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Crisis and Transition Tool Kit

RAPID ASSESSMENT PROCEDURES (RAP): Addressing the Perceived Needs of Refugees & Internally Displaced Persons in Gulu District, Uganda

Research Report

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Table of Contents

1. ABSTRACT	4
1.1 Background and Methods	4
1.2 Results	5
1.3 Plan of Action	5
2. STATEMENT OF SUPPORT	6
3. ACKNOWLEDGMENTS	6
4. INTRODUCTION	7
Table 1. Services Provided to IDPs in Camp “Alpha” by Service Organization .	8
5. PURPOSE AND OBJECTIVES OF THIS REPORT	9
5.1 General Purpose	9
5.2 Objectives	9
5.3 Rationale for the study	9
6. METHODOLOGY	11
6.1 Emphasis on Qualitative Research Methods	11
6.2 Emphasis on Participatory Action Research	11
6.3 Sampling	11
6.4 Types of Data Gathering Methods Used	12
6.5 Types of Action Planning Methods Used	13
6.6 Selection and Training of Interviewers	14
6.7 Qualitative Data Management	15
7. RESULTS OF DATA COLLECTION	16
7.1 Introduction	16
7.2 Description of the Camp	16
7.2.1 General Information	16
7.2.2 History of persons living in the camp	17
7.2.3 Activities of Men, Women and Children	18
7.2.4 Shelter	20
7.2.5 Water	21
7.2.6 Sanitation	23
7.2.7 Health and Health Services	24
7.3 Difficulties Faced By Persons Living in Camp Alpha	26
7.3.1 Problems seen as related.	27
7.3.2 Problems <u>not</u> seen as related	28
7.4 Perceived Priorities Among Difficulties	29
7.5 Perceived “Stakeholders” for the Problem of <i>Kec</i> (hunger)	29

8. ACTION PLAN TO ADDRESS THE PROBLEM OF <i>KEC</i> (HUNGER)	30
8.1 Public Meeting to Present Results and Begin Action Planning Process ..	30
8.2 Perceived Root Causes of the Problem of <i>Kec</i> (hunger)	31
8.3 Objectives of a Community-based Program to Address <i>Kec</i>	33
8.4 Potential Solutions to Address a Root Cause of <i>Kec</i> :	
Training in agricultural extension	34
8.5 Action Plan to Provide Training in Agricultural Extension	34
9. CONCLUSIONS AND RECOMMENDATIONS	35
9.1 Difficulties faced by persons living in the IDP Camp	35
9.2 The participatory learning and action process used in the study	36

APPENDICES:

1. Schedule of Activities (11 August - 1 September 2000)	38
2. Data Collection Methods by Number of Informants Interviewed (Or Participating in Group Discussions) & Location/type of Residence	39
3. Data Collection Methods by Number of Informants (Or Participants in Group Discussions) & Gender	40
4. Open	
5. Free Listing Results: Difficulties Faced by Persons Living in “Camp Alpha”	41
6. Pile Sorting Results: Difficulties Faced by Persons Living in “Camp Alpha”	42
7. Pair-wise Ranking Results: Difficulties Faced by Persons Living in “Camp Alpha” (Group of Nine Women from Each Zone)	43
8. Pair-wise Ranking Results: Difficulties Faced by Persons Living in “Camp Alpha” (Group of 7 Men from Each Zone)	44
9. Venn Diagram: ‘Stakeholders’ for the Problem of <i>Kec</i> (Hunger) (Group of Six Women)	45
10. Problem Tree - Problem of <i>Kec</i> (Hunger)	46
11. Objectives Analysis Tree - Problem of <i>Kec</i> (Hunger)	47
12. Solutions Matrix: Training in Agricultural Extension to Address the Problem of <i>Kec</i> (Hunger)	48
13. Action Plan: Training in Agricultural Extension to Address the Problem of <i>Kec</i> (Hunger)	49
14. Timeline Diagram (1986-2000) from Zone 1 Residents	52

Rapid Assessment Procedures (RAP): Addressing the Perceived Needs of Internally Displaced Persons in Gulu District, Uganda

1. ABSTRACT

1.1 Background and Methods

Gulu District is located in Northern Uganda about 330 KM north of Kampala. The main ethnic group in Gulu is the Acholi with a small percentage from other ethnic groups (Madi). 400,000 are estimated to reside in Gulu District. Subsistence agriculture is the main source of livelihood for persons in the District. Since 1986 when the present government of Uganda came to power, a group of rebels has been actively fighting government forces in Gulu District. In addition, the rebels have targeted civilians resulting in loss of life, destruction of homes and property, and confiscation of crops. In response, many civilians have fled their homes for refuge in towns or protected camps located adjacent to government army barracks. According to an assessment by the District Disaster Committee in November 1996, 183,000 persons (almost half of the total population) were displaced. There are 24 internally displaced person (IDP) camps in Gulu District; one of the larger ones (given the pseudonym "Alpha" to maintain confidentiality) was selected as the site the study. Camp Alpha is the residence of 45,000 persons from four sub-counties in Gulu District.

After several years of humanitarian assistance and development efforts by World Vision, the rationale for attempting this research was to identify gaps in these efforts by assessing current priority needs of the displaced populations of Gulu District. Information about priority needs can help WV redirect its efforts where needed and serve as a part of qualitative evaluation of past efforts, by identifying continuing issues needing attention where none were expected. This research had three main objectives:

- To understand refugee/IDP priorities, challenges and aspirations.

This information is used to decide what priority problem(s) to address and how.

- To learn who are the significant persons and organizations among the refugee/IDPs (and external to them) who have the greatest stake in addressing refugee priorities.

This information is used to decide who should work on the priority problem(s).

- To facilitate participatory planning, problem solving and taking action with refugees/IDPs.

This process is used as a basis to reinforce or build capacity of refugees/IDPs to carry out organized problem solving activities using existing resources.

The process used to carry out the research was developed by the Center for Refugee and Disaster Studies at The Johns Hopkins University School of Public Health in the USA. The Center developed an initial draft of a rapid assessment methodology on the basis of experience by JHU staff in carrying out qualitative research with non-governmental organizations (NGOs) serving displaced persons. The RAP itself was not previously field-tested in its present form. The RAP underwent technical review by NGO technical staff and researchers in May 2000 in preparation for a field testing. This research represents a first “field-test” of the RAP as modified by suggestions of the technical review panel.

Qualitative research methods were used exclusively for data collection. Most of the qualitative data collection methods used were participatory learning methods. Following data collection and feedback to community leaders, participatory action methods were carried out to use the data to develop an action plan to address a problem of high priority to the camp residents. The process followed was essentially a participatory problem-solving process: identify and rank problems, analyze priority problems to identify root causes, rank potential solutions to address root causes, develop a plan to address top ranking solutions.

1.2 Results

Lweny (insecurity) and congestion are the two problems of greatest concern for the camp population. These two problems are perceived the main causes of most other problems faced by persons living in the camp. However, these two problems (insecurity and congestion) are seen as fairly intractable and out of the control of camp residents to address.

Following the problems of insecurity and congestion, the problems *kec* (hunger) was considered the most important problem that was also feasible to address. The types of persons perceived as most vulnerable to the problem of hunger are: disabled persons; widows or widowers; and orphans or child-headed families. Other problems that were mentioned by as problems by men and women of various ages from the different zones in the camp include: *two* (sickness), lack of land for cultivation, lack of drugs, and poverty.

According to camp residents, insecurity causes people to crowd into the camp near the military barracks in places that are considered more secure than areas outside the camp or areas on the edge of the camp. People move many miles from their own lands that are used for cultivation, the Acholi people’s principle source of livelihood and income. Lack of land leads to lack of food and a lack of income. This leads to hunger and (along with a lack of available drugs) an inability to shorten or lessen the severity of illnesses by obtaining medical treatment (Western and non-Western).

1.3 Plan of Action

Camp elected leaders voted to address the problem of *kec* (hunger) as their first priority. The study team and a “camp action committee” (nominated by the camp

leadership) worked together to develop a community-based action plan to address *kec*. En route to an action plan, the study team facilitated an analysis of the problem to identify root causes and rank these causes in order of importance and changeability. Root causes identified as both important and changeable were selected for intervention. In the time available, the study team facilitated a listing and ranking exercise of potential solutions for one key root cause of *kec*: lack of agricultural extension training. Then, an action plan was developed jointly by World Vision staff and the camp action committee to provide camp residents agricultural extension training. A series of meetings between World Vision and the camp action committee is scheduled for later in September 2000 for the purpose of addressing other key root causes of *kec*.

