally needed equipment. Such problems, however, should not obscure the fact that, on the whole, the system has worked. Of the caseload of separated children (including former child soldiers) for the year 2000, 91 percent have been reunited with a family member. In 2001, 52 percent of the caseload of separated children have been reunified. Most of the separated demobilized and non-demobilized children (Sierra Leonean children returned from Guinea) who have not been reunited with their families have been placed in foster families or community based care appropriate to their ages and needs.<sup>23</sup>

In addition to the national network, Sierra Leone has Child Protection Networks in each of its four regions. Those networks have played a major role in guiding new agencies to operate within policy guidelines and have also encouraged standardized approaches to the handling of issues in the field.<sup>24</sup>

The CRD project and other agencies responding to vulnerable children in Uganda should consider whether bringing together agencies addressing issues among such children might provide a more useful conceptual framework. The concept of child protection seems clearer, certainly to those in other fields, than that of psychosocial support and it includes a wider range of interventions. Therefore, child protection might provide a better umbrella under which to organize child-focused work. A clearer conceptual framework might facilitate communication among child-focused agencies, as well as coordination among them and with agencies addressing complementary issues (e.g., health, water and sanitation, and food). On the other hand, years of programming history in Uganda have been built around the concept of “psychosocial” as a central framework. Any decision about whether to develop a new structure for child-focused work in northern Uganda should be made only after careful and inclusive discussion, considering first the best interests of children. [See Recommendation 7.]

### *Coordination of HIV/AIDS Programming for Children*

HIV/AIDS-related programming has recently increased dramatically in northern Uganda. The team’s meeting on July 6, 2005 in Gulu was organized by UPHOLD and was apparently the largest gathering in the district to date of representatives of HIV/AIDS-related programs. The UPHOLD office could not accommodate more than 30 participants, so the meeting had to be held outside. A number of the participants had not met each other before. Factors mentioned in discussion that increase the risk of HIV infection included, placement into camps and the consequent breakdown of protective social structures, poverty-related pressure to exchange sex for basic items, the extensive army presence, rape by the LRA and the UPDF, the vulnerability of night commuters, and children who are unsupervised in camps while parents go out to farm.

Both UPHOLD and CRD have HIV/AIDS components, and with over \$124 million for Uganda in fiscal year 2005 funding from the President’s Emergency Fund for AIDS Relief, ensuring effective coordination among programs addressing HIV/AIDS issues is a matter of urgency. This rapid increase in programming to address HIV/AIDS issues is much needed, since the HIV prevalence rate among antenatal clinic attendees at Lacor Hospital in Gulu, which has been around 12 percent since 1998, was higher than any other site in the country in 2003.<sup>25</sup> It also means that active efforts will be required to ensure adequate coordination among the new programs and with those that have been addressing conflict-related needs.

It was reported at the Gulu meeting that 67 children (ages 2 to 12 years) are receiving highly active anti-retroviral therapy (HAART) at the district’s two hospitals. A related problem discussed was that children receiving such treatment do not necessarily have adequate access to food, which severely compromises the effectiveness of the treatment. Adequate access to clean water to take the drugs is also problematic. These are general issues for camp residents, but they are especially crucial for those receiving HAART.

There was not enough time to explore the extent to which linkages regarding psychosocial issues have been developed among HIV/AIDS programs and those addressing conflict, as called for in the scope of work for the visit. The AIDS Support Organization (TASO) is responsible in Gulu for coordinating HIV/AIDS-related activities for psychosocial support, but it had only

established an office in Gulu in January 2005, and appeared to be in the process of becoming acquainted with the various programs providing counseling or other forms of psychosocial support. From the one meeting the team had, it was not evident that communication on psychosocial issues had yet begun among HIV/AIDS programs, much less between the HIV/AIDS programs and the conflict-related programs. ACCORD observed that there were many coordination structures operating in Gulu, but that activities were not yet well-coordinated. Catholic Relief Services mentioned that two organizations are providing ARV in the same hospital but not sharing with each other the names of their respective patients.

It was also evident from our discussion in Gulu that access to HIV/AIDS-related services is limited for camp residents. The Gulu Youth Center said that it was providing mobile Voluntary HIV Testing and Counseling (VTC) services to camps, but others said that such services are limited in camps. One apparent gap in services was that despite the fact that Prevention of Mother to Child Transmission (PMTCT) services were being provided to some, no breast milk substitute was being provided.

The scope of work for the trip asks several questions related to programming for children affected by AIDS and the potential for collaboration between such efforts and those for children affected by conflict. From the discussion with programs addressing HIV/AIDS, it would seem that their priority psychosocial issues tend to differ from those among programs for children affected by armed conflict. However, in time more commonalities may become apparent. For example, pre-test counseling related to HIV involves some fairly specific issues and areas of concern. It would seem likely, though, that there would be potential for some collaboration among programs around training in basic counseling skills. Livelihood opportunities would be another potential area for collaboration, but the confining and limiting camp conditions make this difficult to pursue until the situation changes. All of the children in the camps are affected by conflict and some are directly affected by HIV/AIDS. The kinds of approaches described in the International Save the Children Alliance's publication, "Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement: Principles and Approaches," would be beneficial to children regardless of the specific causes of their distress.<sup>26</sup> *The Journey of Life*, described previously, is an excellent new resource that is highly appropriate for use at the community level regardless of the factors contributing to child vulnerability and psychosocial distress.<sup>27</sup>

GUSCO described good coordination between the nurses in its program and the hospital to which it refers children for counseling, testing, and treatment. GUSCO also reported that it makes referrals to TASO for counseling testing and support.