The data collection and action planning processes were participatory learning and action processes. The study did not end with data collection but devoted considerable time and effort to using the data collected. Residents of the camp fully participated in each process. World Vision Uganda staff now have improved skills in facilitating participatory problem solving processes at the community/displaced persons camp level. The residents of Camp Alpha now have representatives who can facilitate problem solving activities to address other problems facing persons living in the camp.

2. STATEMENT OF SUPPORT

This study was made possible through Subcontract TUL-097-99/00 between Tulane University and The Johns Hopkins University. (Tulane University has been awarded Grant No. AOT-A-00-99-00260-00 from the US Agency for International Development). This study was also made possible through the support of Gulu District Local Government, World Vision USA and World Vision Uganda.

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- Adwonga Santos
- Atto Zoe
- Achan Helen

Residents of “Alpha” Sub-county, Gulu District:

- Mr. Okema Thomas
- Miss Aciro Alice
- Miss Lamwaka Concy
- Mr. Ochan Angelo
- Mr. Lakwo Cyrus
- Miss Acha Vicky

4. INTRODUCTION

Gulu District is located in Northern Uganda about 330 KM north of Kampala. There are 23 sub-counties within five counties in the district. The main ethnic group in Gulu is the Acholi with a small percentage from other ethnic groups (Madi). 400,000 are estimated to reside in Gulu District. Subsistence agriculture is the main source of livelihood for persons in the District. The primary sources of livelihood are millet, sorghum, sim sim, maize, beans and groundnuts.

Since 1986 when the present government of Uganda came to power, a group of rebels has been actively fighting government forces in Gulu District. In addition, the rebels have targeted civilians resulting in loss of life, destruction of homes and property, and confiscation of crops. For example, over 300 persons in one Gulu sub-county were killed in a massacre in 1995. In response, many civilians have fled their homes for refuge in towns or protected camps located adjacent to government army barracks.

According to an assessment by the District Disaster Committee in November 1996, 183,000 persons (almost half of the total population) were displaced. There are 24 internally displaced person (IDP) camps in Gulu District; one of the larger ones (which we will give the pseudonym “Alpha” to maintain confidentiality) was selected as the site for both studies. Only Camp Alpha was selected for the study due to limited resources.

Camp Alpha is the residence of 45,000 persons from four sub-counties in Gulu District. There are an estimated 11,570 households in Alpha. Twenty percent (20%) of this population are children less than five years of age. Females represent 60% of this population. The food needs of this population have been difficult to meet. This is because it is not safe to grow crops away from the camp and the land adjacent to the camp has been intensively cultivated and production levels are low relative to demand. The available water supply in the camp also is low relative to demand and IDPs must walk long distances away from the camp to obtain additional water supplies putting the persons collecting water at risk of abduction or violence. The camp is crowded making it difficult to create sanitary living conditions. Two health centers with limited capacity provide health services. The IDPs in Alpha have benefitted from the following services by organization:

Table 1. Services Provided to IDPs in Camp “Alpha” by Service Organization

Organization	Activities, Services Provided
World Vision	Water and sanitation, health and nutrition, relief, environmental protection, early childhood development project, trauma counseling and reintegration, feeder roads and food security programs.
Red Cross	Non food items, agricultural inputs, health, water and sanitation (primarily relief programs)
Red Barnett	Reintegration of formerly abducted children and school construction
Catholic Relief Services	Food for work, school construction
GUSCO	Skills training, trauma counseling and reintegration
CPAR	Relief, water and sanitation
ACCORD	Relief, training and research
UNICEF	Health, education, water and sanitation in schools
World Food Program	Distribution of food items within camps, food support to schools and food for work
Government of Uganda*	Security provision, Sub county grants, administrative support (* for Gulu District as a whole)

The Center for Refugee and Disaster Studies at The Johns Hopkins University School of Public Health (JHU) developed an initial draft of a rapid assessment methodology for addressing the perceived needs of refugees and internally displaced persons in 1999 under a cooperative agreement with the US Agency for International Development (USAID). The rapid assessment methodology, *Rapid Assessment Procedures (RAP)*, was developed on the basis of experience by JHU staff in carrying out qualitative research with non-governmental organizations (NGOs) serving displaced persons. The RAP itself was not previously field-tested in its present form. The RAP underwent technical review by NGO technical staff and researchers in May 2000 in preparation for a field testing. This research represents a first “field-test” of the RAP as modified by suggestions of the technical review panel.

JHU approached World Vision about the possibility of field-testing the RAP in conjunction with a study on resettlement needs of displaced populations (WV and JHU had earlier agreed to study the issue of resettlement needs). WV Uganda volunteered to carry out both studies (RAP and resettlement needs) with support from JHU. WV Uganda and JHU agreed to carry out both studies in Camp Alpha in Gulu District.

5. PURPOSE AND OBJECTIVES OF THIS REPORT

5.1 General Purpose

This document has several purposes. First, it serves as a report on the participatory action research facilitated by WV Uganda and JHU to address top priority needs of IDPs living in Camp Alpha and the district at large affected by the conflict. Second, this report serves as a data resource for the IDPs living in Alpha, for WV Uganda and for JHU: top priority needs and actions to address these needs are reported, but so is a wide range of aspects of settlement life related to health and well-being (shelter, food security, health services, settlement organizations and decision makers, etc.). The real value of these data will become apparent as the IDPs, WV and other partners use them to inform future programs affecting the quality of life of the IDPs.

5.2 Objectives

This research had three main objectives:

- To understand refugee/IDP priorities, challenges and aspirations.

This information is used to decide what priority problem(s) to address and how.

- To learn who are the significant persons and organizations among the refugee/IDPs (and external to them) who have the greatest stake in addressing refugee priorities.

This information is used to decide who should work on the priority problem(s).

- To facilitate participatory planning, problem solving and taking action with refugees/IDPs.

This process is used as a basis to reinforce or build capacity of refugees/IDPs to carry out organized problem solving activities using existing resources.

5.3 Rationale for the study

After several years of humanitarian assistance and development efforts, the rationale for attempting this research was to identify gaps in these efforts by assessing current priority needs of the displaced populations of Gulu District. Information about priority needs can help WV redirect its efforts where needed and serve as a part of qualitative evaluation of past efforts, by identifying continuing issues needing attention where none were expected. A summary of WV activities in Gulu is provided below:

- World Vision Uganda established an office in Gulu in 1988, as a response to the effects of armed rebel insurgency in the area. The program began as relief assistance to displaced persons, but has since evolved into a multi-sector program

consisting of six projects covering the fields of education, health, agriculture, micro-credit, infrastructure rehabilitation, and psycho-social support to children affected by war.

- The Gulu Development Project improves the welfare of orphans affected by war and AIDS. From 1991 to date over 13,000 children have benefitted, and currently there are 3900 children in the program. Activities implemented include direct tuition support to school-going orphans, agricultural training, supplies and micro-finance for their families. At the community level physical infrastructure has been rebuilt, including water sources, schools and dispensaries, and community-based health care workers trained to provide health care and education. HIV/AIDS awareness and counseling has been provided to reduce the impact and spread of AIDS by educating the community.
- The Uganda Children of War Project is a response to the 13-year-old insurgency in northern Uganda by the Lord's resistance Army rebels (LRA). This conflict has caused extensive human suffering, loss of life and property, and mass internal displacement, including mass abduction of children who are abducted, raped, tortured and made to torture others; escapees who are rescued are usually malnourished and in need of medical and psychological treatment. The Project has established facilities to address the emotional and social needs of these children, as well as assistance with shelter, intensive medical treatment and re-nutrition. Families and communities are also assisted to ease the reintegration of these children back into society, often a major issue where the children have been forced to commit acts of violence against their own communities.
- The World Vision Gulu Food Security Project has provided training, organizational assistance, agricultural supplies and tools to 18,000 displaced families since 1997. The project's goal is to enhance food security at household level and facilitate a transition from relief to development for displaced persons in camps and outside the protected camps and their host communities.
- The World Vision Gulu Relief & Health Rehabilitation Project focuses on relief services for people displaced in various camps in the district. Through provision of curative health services (including supplementary feeding), primary health care and education, training of community health workers, and safe water and sanitation facilities to residents in 8 out of the 20 main camps. Ten rural health units are being supported and 600 pit latrines have been constructed which has reduced the likelihood of disease outbreaks despite the congestion and crowding in these camps.
- The Access Road Rehabilitation Project with the main objectives to increase accessibility of communities to services and markets.