The team did not explore counseling and testing arrangements with KICWA, nor was there time to review the specific ways that the reception centers are addressing HIV prevention or how effectively they may be doing so. However, it was clear that the issue is being addressed. In Kitgum, IRC reported that it is working with KICWA to incorporate HIV prevention into its program, and that it is paying some school fees for orphans and vulnerable children. It said that referrals to PMTCT and VTC services in the camps are supposed to be made by volunteers, but noted that there were difficulties since volunteers do not receive allowances, just T-shirts and in some cases the cost of transportation. [*See Recommendation 7.*]

## **Education**

Regrettably, I did not have time to gather much information about education issues in northern Uganda, which are a significant factor in relation to reintegration. Organizations in Gulu reported that some schools in urban areas charge fees and refuse children who cannot pay. In Unyama camp, class size was reported to be 100 students or more per teacher for the initial primary grades. Prior to the visit to Uganda, I had been informed by an education specialist of the World Bank that one of the ways that Uganda has responded to the massive influx of new students after school fees were abolished was to hire teaching assistants from the community. When I asked about this in Unyama, however, I was told that the Ministry of Education had recently purged its teacher roles of unqualified teachers, exacerbating the problems of classroom crowding. This was consistent with another observation heard in Kitgum, which was that in northern Uganda the Ministry of Education (and the government generally) was attempting to function in the same way that it does in the rest of the country, rather than adapt to the realities of the conflict situation.

The camps we visited had been established at locations with sub-county offices and each had a school already. In addition, other schools in the area had been displaced to the camp along with the local population. There was space for only a portion of the children in these camps to attend school. Dr. Allen, who has visited many camps throughout northern Uganda while doing research on the reception centers, says that some camps do not have schools.

## RECOMMENDATIONS

1. The international community should re-assess the situation in northern Uganda, recognize that it has become complicit in maintaining a fundamentally unacceptable situation and, collectively, pressure the government either to find a way to end the predation of the LRA or to accept external help to do so. [See **Security as a Fundamental Issue.**]
2. The psychosocial champion of CRD should assist KICWA to explore whether better, family-based placements might be possible for young unaccompanied children who have been born while their mothers were held by the LRA. The psychosocial champion should, as a preliminary step, assess whether GUSCO has used adequate safeguards in family screening, placement, and monitoring for the young children it has placed with foster families. [See **KICWA**, first paragraph.]
3. CRD should establish a case referral system through which reception centers can notify CRD of returned children in need of specialized treatment for crucial medical, rehabilitation, or mental health services that are not otherwise available through existing programs. [See **GUSCO**, ninth paragraph.]
4. CRD should ensure that lessons learned regarding the effective community sensitization process used in Sierra Leone are made available to organizations working in northern Uganda that are facilitating the reintegration of those who have returned from the LRA. [See **Community Sensitization.**]
5. CRD should initiate discussions among its partners and with other agencies that use volunteers about the advantages and disadvantages of different approaches to service delivery, what is realistic to expect community volunteers to do, and under what circumstances it is appropriate to provide incentives in cash or kind. The aim of such a series of discussions should be the collaborative development of operational guidelines on these issues. Currently, some programs have unrealistic expectations regarding what volunteers can be expected to do without any compensation. Table 2 may be useful in that process. [See **The Use of Volunteers.**]
6. With the aim of promoting more integrated programming for the most vulnerable children, USAID/Uganda should initiate dialogue among donors in Uganda regarding some of the pitfalls of targeting funding too narrowly to specific categories of children or using for too long such categories as eligibility criteria for assistance. CRD should focus its programming for children on children's needs and rights, not only on specific categories of children. [See **Categorizing Children.**]
7. Governmental and non-governmental stakeholders in Kitgum District should discuss and determine the most appropriate structure for coordinating program activities addressing child protection, psychosocial issues, and other needs of children. A first step is to determine which activities require better coordination and how those activities could most effectively complement each other. A conceptual issue to consider is whether "child protection" might provide a more useful framework to bring together relevant agencies than "psychosocial" issues. This discussion may be needed in Gulu as well, but time did not permit exploring the issue there. Based on the

outcome of such a discussion within CRD and with other stakeholders, such as UNICEF, it may be appropriate for CRD to review and perhaps redefine the responsibilities of CRD's psychosocial champion. The principle issue in these discussions must be how to address the needs of war-affected children most effectively. Decisions about coordination mechanisms and position descriptions should follow, not lead, the discussion. [See *Coordination and Collaboration* and *Coordination of HIV/AIDS Programming for Children*.]

[A note indicating “[See Recommendation \_\_]” is included in the text at the end of the section corresponding most directly to a recommendation.]

## **APPENDIX A: SCOPE OF WORK**

### **John Williamson - Visit to USAID/Uganda**

**June 30 – July 8, 2005**

#### **Background for Visit**

This scope of work outlines a proposed agenda, specific activities and Mission priorities for the visit by John Williamson. John Williamson is a psychosocial specialist currently under contract by the Displaced Children and Orphans Fund (DCOF), USAID Washington office. John Williamson will be traveling to Uganda to attend a UNICEF conference, while in the country, it is at the recommendation of the office that John Williamson extend his visit and provide consultation services to the USAID/Uganda programs. Both, the Democracy, Governance and Conflict (SO9) team and the Improved Human Capacity and HIV/AIDS (SO8) team have requested his assistance.