- The Nutrition and Early Childhood Development Project focuses on growth monitoring and nutrition counseling among the communities in Gulu district

As the summary above suggests, WV has the continued capacity to help the displaced persons of Gulu address priority humanitarian and development needs. This research will provide WV added capacity to assess priorities among displaced populations in Gulu and the means to develop action plans in partnership with displaced communities.

6. METHODOLOGY

6.1 Emphasis on Qualitative Research Methods

The research described in this document is based solely on qualitative research methods. Qualitative research allows a greater understanding of the study populations beliefs and attitudes, desires and needs than quantitative methods allow. Qualitative methods also permit (indeed require) a flexible and iterative approach. During data gathering the choice and design of methods are constantly modified, based on ongoing analysis. This allows investigation of important new issues and questions as they arise, and allows the investigators to drop unproductive areas of research from the original research plan.

6.2 Emphasis on Participatory Action Research

The research described in this report leads to an action plan to address priority needs of the study population. The process followed was essentially a participatory problem-solving process: identify and rank problems, analyze priority problems to identify root causes, rank potential solutions to address root causes, develop a plan to address top ranking solutions. The methods selected for data collection and action planning allow for more participation by the study population than traditional qualitative methods may allow. This was deliberate. Increasing participation supports the right of study populations to have a voice in design of programs that result from the research. The process also builds local capacity to carry out problem solving process using data rather than guesses. Increasing participation also has the expected benefit of increasing prospects for sustainability of actions and self-reliance.

6.3 Sampling

Unlike quantitative research which uses a random sample that is generalizable to a larger population, qualitative research often uses a purposive sampling method. Purposive sampling involves selection of informants based on an important characteristic under study, such as where they live (rural or urban), position in society (for example, community leader or ordinary householder), or specific cultural knowledge (for example, caretakers of children, farmers, traditional healers). We select informants with the assistance of local leaders and other local persons.

Before we began WV had already taken the first step; identifying the important

subgroups or categories of people to be sampled. These were people who had fled their traditional homes/lands to protected camps. Within their area of operations, WV Uganda selected one of the largest of 24 protected camps in Gulu District.

Within Camp Alpha (a pseudonym), we selected two primary study sites, each representing types of areas within the camp: (1) more congested areas close to the military barracks (more secure); and (2) less congested, less secure areas on the outer edges of the camp away from the military barracks. A fuller description of the camp and study sites within the camp are presented in Section 7.

6.4 Types of Data Gathering Methods Used

Data gathering methods included key informant interviews, direct observations, and systematic data collection techniques (free listing and pile sorts). We used a variety of methods to achieve triangulation (confirmation of the same information by different methods or sources) to increase the validity of the results. A short description of each of the main methods used is presented below:

A Timeline is a participatory data collection method for gathering time-related information such as the sequence of key events in the history of a community or a child's first year of life. Informal groups of people, who are knowledgeable about a topic under study, are asked to use locally available materials (such as a pen and large paper, a stick or a straight line drawn on the ground, stones, leaves or bark) to indicate historical events. Participants are asked to describe each key event. The dates or names representing important events are marked on the timeline using locally available materials. This exercise provides important background as to the population's situation. When used it is usually the first research activity done in a community as it helps to introduce the research team to many people at once.

A Community Map is a participatory data collection method. Community members are gathered and asked to draw a map of their community, using appropriate materials (for example, drawing in the dirt, or using pen and large paper). Like a timeline, this exercise provides important background information for working with the community. When used, it is usually the first research activity done in a community because it introduces the research team to many people at once.

Walkabout is a type of direct observation that emphasizes observing and recording actual situations and behavior, rather than reported or recalled behavior. Observations may focus on individuals, a location (a home or water collection site), or event (healing ceremony). The observer records as much behavior as possible, including actions, conversations, and descriptions of the areas and persons observed. Often, a checklist of topics to observe is developed to guide the observers.

Free listing is a systematic data collection method where an informant is asked to list all the different kinds of some category of interest (for example, all the main difficulties that persons living in the camp face). This method is used as a preliminary exploration of a topic of interest (a list of words or concepts related to a topic of interest). The findings

of this activity provide focus for follow up activities that explore items on the list of words/concepts.

Pile sorting is a systematic data collection technique used to further explore a topic of interest by allowing informants to group together items according to their own system of categorization. Informants are asked to sort cards on which relevant items are written, drawn or attached. They are then asked to explain the basis on which they sorted the cards.

Venn Diagram is a participatory data collection method used to understand how certain aspects of a community is organized. Usually done with groups, informants are asked to draw a diagram of the community, using symbols to indicate important persons, decision-makers, organizations and associations in the community. Persons or groups considered most vulnerable for certain problems can also be indicated. The exercise can also be used to have informants indicated the important organizations from outside the community that work closely with the community.

Pairwise Ranking is participatory data collection method where informants are asked to look at two items (a pair of items) at a time and state a preference for one. Many items can be compared with each other (two at a time). Items that are preferred most are considered the items most “preferred.” For example, informants can be shown cards indicating problems that others in the community have stated are important problems. Informants can be asked their preference for a problem to be rid of (of the two problems shown). Those problems that are chosen the most (when compared to other problems) are considered priority problems for informants.

6.5 Types of Action Planning Methods Used

We used participatory problem-solving methods to develop a community-based action plan. The problem solving methods used were the following: problem tree, objectives analysis tree, solutions matrix and action plan. A short description of these methods is provided below.

The Problem Tree is a graphic representation of a problem as a tree with many roots that lead to (or cause) the problem. The exercise stimulates and broadens thinking about the chain of causes that leads to the problem. This information is useful for deciding where a program can and should intervene to address the causes of a problem rather than addressing more superficial symptoms of the problem. In the exercise, participants are asked to list all the main causes of the problem. Then participants are asked to list all the causes of the “main” causes, and then all the causes of the “causes of the main causes.” And so on, until asking further provides no additional useful information. The root causes that are displayed on the tree are then ranked in order of importance in causing the problem. The most important root causes are then ranked in order of feasibility to change (or changeability).

An Objectives Analysis Tree is a graphic re-definition of an already-developed *Problem Tree*. The *Objectives Analysis Tree* redefines root causes of a problem that are

considered both important and changeable. The *Objectives Tree* is created by transforming negative 'cause-effect' descriptions of root causes of a problem (that are on a problem tree) into positive 'means-ends' objective statements. The objectives (formerly root causes) become the focus of a community-based program to address a priority problem.

A Solutions Matrix is developed for each objective on an *objectives analysis tree* that a group wants to achieve. A *solution matrix* exercise begins by a group discussion and listing of potential solutions/strategies for achieving an objective. The potential solutions are then ranked (or rated on a scale) by group members along several criteria, such as potential sustainability of the solution, and the equitability and/or effectiveness (productivity) of a solution. The facilitator strives for consensus on rankings but can use voting if consensus is not forthcoming. Top ranked (or rated) solutions are then the focus of an action planning process.

An Action Plan is developed (time permitting) for each proposed solution/strategy to achieve an agreed upon objective (indicated on an *objectives analysis tree*). A group discussion is used to develop a draft plan. The *action plan* indicates the actions needed to implement the solution/strategy under discussion. The *action plan* also indicates who is responsible for seeing that an action is carried out, by when the action should be completed, and what resources are needed to complete the action. Following the group discussion, the *action plan* is often shared with the various stakeholders for coordination of activities, approval, revision, and/or updating of the plan. The *action plan* should also indicate who is responsible for monitoring and follow-up of the plan.

6.6 Selection and Training of Interviewers

Interviewers were selected by WV Uganda with support from the local administrative council (elected leaders) representing Alpha sub-county (a pseudonym). Seven persons from WV Uganda who worked as primary interviewers and recorders (Four of which spoke English and Acholi). Seven from Camp Alpha from Acholi ethnic group that spoke English and Acholi who worked as interviewers and translators, as needed. Together they formed a data gathering team.

Training was done by Bill Weiss, Paul Bolton, and Jaime Castillo in Gulu Town at the WV Uganda office. Training emphasized both the theoretical background and practical application of the qualitative methods and participatory methods described above. The course was prepared in the United States, and drew heavily on the input of faculty members from the Johns Hopkins University School of Hygiene and Public Health with many years experience in this type of research. We adapted many of their training methods to the NGO situation, and produced a course which can be used by WV in other regions, and by other NGOs.