#### **Goal of Visit for USAID/Uganda**

- Review and make technical recommendations for DCOF/VOT funded Community Resilience and Dialogue (CRD) program, specifically a sampling of psychosocial programming in northern Uganda.
- Review and make recommendations on USG PEPFAR program interventions for orphans and vulnerable children in the conflict setting of northern Uganda
- Meet with the researcher working on the reintegration study to discuss early findings and the scope of the research project.
- USAID/Uganda will request a trip report with findings from the visit by John Williamson. This trip report will list any recommendations for program improvements, or for future analysis of the programs.

#### **Specific Questions to be Addressed**

While the time available may not permit all of these questions to be addressed, as possible Mr. Williamson will seek to address the following:

- What general role is the National Psychosocial Core Team playing in relation to CRD and psychosocial issues in Uganda?
- The recent quarterly report noted that high staff and volunteer turnover left some partner organizations with a skeleton staff, adversely affecting program implementation. What factors are contributing to this turnover and what steps is the CRD taking in response?
- What are the different approaches of CRD partners who are addressing psychosocial issues to the role of Community Volunteer Counselors (CVCs)? Are CVCs being asked to address problems that they are not adequately prepared to address?
- How is CRD benefiting the adults who have been tortured?
- Is any organization collecting data regarding torture?
- Does the torture treatment center, ACTV, have a role in CRD?

- What are the perspectives of the mission and CRD regarding night commuters and any programmatic responses to them?
- With the large amount of funding being programmed in northern Uganda, how significant is CRD's role? How adequate is the coordination?
- Specific to PEPFAR programming, which addresses all OVC (just can't fund the whole country program), some key questions:
  - To what extent are psychosocial support programs for children affected by conflict and children affected by AIDS integrated? How well do these programs appear to be working? Should we be developing integrated psychosocial "packages" with modules /components to be able to address multiple needs of children living in conflict-affected areas? What are the opportunities and challenges for building on existing programs?
  - How are the programs for orphans and vulnerable children linking to other critical program areas; e.g. are programs providing psychosocial support making active referrals for income generation, nutrition or HIV testing? Is HIV prevention being integrated into general programming? Are any changes needed to improve integration?
  - What are some key issues that the upcoming assessment of USAG-supported programs for orphans and vulnerable children should address?

### **Proposed Agenda**

Possible Meetings in Kampala (June 30 & July 1):

- SO8 and SO9 implementing partners working in the HIV/AIDS sector in northern Uganda. Initial discussion on issues, challenges, etc. of programming for vulnerable children in the HIV/AIDS and health sectors.
- Meeting with SO9 and SO7 partners to discuss protection and psychosocial issues related to working in northern Uganda.
- Meeting with UNICEF to discuss their approach and the work planned for northern Uganda.
- Meeting with representatives from the National Psychosocial Core Team to discuss issues being addressed and the structure and role of the team.
- Meet with Amnesty Commission to discuss the reintegration process.
- Meeting with World Bank for briefing on the Northern Uganda Social Action Fund (NUSAF) program.
- Meeting with Ministry of Gender, Labour and Social Development secretariat for orphans and vulnerable children.
- Meeting with [?] regarding programming for orphans and vulnerable children supported through the Global Fund.

Possible Meetings and Site Visits in Kitgum (July 4 – 6):

- Meet District officials (RDC and LCV).
- Meet with district technical officers including the District Health Officer, Community Development Officer, and Disaster Management Officer.
- General discussion with AIM and CRD to discuss issues related to HIV/AIDS programming. The discussion should include different methodologies specifically working with community volunteers for outreach.

- Meet with local implementing partners working in the sector of HIV/AIDS to again discuss related issues, programming, and working within the USAID funding structure.
- Site visit to Kiewa, child reception center, and CPA adult reception center. Be sure to discuss the issues related to child mothers and children born in captivity.
- Meet with Kitgum NGOs working with night commuters and to discuss current situation and interventions.
- Meet with Cornelius Williams UNICEF to discuss protection issues, and the number of child headed households in town centers.
- Visit night commuter sites with IRC. [depending on time available]
- Group meeting with USG partners addressing issues among children affected by AIDS in the north.

#### **Possible Meetings and Site Visits in Gulu (July 6 – 7)**

- Meet the LCV.
- Meeting with UPHOLD, CRS, Lacor Hospital, Camboni Samaritans, and other local implementing partners to discuss HIV/AIDS programs. Again this discussion should include the use of community volunteers for outreach.
- Meet Justice and Peace Commission, Caritas on psychosocial issues and programming. Discuss challenges and the role of the communities in psychosocial programming, and discuss the mood within the camps related to the return of high ranking LRA officers which have taken advantage of amnesty.
- Visit GUSCO reception center.
- Visit night commuter sites with Save the Children in Uganda.
- Visit an IDP camp to explore the role of the community and existing community structures which assist with the reintegration process.

#### **Follow-up Meetings in Kampala (July 8)** [NB: Mr. Williamson will travel by road from Gulu to Kampala on the morning of July 8 and depart from Entebbe that evening.]

- Meeting with Mission management and SO8 and SO9 team leaders and technical staff to discuss the findings from the informal reviews and issues related to protection and psychosocial issues related to working in northern Uganda.
- Meeting with CRD Acting Chief of Party and Psychosocial Advisor to discuss findings.
- Meeting with HIV/AIDS implementing partners in Kampala for follow-up discussion on findings.

#### **Background of John Williamson:**

John Williamson is the senior technical advisor for the Displaced Children and Orphans Fund (DCOF) of USAID, which supports programs for children affected by armed conflict, street children, and children affected by AIDS. DCOF is a major contributor to USAID/Uganda through the CRD program.