The initial training consisted of two days of classroom exercises focusing on the qualitative methods to be used in the initial days of data collection. Further training for other qualitative methods was provided just prior to their use. Didactic teaching was

kept to a minimum, and focused on description of the methods and their rationale. As much time as possible was spent by trainees practicing these methods on each other, and giving feedback to the group.

We took this approach because qualitative methods are fairly easily understood, but require much practice: The interviewer must learn how to build rapport; and how to keep the interviewee talking on the topic of interest without imposing his own belief system. This requires an appreciation of how much the interviewer's belief system affects their conversation. For example, asking a villager in an interview to describe the mental health problems in his community carries the implication that deviation in mental function is a health issue. The villager may consider this to be a spiritual issue (for example) and a sign of particular favor. Or he may simply not distinguish between mental and physical disorders. In either case he will not be answering the question which the interviewer thinks he is asking. To avoid these kinds of problems the interviewer must learn to open the interview in very general terms and speak only as much as is necessary to encourage rapport and keep the interview going. We begin with very general questions ('Tell me about your day'). When the informant mentions something related to the topic of interest, the interviewer then asks him/her to talk more about that thing, referring to it using the local term used by the interviewee. The same principles apply to the other qualitative methods.

After each classroom exercise, and each interview in the field, interviewers and translators were given feedback, based on their own transcripts of the interviews. In this way they continued to improve their skills throughout the data gathering period. Training was done in English. Consent forms and structured questions were translated from English to Acholi and back-translated for test of accuracy.

6.7 Qualitative Data Management

Data management and analysis were designed to preserve as much of the informants' conversation as possible, and to permit ongoing analysis by the team and by settlement members:

6.7.1 During each interview or observation data collectors wrote abbreviated notes in hardbound notebooks. These are "raw" field notes gathered from key informant interviews, direct observations, group discussion., etc.

6.7.2 The same day as the interview, these "raw" field notes were re-written by the data gatherers into another hardbound notebook or on computer word processor. These are "expanded" field notes and are written in full sentences; the data gatherers adding commentary as well as anything relevant which he remembered but did not have time to write down. Certain kinds of structured interview data (case narratives and pile sorts) did not have to be re-written in an expanded form and were tabulated and analyzed by hand.

6.7.3 The "expanded" field notes were coded by hand by the data gatherers. Coding was done in the page margins of the expanded field notes. Codes were developed after data collection had finished, based on themes coming from the data. Text

mnemonic codes were given color equivalents for quick finding of relevant text during analysis.

6.7.4 A data manager helped the data gatherers type up the expanded field notes. She then put them into separate file folders so that several persons could analyze the field notes simultaneously. We placed a cover sheet on each file folder with the following identifying information: date of interview, interviewer name, pseudonym of informant and community, type of qualitative method used, which codes appear in the margins of the field notes, the number of times each code appears and the pages on which each code appears.

The database initiated by this research constitutes an on-going resource for WV/Uganda and the people of Camp Alpha. Because the data are in the form of words, they can be shared with other programs and can be used by anyone. The information is context-rich and applicable to many different subjects. For example, if WV Uganda decides to work on a health program, much of the data they collected here will be useful. Thus, the data is something the program can build upon continually.

7. RESULTS OF DATA COLLECTION

7.1 Introduction

A wide variety of data was collected in the three-week field period in August 2000. A schedule of activities is presented in Appendix 1. Appendices 2 and 3 present a summary of the different types of data collected to date. The research was continually modified over time, with new components added and less useful components discarded as the research progressed. We are only able to present a portion of the data collected in this report. This research is a work in progress; gaps in the data will be filled when WV continues this research in support of future programs.

7.2 Description of the Camp

7.2.1 General Information

The seven different zones within Camp Alpha represent either of the following subgroups: (1) a population of persons who have crowded near the center of the camp where the military barracks is located (zones 2a, 2b, 8, and sections of 1); and (2) a population of persons who live toward the outer portion of the camp away from the military barracks—this portion of the camp is less secure and has received the brunt of rebel attacks against the camp (zones 9, 5, and 7). The different zones are made up of primarily the Acholi ethnic group (who speak Luo) with a small number of persons from the Madi ethnic group. All zones receive support from the Government of Uganda, and numerous non-governmental organizations (NGOs).

7.2.2 History of persons living in the camp

Historical information was obtained directly from a timeline exercise and were obtained during informal conversations. A timeline (or historyline) exercise was carried out with 17 elderly men and 26 elderly women from Zone 1. These participants identified key historical events they faced between 1986 and the present time. A diagram of the timeline is presented in Appendix 14. Participants recorded a series of violent events against them and their families and villages by both government forces and rebels in this time period. Theft of food and livestock was reported as was “wrongful” imprisonment by the government.

“In 1986-87 our livestock was taken by the government and our houses were burnt. We were left without anything to eat. We were forced to go to Gulu town leaving our crops behind as well as our animals. While we were in Gulu town, government took our animals.” [Male informant from Zone 1 during Timeline]

“In 1988 the Government took our sons to prison and some of them were killed. The situation made us to go back to our former home village. We had started growing our crops, but the government forced us to go to the camps. Our livestock was taken, houses burnt, and so was the food.” [Male informant from Zone 1 during Timeline]

“In 1986 we were still at our little village, but we failed in many things like chicken, goats, cows. After that, things started getting lost in the way they don’t like and even my husband and other men were killed and I was left a widow. I started wondering on whom will take care of the children. The women were forced to go to town. The situation made us return to our former home place. We lost our crops in 1986. The government forced us to go to the camp and all our food in the granaries as well as in the gardens was taken by the soldiers [armed forces]. In addition, the rebels also came in the area and burnt all the houses.” [Woman informant from Zone 1 during Timeline]

“In 1997 I was taken to Masindi prison without a good reason even though I was a government servant. I was working as a Parish Chief before I was taken to prison. All my goats and chicken that I left at home before I was taken to prison were taken away by the government. Why did the government do that to me? I am really upset with the government.” [Male informant from Zone 1 during the Timeline]

Most participants had arrived in the camp in 1996. Extreme levels of violence and forced labor by rebels are reported in 1996 as one reason. In addition to violence by the rebels, people also report coming to the camp because of coercion by the government.

“In 1996 when we were forced by government to go to the camp, we were lacking in many things like toilets and water. We did not have proper housing and we still don’t have it until now. Children were dying. Relief was not enough

for the people. If at all government could take us back [to our home]. From 1996 we are living under threat from insecurity and disease.” [Male informant from Zone 1 during Timeline]

“In 1996 we came to the camp when the Kony rebels started killing and abducting children. People were brought from their villages to come and stay in the camp. From then people started facing many problems. There was hunger and problems with food distribution in the camp. Many people were dying from different diseases like malnutrition, measles, diarrhea, cholera. There was not enough food relief. We still do not have enough food.” [Male informant from Zone 1 during Timeline]

“In 1996 I was working in the field. I was abducted from my village and I was given a heavy load to carry. I had to walk a long distance. I saw many things that were happening to people who were being abducted. Raping and torture.” [Woman informant from Zone 1 during Timeline]

“In 1996, I was also abducted and I had to carry a heavy load. I saw things, people were tortured. For example, putting holes in people’s lips and then put on padlocks. Even putting padlocks on women’s private parts. They also cut people’s ears and noses.” [Male informant from Zone 1 during Timeline]

“In 1996 people were forced to go to the camp. It was a time when war broke out with Kony rebels. These rebels started abducting children of the age of 8 and older. The rebels made men to carry heavy loads. The heavy loads were composed of foodstuffs. While they were carrying these heavy loads, many men were beaten by the rebels and many died. Other men were killed, even those who were found at their homes were killed. There were bombs, which were fired from the trading center (by the government forces) to the villages to force people living in the village to go to the camp. Many houses were destroyed by bombs.” [Male informant from Zone 1 during Timeline]

7.2.3 Activities of Men, Women and Children

Six semi-structured observations (Walkabouts) were carried out in the camp covering each zone. Observers—walking around in pairs or threes—used a checklist of topics to provide focus for the observations. Included on the checklist was a request to observe the activities of persons living in the settlement. The teams also traveled to the camp ten times during the study and had unstructured time (waiting for informants or waiting for teams to return to a gathering point) to observe life in the camp. The findings in this report about activities come from these observations.