DCOF supports programs for children affected by armed conflict and children at risk of moving onto the street. Through DCOF he also provides technical support on programming for children orphaned or otherwise seriously affected by AIDS. His activities for DCOF include situation analysis, identifying options for programmatic intervention, assessing proposals and organizational capacities, providing technical guidance, assessing programs, facilitating program

adjustments, and facilitating technical exchange and collaboration among organizations and individuals addressing problems especially vulnerable children. John has been engaged with assessing and responding to the impacts of AIDS on children and families since 1991 and since 1994 has written or contributed to a number of publications in this area

**Mission Contacts:**

**SO9**

Carol Jenkins (until June 15, 2005\*)  
Conflict and Reintegration Advisor  
077 200 889

Sandra Ayoo  
Conflict Advisor  
077 200 886

\* Carol Jenkins will be leaving the mission on June 15. USAID/Uganda hopes that her replacement will be able to travel with John to the North as an introduction to CRD psychosocial program. Sandra Ayoo, SO9 support staff and CRD partner organizations will assist with arrangements for the visit.

**SO8**

Elise Ayers  
HIV/AIDS Advisor  
077 221 363

Andrew Kyambadde  
HIV/AIDS Advisor  
077 500 551

## APPENDIX B: BIBLIOGRAPHY

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Jonathan Brakarsh and the Community Information and Inspiration Team, *The Journey of Life: A Community Workshop to Support Children*, The Regional Psychosocial Support Initiative, Bulawayo, Zimbabwe, 2004. <http://www.repssi.org>

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<http://www.refintl.org/content/article/detail/4689/?mission=4314>

John Williamson and Lynne Cripe, “Assessment of DCOF-Supported Child Demobilization and Reintegration Activities in Sierra Leone,” DCOF, June 2002.

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John Williamson and L. Randolph Carter, “Children’s Reintegration in Liberia, February 9-18, 2005,” DCOF, Washington, DC.

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## APPENDIX C: ITINERARY

### Final Agenda

#### Arrival Day - Wednesday, June 29 – Entebbe

Arrival at Entebbe 4:05p.m. (SA162)

Check in – Emin Pasha 041-236-977/8/9 or 031-264-712/3/4

#### Day 1: Thursday, June 30 - Kampala

10:00a.m      Meeting with Director; Liz Kiingi, PPD; Elise Ayers and Josephine Kamara, SO8  
*Venue: USAID Conference Room*  
*Site Officer: Lyvia Kakonge*

11:00a.m      SO9 implementing partners in HIV/AIDS sector in Northern Uganda, and National Psychosocial Core Team; SO7 implementing partners on protection and psychosocial issues

*Topics:(1) Initial discussion on issues, challenges etc of programming for vulnerable children in the HIV/AIDS and health sectors; (2) Issues addressed by NPCT, the structure and role of the team; (3) Protection and psychosocial issues related to working in northern Uganda*

*Venue: USAID Conference Room*

*Site Officer: Lyvia Kakonge*

12:30p.m      Lunch

1:30p.m      SO8 OVC Partners - World Vision, SCiU, TPO and UNICEF

Agenda: To be presented at meeting

*Venue: USAID Conference Room*

*Site Officer: Elise Ayers*

4:30p.m      Wrap up Day 1 with SO9

*Venue: Lyvia and Sandra's Office*

*Site Officer: Sandra Ayoo*

#### Day 2: Friday, July 1 - Kampala

9:00a.m      Meeting with US Ambassador, US Embassy

*Site Officer: Sandra Ayoo*

10:30a.m.      Meeting with Amnesty Commission, World Bank Multi-country Demobilization Reintegration Program (MDRP), World Bank (NUSAF) Program - Hon Justice P.K.K. Omega – 077-509-381

*Topics: (1) Briefing on the Northern Uganda Social Action Fund (NUSAF) Program and Labor (2) The reintegration process; (3) Discussion on related issues, programming and working within the USAID funding*

*Venue: Amnesty Commission*

*Site Officer: Sandra Ayoo*

12:30p.m. Lunch

2:30p.m. Check in – Grand Imperial

### **Day 3: Monday, July 4 – Kampala/Kitgum**

9:30a.m. Pick ups for trip to Airport

10:30a.m. Leave Kampala for Entebbe

12:30p.m. Flight to Kitgum

3:00p.m. Meet District Officials (RDC and LCV) and District technical officers including District Health Officer, Community Development Officer, and Disaster Management Officer

*Site Officer: Rajaram Subbian*

4:30p.m. Site visit to Kicwa child reception center

*Focus: Issues related to reintegration for formerly abducted children, child mothers and children born in captivity*

*Site Officer: Rajaram Subbian*

### **Day 4: Tuesday, July 5 - Kitgum**

8:30a.m. Meeting with UNICEF - Cornelius Williams

*Topic: Protection issues and the number of child headed households in town centers*

*Site Officer: Sandra Ayoo*

10:00a.m. Meeting with Kitgum NGOs working with night commuters;

*Topic: Discussion on current situation and interventions*

*Site Officer: Rajaram Subbian*

11:00a.m. Meet with AIM, CRD; UPHOLD

*Topics: (1) General discussion related to HIV/AIDS programming; (2) Methodologies for working with community volunteers for outreach (3) Challenges and the role of communities in psychosocial programming*

*Venue: IRC Office*

*Site Officer: SO8Team Member*

1:00p.m. Lunch

2:30p.m. Site visit to CPA adult reception center

*Focus: Discussion on the issues related to adult returnees, child mothers and children born in captivity*

*Site Officer: Rajaram Subbian*

**Day 5: Wednesday, July 6 Kitgum/Gulu**

- 10:00a.m. Meeting with interested CRD partners to discuss integration and coordination issues and the use of volunteers  
*Site Officer: Lyvia Kakonge*
- 12:20pm Leave for airport<sup>1</sup>
- 2:20pm Flight from Kitgum to Gulu
- 3:30pm Meeting with the LCV and District Officials  
*Site Officer: Rajaram Subbian*
- 4:30pm Meeting with UPHOLD, CRS, Lacor Hospital, Camboni Samaritan, JCRC, TASO, AVSI, SCiU and other local implementing partners  
*Topics: (1) Discussion of HIV/AIDS programs, (2) Methodologies for working with community volunteers for outreach (3) Challenges and the role of communities in psychosocial programming*  
*Site Officer: SO8 Team Member*
- 6:30p.m. Meeting with Tim Allen on reception center study  
*Venue: Pearl Afric Hotel*  
*Site Officer: Sandra Ayoo*

**Day 6: Thursday, July 7 - Gulu**

- 9:00a.m. Visit GUSCO Reception Center  
*Site Officer: Lyvia Kakonge*
- 11:30a.m. Visit IDP Camp Awer or Umyama  
*Focus: Role of the community and existing community structures which assist with the reintegration process*  
*Site Officer: Rajaram Subbian*
- 1:00pm Lunch
- 2:30p.m. Meeting with Justice and Peace Commission, Acholi Religious Leaders; and Caritas  
*Topic: Effects related to return of high ranking LRA officers*  
*Site Office: Sandra Ayoo*
- 4:30p.m. Meeting with Patricia Spittal
- 6:30pm Visit night commuter sites with Save the Children in Uganda

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<sup>1</sup> Brown Bag Lunch

**Day 7: Friday, July 8 – Gulu/Kampala**

- 9:00a.m. Leave for Kampala
- 2:00p.m. Debriefing discussion with Andrew Mawson, UNICEF Child Protection Officer at USAID mission.
- 3:00p.m. Out briefing meeting with Mission management including PPD Team Leader; SO8 and SO9 Team leaders and technical staff  
*Venue: USAID Conference Room*  
*Site Officer: Sandra Ayoo*
- 4:00p.m. Meeting with CRD Acting Chief and Psychosocial Advisor; and HIV/AIDS implementing partners (IRC, AVSI, SCiU and CRS) in Kampala for follow-up and to discuss findings and a discussion on related issues, programming and working within the USAID funding  
*Venue: USAID Conference Room*  
*Site Officer: Lyvia Kakonge*
- 6:00p.m. Debriefing with the US Ambassador at his residence.
- 8:00pm Leave Kampala for Entebbe
- 11:10 pm Flight out of Entebbe – SN Brussels

## **APPENDIX D: LIST OF CONTACTS**

### US Embassy

Ambassador Jimmy Kolker

### USAID/Uganda

Vicki Moore, Mission Director  
Randolph Harris, Acting Team Leader SO9  
Lyvia Kakonge, Conflict and Reintegration Advisor  
Sandra Ayoo, Conflict Advisor  
Liz Kiingi, Program Development Officer  
Elise Ayers, HIV/Aids Advisor

### The Amnesty Commission

Hon. Justice P.K.K. Onega, Chairman

### Ministry of Gender, Labour, and Social Development

Michael Alule, Principle Probation and Welfare Officer

### UNICEF

Andrew Mawson, Head Child Protection Technical Cluster  
Cornelius Williams, Project Officer, Child Protection/Head of Zonal Office  
Michael Copland, Child Protection Officer/Head of Zonal Office

### CRD Project, International Rescue Committee

Claran Donnelly, Acting Country Director  
Rajaram Subbian, Psychosocial Champion of the CRD Project  
Josephine Kalule, and HIV/AIDS Champion of the CRD Project

### AVSI

Dr. Filippo Ciantia, Representative  
Lucia Castelli, Program Manager  
Mary Ann Kerins, consultant  
Ann Lorschiedter, consultant

### Save the Children in Uganda

Frederick Luzze, Program Coordinator – Children Affected by Conflict/Disaster – West

### London School of Economics, Crisis States Research Centre, Development Studies Institute

Dr. Tim Allen, consultant for USAID/Uganda

### Univeristy of British Columbia, Department of Health and Epidemiology

Dr. Patricia Spittal

### Stanford University, Political Science Department

Jeremy Wenstein, Assistant Professor

**Meeting with SO9 & SO8 Implementing Partners at USAID Mission, June 30, 2005**

1	Filippo Ciantia	AVSI	041-501604 <a href="mailto:ciantia.kampala@avsi.org">ciantia.kampala@avsi.org</a>
2	Fredrick Lozza	Save the children in Uganda	077-434190 <a href="mailto:f.luzza@sciug.org">f.luzza@sciug.org</a>
3	Josephine Kalule	CRD	<a href="tel:077-412373">077-412373</a> <a href="mailto:josephinek@ircuganda.co.ug">josephinek@ircuganda.co.ug</a>
4	Rajaram Subian	CRD	077-775381rajaram@ircuganda.co.ug
5	Sandra Ayoo	USAID	
6	Lyvia Kakonge	USAID	