Women were observed doing the following activities:

- Drying crops that have been harvested from fields;
- Working in the gardens within the camp and in fields near the camp;
- Preparing food for cooking and cooking food;

- Taking care of the children;
- Collecting water in jerry cans;
- Carrying fire wood back from fields on their heads;
- Preparing fermented drinks (e.g. from sorghum or millet) for sale;
- Selling produce/food items like groundnuts in the market or at home;
- Observing and participating in traditional dance practices/competitions;
- Participating in meetings of elected officials;
- Going to the health clinic;
- Washing cooking utensils and clothing.

"Women were seen drying food stuff... "Going to the dispensary to help a sick sister" [said one lady in her early twenties]... Others were washing while others were returning from their gardens with hoes and fire wood on their heads."
[Walkabout (observation) in Zone 2]

"The women work in the field, fetch water, collect firewood, cook and look after children." [Walkabout (observation) in Zone 9]

The teams observed men in the camp doing the following:

- Building latrines and houses;
- Digging dirt to use in making mud bricks;
- Participating in meetings of elected officials;
- Repairing bicycles;
- Hauling food and materials on bicycles;
- Transporting family members and others on bicycles;
- Observing and participating in traditional dance practices/competitions;
- Drinking alcoholic beverages with male friends;
- Selling food and non-food items (soap, salt, sugar, matches, etc.) from small shops;
- Occasionally watching after children;
- Cultivating fields near the camp;
- Listening to radio freedom which is clearly received in this area.

"Men were seen digging around a trash site... others repairing bicycles... others seated in their verandas chatting with fellow men... One man was seen spreading sunflower seeds on the ground at the edge of the camp... Others were taking alcohol."
[Walkabout (observation) in Zone 2].

"A big crowd of [camp] residents... men, women, children assembled at the sub county chiefs house (at the front) to view a competition of traditional dance which was to take place in the late after noon... On our way to the market 2 youths (men) were carrying shield /spears and they were some of the contestants in the dancing competition."
[Walkabout (observation) in Zone 8].

Children were observed playing around their homes and going to school. Female children were observed collecting water, carrying firewood back from fields, washing utensils and taking care of babies.

7.2.4 Shelter

The findings about shelter also come from the six semi-structured observations (Walkabouts) and informal observations during other data collection activities and while waiting around in the camp.

Shelters are typically round in shape with mud brick (not fired) walls about four feet high and a grass thatch roof rising to about nine or ten feet off the ground. So one must duck one's head upon entering but then having a high ceiling once inside. The floors of the shelters are also mud. The shelters provide adequate protection from the sun, rain, cold and floods. Most shelter have raised veranda. The materials used to make the shelter are all locally available, but are in limited supply.

Most shelters visited were kept very clean and swept. The shelter is not physically divided into separate spaces; separate spaces can be created with a blanket or sheet hanging from the rook acting as a partition. Persons sleep, eat and cook within the shelters. A hearth is created by digging a hole into the dirt floor in the shape of a "T". This allows wood to be placed into the hole for a fire, while allowing pots to sit on the top of the "T" at the level of the floor without falling into the fire below in the hole. None of the shelters visited had chimneys. Ventilation was allowed from the open door and to some degree by the space between the grass roof and the walls of the shelter created by the bamboo poles used to provide the structure for the roof.

"Shelters are made of local materials, which are in good supply presently (rainy season grass), but very scarce during the dry season, especially when both the army and the rebels burn the grass to deny one another hiding ground... The shelters provide adequate protection from the sun, rain and flooding. However there isn't privacy since all the shelters are one room... The fire place is on the floor of the shelters, which is a hazard to especially the toddlers.... (There is no chimney for common indoor cooking fires, however)... While some households have separate sleeping eating and cooking areas, most of the shelters accommodate all the 3 functions." [Walkabout (observation) in Zone 2]

Congestion between and within shelters was observed to be a problem. The space between shelter ranged from 0.5 meters in the most congested areas (for example, in much of Zone 2) to about four to five meters in the less congested areas. The average space between shelters overall was about one meter; the international standard for refugee and IDP settlements is a minimum of two meters space between shelters.¹

¹ Medecins Sans Frontiers. *Public Health Engineering in emergency situations*. Paris: MSF, 1994.

The average shelter had a floor area of seven meters squared. Some shelters in the less congested outer areas of the camp had a floor areas up to 12 meters squared. The average number of persons per shelter was between five and seven. This allows, on average, a space of one to 1.5 meters squared per person. The international standard for refugee and IDP settlements is a minimum of 3.5 meters squared per person.¹

“Home A. This was a small hut of about 7 metres squared of space. There was an elderly woman (aged about 65 years) and seven other persons, all occupants of the small hut. There was no evidence of food stored in the house or even of preparation for the harvest which is about to come in. The hut is grass thatched with mud block walls...”

The elderly woman complained that building materials are in short supply and expensive, making it difficult for her to get the required resources to build another hut in the camp centre where it is more secure...

This home cannot be very comfortable for the family, with little privacy inclusive. The door is the only ventilation. Another house stood without a roof and when asked it was discovered that the rebels had burnt it down, killing one person. No latrine or garbage pit was seen. The elderly woman was at home with two young sons. The rest of the family were in the fields.”

[Walkabout (observation) in Zone 9, a less congested area of the camp]

7.2.5 Water

The findings about water come from two community mapping exercises and the six semi-structured observations (Walkabouts) as well as informal observations.

Persons in the camp get water from boreholes and protected streams/springs. Most, but not all, zones in the camps have water points. Most persons can reach a water point within 200 meters of their home. Persons in zones without water points may have to go up to 500 meters to reach a water point. Even though many water points were observed (including a wind mill pumping water into a storage tank), in mapping exercises and during informal conversations during the Walkabout, men and women complained about the quantity of water available (long lines at pumps, inefficient pumps). Some comments mentioned during a community mapping exercise with persons from Zone 1 are illustrative:

(Middle aged lady) “You need to line up in order to get water and this delays us in doing other duties like going to the garden or to school...”

(Old man) “Water is life so water points should be added...”

(Old lady) “People will be healthy because of water so the water points should be added...”

(Young man) "The windmill is not effective because the area has lot of trees which blocks the free movement of air and so it takes about 2 to 3 days before the wind mill water tank is filled..."

(Old woman) "Sources of water are not available in Zones 5, 7, or 1."

Households have to pay 100 Shillings per month to collect water from the water points in the camp. People carry their water almost universally in jerrycans. Water is stored in the home in the jerrycans or in clay pots. Water for drinking is not boiled as the water supplies are considered to be of good quality (if lacking in quantity). Average household storage capacity for water is about 40 to 50 liters (2 jerrycans). With five to seven persons per shelter, this amounts to about six to ten liters of water per person per day, unless water is collected more than once a day; this we failed to investigate. The international standard for quantities of water per person per day in refugee and IDP settlements is 15 to 20 liters.

"We visited two water points, a protected spring and a borehole in Zone 9. The protected spring serves the displaced schools in the area and the people in the camp generally. The protected spring is about 500 meters away from the displaced schools. There is very high level of hygiene observed at the water site, drainage has been created carry water away from the water source and there was no stagnant water visible..."

The water at the spring was being used for drinking and washing. A woman of about 40 years of age was washing her clothes behind a fence made of reeds which isolated her from the water site itself and prevented contamination. There were some boys hidden behind an ant hill taking a bath. This water point was observed not to be very busy at this particular moment..."

The borehole, which is situated across the main road and at the lower part of the displaced schools section, was busy. Three women were washing their clothes. On arrival at the water site we were warned that people were not allowed to go beyond a certain point in slippers and shoes... We counted 15 people carrying out activities at the water site. Of these, 5 were middle aged women and the rest were children of age less than 10 years..."

The people use jerrycans of 20 litres for carrying water while the children use empty oil cans left over from oil distribution by WFP. The location of the borehole suggests that many people have to walk a distance of not less than 100 meters to the water point. The bore hole has a care taker and every family has to make a contribution of 100 shillings per month toward the maintenance of the bore hole. An average household may have water storage at capacity of 20-50 litres. They keep their drinking water in water pots."