**OVC/PSS Presentation and Discussion, USAID Mission, June 30**

1	Olive D'mello	AIM	<a href="mailto:d'mello@aimuganda.org">d'mello@aimuganda.org</a>
2	John Penny	Salvation Army	<a href="mailto:jpenny@utlonline.co.ug">jpenny@utlonline.co.ug</a>
3	Grace Onyango	World Vision	<a href="mailto:Grace-onyango@wvi.org">Grace-onyango@wvi.org</a>
4	Herbert Mugumya	Save the Children in Uganda	<a href="mailto:l.mugumya@sciug.org">l.mugumya@sciug.org</a>
5	William Mbonigaba	UWESO	<a href="mailto:wmbonigaba@hotmail.com">wmbonigaba@hotmail.com</a>
6	Daphine Mugizi	US Embassy	<a href="mailto:MugiziDI@state.gov">MugiziDI@state.gov</a>
7	Michael Kaugo	JCRC	<a href="mailto:mkabugo@jrcr.co.ug">mkabugo@jrcr.co.ug</a>
8	Mathew Robertson	Habitat for Humanity	<a href="mailto:mathewr@hfhuganda.org">mathewr@hfhuganda.org</a>
9	Asiimwe Elizabeth M.	AVSI	<a href="mailto:easiimwe@yahoo.com">easiimwe@yahoo.com</a>
10	Baguma Grace	HFI	<a href="mailto:Grace@hfhuganda.org">Grace@hfhuganda.org</a>
11	Gordon Twesigye	Peace Corps	<a href="mailto:gtwesigye@ug.peacecorps.gov">gtwesigye@ug.peacecorps.gov</a>
12	Joseph Owor	AFRICARE	<a href="mailto:oworkinara@africaonline.co.ug">oworkinara@africaonline.co.ug</a>
13	Ezati Enoch	CDC	<a href="mailto:Eee4@cdcuganda.org">Eee4@cdcuganda.org</a>
14	Zakariya Kasirye	Save the Children/US	<a href="mailto:jlemell@savechildren.co.ug">jlemell@savechildren.co.ug</a>
15	Joyce Lemelle	Plan International	<a href="mailto:kasiryez@yahoo.com">kasiryez@yahoo.com</a>
16	Josephine Kalule	CRD	<a href="mailto:Josephinek@ircuganda.co.ug">Josephinek@ircuganda.co.ug</a>
17	Kaboggoza JS	MGLSD	<a href="mailto:kaboggozajs@yahoo.com">kaboggozajs@yahoo.com</a>
18	Lucy Shilling	UPHOLD	
19	Rose Muloni	TASO	<a href="mailto:rosemuloni@yahoo.com">rosemuloni@yahoo.com</a>
20	Lyvia Kakonge	USAID	

21 Sandra Ayoo USAID

**Meeting with Local Government Officials, Kitgum, July 4**

1	Rhoda Oroma	Kitgum Local Government		077-626034
2	Ochla Bosco	LCV Kalongo	For C/Person	077-988039
3	Lutara W.	Kalongo		078-920809
4	Opio Godfrey	Kitgum	Deputy District Police Com.	078-666965
5	Sandra Ayoo	USAID		
6	Lyvia Kakonge	USAID		

**Discussion at KICWA, Kitgum, July 4**

1	Nyero Fred	KICWA	Ps Program Officer	
2	Santa Oyet	KICWA	Senior Caregiver	
3	Evaline Ayaa	KICWA	Caregiver	
4	Adoch Rose	KICWA	Caregiver	
5	Nyeko Martin	IRC	Ps. Program Manager	
6	Christopher Arwai	KICWA	Center Manager	
7	Sandra Ayoo	USAID		
8	Lyvia Kakonge	USAID		

**Night Commuter Discussion, UNICEF Office, Kitgum, July 5**

1	Chris Laughlin	UNICEF		078-880054
2	Sebi Ali Obanjagiu	AVSI		077-363691
3	Cornelius Williams	UNICEF		
4	Ojok Fredrick	Mothers Union		078-315632
5	Josephine Kalule	CRD		077-412373
6	Nyeko Martin	IRC		077-845440
7	Onen Bernard Okeny	WCH		078-464014/077-348910
8	Onyergiu Kennedy	World vision		078-694277
9	Otto Lucy	CARITAS		077-336925
10	Charles Okello Owiny	CARITUS Kitgum		077-929514
11	Sandra Ayoo	USAID		
12	Lyvia Kakonge	USAID		

**Discussion on HIV/AIDS Programming, Kitgum, July 5**

1	Elena Locsklli	AVSI	Program Manager/Ed. Advisor	077-845072
2	Valentina Frigerio	AVSI	IPO	078-897980
3	Oyella Sharon	AVSI	Prog. Assist. HIV/AIDS	077-365813
4	Francesca Akello	UNPHOLD	CPC	077-765440 fakello@upholduganda.org
5	Sebi Ali	AVSI	Assist. Prog. Manager	077-363691
6	Williamm Notrach	AVSI	Assist. Prog. Manager	077-610304
7	Odokoyot Paul Peter	St. Joseph Hospital	Accountant	077-954546
8	Esther Opoka	IRC	HIV/AIDS Prog. Officer	077-828781
9	Odoki Benson	St. Joseph Hospital	Counseling	078-445779
10	Kwoyelo Stephen	World Vision	CDF	077-981335
11	Sandra Ayoo	USAID		
12	Lyvia Kakonge	USAID		

**Meeting at IRC Office in Kitgum July 6**

1	Rajaram	CRD/IRC		077-775381
2	Nyeko Martin	IRC		077-845440
3	Alule Michael	MGLSD		077-670986/075333350
4	Ann Lorschiedter	Student		077-852964
5	Josephine Kalule	IRC/CRD		077-412373
6	John Williamson	DCOF/USAID		804 -232-3408
7	Wokrach William W.	AVSI		077-610204
8	Esther Opoka	IRC		077-828781
9	Sebi Ali Ubanjagia	AVSI		077-363691
10	Gabriel Onen Banya	CARITUS		078-325249
11	Oryem Andrew	CPA		078-566004
12	Christopher Arwai	KICWA		077-857153
13	Sandra Ayoo	USAID		
14	Lyvia Kakonge	USAID		

**Meeting at UPHOLD Office in Gulu, July 6**

	Name	Organization	Title/Position	Contact
1	Komakech Geoffrey	Paicho Child Focus	Coordinator	078-636055
2	Odo Charles	TASO Gulu	Asst. Counseling Coord.	077-402222
3	Ochwo Michael	TASO Gulu	Counselor/Ag. Manager	077-424540
4	Piloya Michael	GWAD	Program O.	077-346300
5	Rajaram Subian	CRD/IRC	PS Advisor	077-775381
6	Piyo Masimo	Comboni Samaritan	Project Office	071-370720
7	Florence Jorua	Dyere Tek	Accountant	077-888550
8	Oyugi Santo	Paicho Child Focus	Gen. Secretary	077-576390
9	Lalwak Alex	RBWCO	Coordinator	078-511458
10	Opoka Florence	Waloko Kwo Sup. Org	Coordinator	077-572441
11	Margaret Adong	GWAD	Corrdinator	077-975260
12	Luka Beatrice	Comboni Samaritan	Program Officer	078-405165
13	Ochora Michael	Health Alert Uganda	Program Coord.	078-674607
14	Otim Patrick	Gulu Youth Centre	Radio Officer	077-884092
15	Oloya Hannington	Laroo CCF	Project Chairman	077-990248
16	Lakwo Odong Dennis	Surface Uganda	Project Officer	077-864630
17	Anena Dorothy Otika	Latigi Orphan Centre	Project Director	078-927370
18	Omeda Culbert	Rural Focus Uganda		077-375461
19	Okumu Odongtoo John	Save the Children in Uganda	Regional Manager North	077-750619
20	Okot Lokach Gabriel	DBHS	HIV/FP	077-518727
21	Opwonya John Odong	DBHS	DHS-UPHOLD FP	077-612758
22	Adokerach Grace	Gulu Hospital		078-686716
23	Ngeca-Ojwang	Anaka Hospital	C.O	075-974601
24	Tom Omach	AIM	RM	077-414217
25	David Kirunda	AIM	TOCS	078-412904
26	Oloya Bondon Joseph	AIC	R. Manager	077-658524
27	Onyuta Albert	GCBMN	Chairman	077-876471
28	Luguma Tamali	DDHS Office	DHV	077-586857
29	Okech Johnson	Gulu Comm. Based MNT	Project Coordinator	077-605321
30	Sr. Pauline Silver	CRS-Uganda		077-665372
31	Akullu Harriet	ACORD – Gulu		077-467257
32	Filder Ochaya	GCBMN		077-359665

33 Juliet Oyella CCF-Laroo 078-630204

**Discussion at GUSCO, Gulu, July 7**

1	Rajaram S.	CRD/IRC	Psychosocial Advisor	077-775381
2	Odokorach Shanty Francis	GUSCO	Information & Research Officer	071-868561
3	Oling-Olang	Save the Children in Uganda	District Manager, Gulu	077-750617
4	Okeny Robert	GUSCO	Program Coordinator	077-686086

**Peace Building Discussion, CARITAS Office in Gulu, July 7**

1	Okwonga Robert A.	Justice & Peace	Project Officer Peace Bldg.	077-89408
2	Rubangakene Paul	Caritus Gulu	Prog. Officer PSSP	077-452395
3	Okello David	Caritus Gulu	Program Manaer PSSP	077-883074
4	James Oweka	JPC Gulu	Research & Documentation	
5	Sr. Pauline	CRS	Peace Building Officer	077-665372
6	Josephine Kalule	IRC/CRD	HIV/AIDS Advisor	077-412373
7	Thomas Harlacher	Caritus Gulu	Psych. Consultant	077-743880
8	Paul Ochaya	JPS Gulu	Program Manager	077-608531
9	Rajaram Subian	CRD/IRC	Psychosocial Advisor	077-775381
10	Alule Michael	MGLSD	Principal	077-670986
			Probation/Welfare officer	
11	Lyvia Kakonge	USAID		
	Sandra Ayoo	USAID		

**Meeting with CRD Implementing Partners, USAID Mission, Kampala, July 8**

1	Chris Blattman	UC Berkeley Economics	PhD Candidate	078-975384 <a href="mailto:blttman@berkeley.edu">blttman@berkeley.edu</a>
2	Sandra Ayoo	USAID	Conflict Advisor	<a href="mailto:sayoo@usaid.gov">sayoo@usaid.gov</a>
3	Filippo Ciantia	AVSI	Representative	<a href="mailto:Ciantia.kampala@avsi.org">Ciantia.kampala@avsi.org</a>
4	Lucia Castelli	AVSI	Program Manager	<a href="mailto:castelli@avsi.org">castelli@avsi.org</a>
5	Loren Wille	CRS	Ag. Country Rep.	<a href="mailto:lwille@crsuganda.or.ug">lwille@crsuganda.or.ug</a>
6	Eric Githinji	IRC/CRD	Finance Controller	<a href="mailto:ericg@ircuganda.co.ug">ericg@ircuganda.co.ug</a>
7	Ciaran Donnelly	IRC	Country Director	<a href="mailto:ciarand@their.org">ciarand@their.org</a>

8	Sandra Ayoo	USAID	Conflict Advisor
9	Lyvia Kakonge	USAID	Conflict & Reintegration Advisor
10	Randolph Harris	USAID	Ag. Team Leader