[Walkabout (observation) in Zone 9]

"Our group did not come across a water point, but the people we asked informed us that water points are located within a close range of about 100-200 meters. These are boreholes... Drinking water is transported to the homes in jerrycans. We asked a lady in her early twenties, a mother of twins, and she showed us 2

jerrycans for water collection... The few families visited and interviewed (5 families) showed that it is women and children who commonly fetch the water... Water in the homes is stored in jerrycans, inside the huts/shelters... On average each household has two 20 liter jerrycans and this amounts to 40 liter storage capacity... In terms of handling, few drinking utensils were observed. Families don't seem to have enough cups and plates. Those available are generally old and need to be replaced.”

[Walkabout (observation) in Zone 2]

7.2.6 Sanitation

On average there is a latrine for about every seven to ten shelters. Typically an extended family (or a group of families) shares a latrine built by the head of the family. The international standard for a ratio of persons to latrines in refugee and IDP settlements is 20:1.² With an average of seven persons per shelter in the camp, the ratio of persons per latrine in the camp is about 50:1. This ratio may actually be higher (worse) as many latrines we encountered had padlocks. When latrine owners were questioned about the padlocks, they said the lock was to prevent use and making a mess of the latrine by non-family members. That these poor families to go to the trouble of buying a padlock for the latrine (shelters are not padlocked), suggest that a good number of persons do not have access to their own latrine (or do not like the smell or cleanliness or their own latrines) and try to use others.’ A likely reason for this is due to insecurity and congestion where residents move from less congested and insecure zones to more secure but crowded zones of the camp; moving into a crowded zone means that there is little additional space to build latrines.

The latrines are used primarily by adults. No hand washing facilities were observed next to latrines. Children defecate openly on the ground where the need arises or in open pits next to shelters. Trash is disposed in large open pits some distance away from shelters.

“We saw a child defecating in the compound near groundnuts displayed for sale in a home just behind a bar in the trading center. The child looked anemic and weak and malnourished... Latrines are located just within 2-3 meters from the shelters/hut where the families stay. It is shared by 7-10 other families within 10-15 meters of the homesteads having the latrine in its compound. The head of the families communally constructs the latrines where they identify some space enough for its construction. The latrines are mostly about 2 meters by 1 in size. They were mainly sited behind the houses/huts. Open shallow pits are dug for children close to the huts.”

[Walkabout (observation) in Zone 1]

“Trash is disposed a good distance away from the shelters. The community has trash/garbage piling sites... A child was seen defecating at the edge of the

² UNHCR. *Handbook for emergencies*. Geneva: UNHCR. 1982

trash/garbage site, in the company of other 4 children... Latrines are owned and managed by groups of families. About 5-7 families in the area of a latrine... The latrines are located behind shelters... No hand washing facilities were observed in relation to latrine/household hygiene... Most latrines have padlocks all the time to avoid use by non-family members... They have slabs, the hole is small enough for children, but the latrines are generally not kept clean... Fecal contamination was noticed along the paths winding through the camp and around some houses... children's feces were seen around some shelters."

[Walkabout (observation) in Zone 2]

7.2.7 Health and Health Services

There are two health centers and a private drug seller in the camp. One health center is run by the government and one is run by a catholic mission. The mission health center requires some fees paid. Persons complained that the health centers were frequently out-of-stock of drugs. The private drug seller appears to be well-stocked with anti-malarials and antibiotics, but people complain about the cost of drugs at this site.

"The dispensary was constructed by the local government on people's request... The other one is for the mission... and that and that you have to pay for... and for the dispensary you have to buy book for 100 shillings as a medical form."

[Male informant about 55 years at a community mapping exercise in Zone 2]

"There are not enough health centres in (the) camp... there are only 2 health centers and they have inadequate drugs."

[Informant at a community mapping exercise in Zone 1]

"There is also a 'clinic' (drug shop) in the market... It is a private enterprise and well stocked with anti-malarials and antibiotics... Only two people were in the shop... Most people can not afford drugs so they are treated on credit."

[Walkabout (observation) in Zone 8]

"The Health center is located in Zone 9 and next to the catholic church in (the camp)... The structures housing the health center are modern and well designed... This is a fairly busy place and staff said that on a typical day the medical center services 150-200 patients. The children's wing appeared to us to be the busiest wing in the hospital. By the time we arrived (3.10 pm) there were still about 70 children under 5 years of age awaiting treatment... In the children's wing drug dispensing was done by a team of 5 nurses as they try to cope with the large volume of children... The major drugs stocked at the health centre include; Antibiotics, anti-malarial's, vitamin tablets ORS, and drip water.

The centre has a limited number of beds and an admission centre and a labour suite/maternity ward. At the time of the observation, there was one pregnant woman being examined in the labor centre. About 5 other women were waiting to be seen and looking tired and heavy.

A small user fee is charged with admission to the ward of 2000 shillings. The mid wife in charge of the maternity wing said that the users fee was too little

but acted as a gesture of service to the community in the camps and around the camp.

The staff nurse in reception indicated that most of their work at the health centre is on voluntary basis since their salaries do not cover the amount of work that they do. He also observed that they do not have any way of supplementing their income with other activities like farming since they spend most of their time in the health center.

The health centre opens to the community for services at 9.00am and officially closes at 4.00pm but this normally extends far beyond 5.00pm due to the heavy work load.... The health centre had a borehole which is its major source of water. The water is pumped into a water tank and then supplied to the other units. There was a water tank meant for storing rain water harvested (now out of use)... The medical centre is serviced by pit latrines which are well constructed and of the VIP type."

[Walkabout (observation) in Zone 9]

Important diseases mentioned by people in the camp include *lyeto* (meaning fever but also the only term used for malaria as well as all other types of fever), *cado* (pronounced 'chado' meaning diarrhea), sexually transmitted diseases among youth, and a "new" disease affecting mostly children they call *kimiro*. Signs of *kimiro* include sores/wounds around the pelvis and in the mouth. Apparently, *kimiro* is not taken for modern treatment but is treated with herbs. Health workers in the camp believe it is a fungal disease associated with malnutrition. We were unable to observe any cases directly.

"During the walk, two different groups of youth (5-6) of them were found playing cards at 3:00 p.m.. they said that the common diseases in the area are STDs, lyeto (fever, often malaria), and kimiro... The young men lamented that they do not have any sensitization on STDs."

[Walkabout (observation) in Zone 8]

Qn. *"What are the common diseases in the camp?"*

A. *(A lady about 50 years) "Cado (diarrhea) and a new disease called Kimiro mainly affecting children below 5 years and adults of both sexes. [She went on to describe that the victims of Kimiro develop sores/wounds and burns the private parts, and that it has resulted in many deaths within the camp].*

[Community Mapping in Zone 2]

Qn. *"What are the common diseases in the camp?"*

A1. *"Lyeto (often meaning Malaria), lyeto with convulsions, cado (diarrhea), and a new disease common among children that brings sores in the mouth and the gut causing sudden death (this particular disease 'Kimiro' is believed to respond negatively to modern treatment and therefore treated with local herbs)."*

(Unknown informant)

A2. (Middle aged lady) *“The health centre is important because it treats STDs which are common among the youths within the community (the youths giggled at this).”*

[Informants at a Community Mapping exercise in Zone 1]

Immunizations are provided to most children in the camp but not all children observed were immunized against measles. Growth monitoring has been carried out but does not appear to be recent.

“During the walkabout we asked to see immunization cards for three children reported by caretakers to be between 10-13 months of age... One card was locked up by the father who was not around. We therefore could not see it... One child had a card with all immunizations recorded and who had growth monitored for the first six 6 months of life... Another one had a card with all except measles and vitamin A capsules. Her growth had been also monitored for the first 6 months of life.”

[Walkabout (observation) in Zone 1]

“At least 3 vaccination cards for children seen... All had completed the schedule, but there was no record of growth monitoring for two... One child's weight was plotted on the card once. Another child's card was in her home in another zone but child had a BCG scar... One of the five women had a TT card... Two claimed they were also immunized... No ORS in homes as it is only given when a child is sick and only a few packets are given... Mothers are told to go and prepare ORS at home using sugar and salt. The lady we talked to said she forgot the measurements.”