## NOTES

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- <sup>1</sup> “War and Justice in Northern Uganda.” draft, preparation supported by the Crisis Studies Research Centre, Development Studies Institute, London School of Economics, February 2005. <http://www.crisisstates.com/download/others/AllenICCReport.pdf>
- <sup>2</sup> “Uganda: Waiting for elusive peace in the war-ravaged north,” (IRIN) 9 Jun 2005 [http://www.irinnews.org/S\\_report.asp?ReportID=47568&SelectRegion=East\\_Africa](http://www.irinnews.org/S_report.asp?ReportID=47568&SelectRegion=East_Africa)
- <sup>3</sup> “War and Justice in Northern Uganda,” p. 26.
- <sup>4</sup> Interview with Patricia Spittal of the Department of Health Care and Epidemiology at the University of British Columbia, July 7, 2005.
- <sup>5</sup> World vision figure provided by Ashley Inselman, July 19, 2005.
- <sup>6</sup> “Uganda: Numerous Challenges Ahead for Formerly Abducted Children and Adults,” *RI Bulletin*, December 15, 2004. <http://www.refintl.org/content/article/detail/4689/?mission=4314>
- <sup>7</sup> I heard various opinions during my discussions in Uganda as to why the Government has not brought its long conflict with the LRA to an end, and it is beyond what would be appropriate to explore them in this report. One credible summary is available in “Uganda: An African “Success” Past its Prime?” June 22, 2005 A prepared summary of remarks presented by Joel D. Barkan of the University of Iowa at the Woodrow Wilson International Center for Scholars, June 2, 2005. <http://wwics.si.edu/events/docs/BarkanPresentation1.doc>
- <sup>8</sup> “Building a Comprehensive Peace Strategy for Northern Uganda,” Policy Briefing, Africa Briefing No. 27, Kampala/Bussels, June 23, 2005, p. 2.
- <sup>9</sup> Personal communication from Maj. (ret) Philip Lancaster with whom DCOF and Search for Common Ground have collaborated in conjunction with Lt. General (Ret) Roméo Dallaire on an initiative to explore new and collaborative approaches to the prevention of child recruitment and the disarmament, demobilization and reintegration of child soldiers.
- <sup>10</sup> Information on the amnesty was provided by hon. Justice P.K.K. Onega, Chairman of the Amnesty Commission during a discussion on July 1, 2005.
- <sup>11</sup> “War and Justice in Northern Uganda,” p. 34.
- <sup>12</sup> “*When the sun sets, we start to worry.*” United Nations OCHA/Integrated Regional Information Networks, p. 35. <http://www.irinnews.org/webspecials/northernuganda/default.asp>
- <sup>13</sup> *When the sun sets*, p. 35.
- <sup>14</sup> Allen, “War and Justice,” p. 24.
- <sup>15</sup> Humanitarian Update, Volume VII, Issue V, OCHA, Kampala, p. 6.
- <sup>16</sup> Humanitarian Update, Volume VII, Issue V, OCHA, Kampala, p. 5.
- <sup>17</sup> Humanitarian Update, Volume VII, Issue V, OCHA, Kampala, p. 11.
- <sup>18</sup> Humanitarian Update, Volume VII, Issue V, OCHA, Kampala, p. 3. *when the sun sets*, p. 51.
- <sup>19</sup> John Williamson, “Reintegration of Child Soldiers in Sierra Leone,” Displaced Children and Orphans Fund, January 31 – February 9, 2005.
- <sup>20</sup> Brakarsh, Jonathan and the Community Information and Inspiration Team, *The Journey of Life: A Community Workshop to Support Children*, The Regional Psychosocial Support Initiative, Bulawayo, Zimbabwe, 2004. <http://www.repssi.org>
- <sup>21</sup> The framework it the explanation of it are from ANNEX 10 “Closing the Gap: Scaling up Action to Improve the Lives of Children Made Vulnerable by HIV/AIDS in Zimbabwe,” John Williamson, pp. A-101 – 112 in Peter McDermott et al., “Report on the Mid-term Review of the STRIVE Project,” submitted to Catholic Relief Services/Zimbabwe and USAID/Zimbabwe July 10, 2003.
- <sup>22</sup> *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, July 2004, 39 pages. While prepared by UNICEF, this document has been developed based on extensive global consultative process and reflects a broad, international consensus on the action needed to address the needs and rights of orphans and vulnerable children. By July 2004, endorsed by 23 organizations. [http://www.unicef.org/aids/index\\_documents.html](http://www.unicef.org/aids/index_documents.html)
- <sup>23</sup> Williamson and Cripe, pp. 22&23.
- <sup>24</sup> *Ibid*, p. 13.
- <sup>25</sup> “STD/HIV/AIDS Surveillance Report,” STD/AIDS Control Programme, Ministry of Health, Kampala, June 2003, p. 10. <http://www.health.go.ug/docs/hiv0603.pdf>

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<sup>26</sup> Working Paper No. 1, Working Group on Children Affected by Armed Conflict and Displacement, 1996.  
[http://www.scslat.org/search/publieng.php?\\_cod\\_57\\_lang\\_e](http://www.scslat.org/search/publieng.php?_cod_57_lang_e) or  
<http://www.ineesite.org/edcon/promoting.asp>

<sup>27</sup> Brakarsh, Jonathan and the Community Information and Inspiration Team, *The Journey of Life: A Community Workshop to Support Children*, The Regional Psychosocial Support Initiative, Bulawayo, Zimbabwe, 2004. <http://www.repssi.org>