[Walkabout (observation) in Zone 8]

7.3 Difficulties Faced By Persons Living in Camp Alpha

Identifying difficulties faced by persons living in the camp was done during the Community Mapping and Timeline exercises, informal discussions during the six Walkabouts, and most directly during Free Listing of the difficulties faced by persons living in the camp. Appendix 5 provides the final results of 20 Free List interviews across all zones of the camp. The most salient problems faced by persons living in the camp (as identified by the Free Lists) are the following:

- *Kec* (hunger)
- Lack of land for cultivation
- *Lweny* (insecurity)
- *Two* (sickness)
- *Can* (poverty)
- Congestion
- Lack of drugs

These seven problems identified during the Free Listing triangulated well with problems mentioned during the mapping and during informal conversations during the

Walkabouts and the Timeline. For this reason, we selected these seven problems for further analysis and for further investigation during the remainder of the study. We first explored these problems with Pile Sorting by 13 informants from five zones (six women and seven men) and then with Pair-Wise Ranking and a Venn Diagram with a group of women and a group of men. A summary of findings about these problems is presented below. Appendices 6 to 9 show the results of these exercises in tables and diagrams.

7.3.1 Problems seen as related.

Persons in the camp perceive the problem of *kec* (hunger) and *can* (poverty) to be the result of a combination of insecurity and congestion and lack of land for cultivation. Insecurity is caused by the rebels who harm or kill persons in the population and abduct children. For this reason, most of the persons from the sub-county are now living in this camp. The camp is located at the only trading center in the sub-county, which also contains the only military barracks in the sub-county. People have built homes as close as they can to the military barracks. Persons in the camp who cannot move closer to the barracks often sleep near the barracks, either outside on the ground or in buildings abandoned in the night. As described in section above on shelter, the camp is very congested and many people live in a small area. There is little room inside the camp for gardens or plots for cultivation, and there are few livestock in the camp. Many people have come to the camp from distant areas of the sub-county and feel it is very risky to go back and cultivate or harvest food on their own lands. Food is the Acholis' main source of income. Therefore, with less food from less planting and harvesting, there is more poverty than usual.

"Lweny (insecurity) has driven people to the camp and the eventual crowding of the camp." [Male informant of 42 years from Zone 9 during Pile Sorting]

"Lweny (insecurity) has led to confinement in camps, causing congestion and lack of cultivatable land." [Male informant of 27 years from Zone 9 during Pile Sorting]

"Due to congestion, there is no place to cultivate and grow food (in the camp)... Thus Kec (hunger) comes as a result."
[Female informant of 30 years from 2 during Pile Sorting]

"Because there is congestion in the camp, people go to dig far away, meet the rebels and come back with no food." [Female informant of 30 years from Zone 1 during Pile Sorting]

"We have gardens about 6 miles away from here, but can not go to collect the harvest because rebels have invaded the area and are stealing our maize harvest."
[Stated by a woman in a group of five women during a Walkabout in Zone 2].

"Sometimes you return (from your fields) without digging or collecting food and sleep hungry." [Female informant of 26 years from Zone 5 during Free Listing]

“We have to cultivate far away (from the camp)... In case the road is insecure, you cannot dig, so you fail to plant... the season may be poor.”

[Female informant of 21 years from Zone 2 during Free Listing]

“People take risks cultivating at their old villages... one man was killed last week... you can only dig for a short time (before you have to return).”

[Female informant of 56 years from Zone 1 during Free Listing]

“No garden plots appeared in the central/congestion of houses, but some gardens were near the local council chairman’s home (at the outer edge of the camp)... There are no gardens mainly because is not enough space for cultivation.”

[Walkabout (observation) in Zone 1]

“Qn. How is lack of land a problem?”

“A. The lives of the people are based on cultivation. It is the source of food and income.”

[This was a comment by a lady of 53 years during a Pair-Wise Ranking exercise]

“Lack of cultivatable land leads to shortages of food... people do not get money as a result of lack of farming and this leads to can (poverty).”

[Female informant of 43 years from Zone 9 during Free Listing]

People also saw the problems of *two* (sickness) and lack of drugs as related problems. The main perceived relationship between these two problems was that lack of drugs allowed sickness to continue, spread or worsen and sometimes lead to death. Lack of drugs was not perceived as a cause, in itself, of sickness.

“Although there is a health unit around, there may be no drugs at times, and the sickness continues if it is not treated.”

[Female informant age 30 from Zone 1 during Pile Sorting]

*“Lack of drugs means untreated *two* (sickness)... this leads to worsening sickness and death.”*

[Male informant age 27 years from Zone 9 during Pile Sorting]

“Sicknesses like STDs–syphilis– will spread if there are no drugs here.”

[Female informant of 35 years from Zone 8 during Free Listing]

7.3.2 Problems not seen as related

In 13 pile sort interviews, no persons put together the problems of *kec* (hunger) with *two* (sickness). This suggests that malnutrition may not be perceived as an important cause of illness although we know from studies that about 50 % of childhood mortality is associated with malnutrition worldwide.

Also during the pile sort interviews, no persons related the problem of lack of drugs with insecurity. This suggests that residents of the camp may not perceive insecurity—which is a root cause of most of their problems—as a major factor in disrupting services (health or others) in the camp. Perhaps residents believe that the government and NGOs can operate without a problem even during times of insecurity or they may believe the government and NGOs are responsible for providing uninterrupted services regardless of the security situation and should overcome such obstacles; this was not investigated.

7.4 Perceived Priorities Among Difficulties

We carried out two pair-wise ranking exercises. One exercise was carried out with a group of women (nine women of various ages, one woman at least from each zone in the camp) and with a group of men (seven men of various ages, at least one man from each zone in the camp). Each of the two groups ranked the same six problems: hunger, insecurity, lack of land, sickness, poverty and congestion. This was done by comparing each problem with all the other problems; we compared two problems at a time. Participants were asked which of the two problems being compared at any one time would they prefer to be rid of (or go away).

Both groups preferred to be rid of insecurity as their first choice or priority for problems to be rid of. Both groups also preferred to be rid of congestion as their second choice or second priority for problems to be rid of. (The results of both rankings, in table form, are presented in Appendices 7 and 8). These two top priorities (insecurity and congestion) make sense given earlier findings about how these two problems are perceived as the root cause of all other problems faced by persons living in the camp. That insecurity is the number one priority agrees with the statements made during pile sorting and free listing that the cause of congestion is insecurity.

The two groups participating in the pair-wise ranking exercises differed as to their third through sixth priorities for problems to be rid of. The women's group chose *Kec* (hunger) the third most frequently as a problem to be rid of after insecurity and congestion. The third most frequently selected problem to be rid of by the men's group was *Two* (sickness). *Kec* was the ranked fifth by the men's group and *Two* was the ranked fifth by the women's group. The other rankings, by group, are shown in Appendices 7 and 8.

7.5 Perceived “Stakeholders” for the Problem of *Kec* (hunger)

We used a Venn Diagram to directly investigate those with an interest (stakeholders) in solving the problem of *Kec*. *Kec* (hunger) was selected as the focus for the Venn Diagram exercise by using the nominal group technique with study team members. Team members were asked to select their 1st and 2nd priority for a problem to address based on two criteria: (1) importance of the problem to the population as suggested by the pair-wise ranking exercises; and, (2) the feasibility of addressing the problem (changeability of the problem). Individual team members silently wrote their selections on paper. These selections were then listed on chart paper for all to see. A

considerable discussion followed as to why people made their selections and other team members' reactions to these reasons. After much discussion, the team members voted on the 1st and 2nd priority for intervention based on the same two criteria. The problem receiving the most votes was *Kec* (hunger) followed by *Two* (sickness).

Venn Diagram exercises were carried out with the same groups of men and women who participated in the pair-wise ranking exercise as a method of follow-up. For the Venn exercise, participants were asked to identify the following:

- persons in the community who are most vulnerable to the problem of *Kec*;
- persons, organizations or associations who participants believe are responsible for addressing the problem of *Kec*;
- persons, organizations or associations who participants know are currently working on the problem of *Kec*.

Each group provided a somewhat different list of stakeholders. However, both groups mentioned three types of persons living in the camp who were most vulnerable:

- disabled persons;
- widows or widowers;
- orphans or child-headed families

Q4. "Of all the people you mentioned who are affected by lack of food, which category is most affected?"

A1. (53 year old lady said) "Those who have orphans ('Lutino kic') to take care of."

A2. "The persons living with disabilities." (Said by a 38 year old lady)

A3. "Widows and widowers." (unknown woman)

A4. "Orphans living on their own." [Child headed families] (unknown woman)

[Venn Diagram with women from all but one zone of the camp]

Groups internal to the community and who are seen as responsible for addressing the problem of *kec* include elected leaders (local council members), camp leaders, and *Rwodi Kweri* (or neighborhood leaders). Groups external to the community that are seen as working on the problem include: World Vision, Catholic Relief Services, UN World Food Programme, Red Cross (International Committee), and Action Against Hunger. The Venn Diagram produced by the women's group is provided in Appendix 9.

8. ACTION PLAN TO ADDRESS THE PROBLEM OF *KEC* (HUNGER)

8.1 Public Meeting to Present Results and Begin Action Planning Process

In order to present the results of the data collection activities (up to the Venn Diagram), a meeting was organized with local council chairmen, councilors, camp leaders and sub-parish chiefs. Presenters included persons from WV Kampala, from WV Gulu, from the camp who were part of the study team, and from JHU. After presentation of the results of the study, the study team asked the camp leadership to select a priority problem to address that was both important and feasible to address.

The study team offered to work with an “action committee” during the following two to three days to develop an action plan to address the priority problem of the camp leadership’s choosing.

The camp leadership voted on 1st and 2nd priorities of a problem to address with an action plan. Interestingly, the camp leadership voted for the same priority problems that the study team did when preparing for the Venn Diagram: (1st) *kec* (hunger) and (2nd) *two* (sickness). In addition, these two problems were the third priorities—after *lweny* (insecurity) and congestion, the two problems considered not very feasible to address by the community— for both pair-wise ranking exercises carried out with men and women

“Two (sickness) and kec (hunger) are the main problems.” (Man of about 30 years)

“Lweny (insecurity) is the root cause of all problems.” (Woman about 35 years)

“Lweny (insecurity) should be left to the government to deal with... it is beyond our ability... kec (hunger) should be ranked first.” (Man of about 50 years who is a local council chairman at level 2)

“Lweny is a problem, but only kec and two are feasible to address.” (Man in his 40s)

The camp leadership then nominated persons from the camp to participate as members of a “camp action committee.” The function of the group was to work with the study team to develop an action plan to address the problem of *kec* (hunger). The camp leadership nominated persons who matched the findings of the Venn Diagram exercises about likely stakeholders for this problem. The camp leadership nominated nine persons to be on the “camp action committee” including the following: a local council chairman level 2, a secretary for children’s affairs, a secretary for the disabled, and a chairman for health at the sub-county level. The committee included six men and three women.

8.2 Perceived Root Causes of the Problem of *Kec* (hunger)

The “camp action committee” (CAC) participated in developing a *Problem Tree* to identify and discuss the root causes of *kec* in the camp. Study team members from JHU and WV facilitated the exercise. A *Problem Tree* is a graphic representation of a problem as a tree with many roots that lead to (or cause) the problem. The exercise stimulates and broadens thinking about the chain of causes that leads to the problem. This information is useful for deciding where a program can and should intervene to address the causes of a problem rather than addressing more superficial symptoms of the problem. In the exercise, participants are asked to list all the main causes of the problem. Then participants are asked to list all the causes of the “main” causes, and then all the causes of the “causes of the main causes.” And so on, until asking further provides no additional useful information.

During the exercise, the CAC identified 23 root causes of the problem of *kec*. (A root cause was defined as a cause of *kec* without any significant causes itself). This task was not difficult but required a significant amount of time (about 3.5 hours). A short excerpt of the exercise is illustrative of the process. In this excerpt, “lack of formal education” is identified as a root cause of *Kec*.

Q: “What are all the things that cause *kec*?... That is, what leads to *kec*?”

A: “A shortage of food... pest and crop diseases... and poor marketing practices.”

Q: “What leads to a shortage of food?”

A1: “An unreliable climate.”

A2: “A shortage of cultivatable land.”

A3: “Laziness.”

A4: “Use of old technology.”

A5: “Many disabled, elderly and orphans.”

Q: “What leads to a shortage of cultivatable land?”

A1: “Congestion, crowding, too many people.”

A2: “Houses take up all the available land.”

A3: “Large family size.”

Q: “What leads to congestion?”

A1: “Insecurity.”

A2: “There is only one displaced persons camp in this sub-county.”

A3: “There is only one military barracks and it is located here.”

A4: “The congestion attracts persons with business interests making it more crowded.”

Q: “Why is there only one displaced persons camp in this sub-county?”

A1: “The sub-county is mostly rural and there are no roads in the rural areas for security/military to patrol making it insecure other places.”

A2: “The Kilak Hills are in this sub-county and the rebels use that area for their hideout.”

A3: “The only trading center in the sub-county is located here.”

Q: “Why is there only one trading center in this sub-county?”

A1: “Because there was a concentration of development efforts in the sub-county in this place.”

A2: “Because people here were not very business oriented in the past?”

Q: “Why were people not very business oriented?”

A: “Because the people did not have formal education.”

After identifying the root causes of *kec*, the CAC was then tasked with selecting the top 10 most important root causes. Selection of the top 10 root causes of *kec* was done without much difficulty, usually by consensus; on occasion a vote was taken if a consensus was not forthcoming in a reasonable amount of time. The top 10 root causes of *kec* (hunger), ranked in order of importance were the following:

- 1-insecurity
- 2-unreliable climate
- 3-pressure on the government to spend less on the military
- 4-no formal education
- 5-pests and crop diseases

- 6-lack of agricultural extension training
- 7-medical bills makes you sell food for money at low prices
- 8-large families (polygamy, extended families, children sign of power, prestige)
- 9-need for money makes you sell food at low prices
- 10-no other opportunities to earn income makes you sell food for money at low prices

The CAC was then tasked, as a group, to rank the top 10 root causes (written on cards in *Acholi* and English) in order of feasibility to address. The top 10 root causes, in order of feasibility to address, were the following:

- 1-medical bills makes you sell food for money at low prices
- 2-no formal education
- 3-lack of extension training
- 4-pests and crop disease
- 5-no other opportunities to earn income makes you sell food for money at low prices

- 6-large families (polygamy, extended families, children sign of power, prestige)
- 7-need for money makes you sell food at low prices
- 8-pressure on the government to spend less on the military
- 9-insecurity
- 10-unreliable climate

The five root causes (of the top 10 most important) ranked as most feasible above were then selected for intervention in a community-based program. A refined, final problem tree with only these five root causes is presented in Appendix 10.

8.3 Objectives of a Community-based Program to Address *Kec*

The objectives of a community-based program to address the problem of *kec*, were defined by transforming negative 'cause-effect' descriptions of five root causes of *kec* into positive 'means-ends' objective statements. The problem tree (presented in Appendix 10) was transformed into an 'objectives tree.' Appendix 11 shows the objective tree. This is graphic representation of the five objectives of the program to be carried out by residents of Camp Alpha, with support from World Vision, to address the problem of *kec*. The five objectives are as follows:

1. Reduce the amount of medical bills paid by the camp's residents;
2. Provide formal education to the camp's residents.
3. Provide agricultural extension training to the camp's residents.

4. Reduce crop damage due to pests and crop disease.
5. Provide opportunities to earn income other than through sales of cultivated food.

8.4 Potential Solutions to Address a Root Cause of *Kec*: Training in agricultural extension

The “community action committee” (CAC) was asked to select one (of the five objectives selected above) of *kec* to begin the process of developing an action plan. The CAC selected the objective of “agricultural extension training” to begin with. The CAC along with staff from World Vision attending the action planning process discussed and listed potential solutions for providing more training in agricultural extension for residents of Camp Alpha. The potential solutions were then rated along three criteria: sustainability, equitability and effectiveness (productivity). The list of potential solutions and their ratings is provided in Appendix 12. The top rated solutions for providing training in agricultural extension to the residents of Camp Alpha include the following:

- Training center in Camp Alpha
- Introduce and train in use of fast yielding seeds
- Develop farmer peer groups
- Model Contact Farmers to disseminate new technology

8.5 Action Plan to Provide Training in Agricultural Extension

A detailed action plan to address the problem of *kec* by providing training in agricultural extension was developed by the “community action committee” (CAC) and World Vision staff working together and provided to the leadership of Camp Alpha. This action plan is shown in Appendix 13. The action plan focuses on providing a training center for agricultural extension in Camp Alpha, training model contact farmers who can then train peer groups of farmers, organization of peer groups of farmers, and the introduction of fast yielding seeds via demonstration sites and competitions between members of parishes living in the camp. This proposed action plan will be considered by the camp leadership and inform their own efforts in their upcoming development plan for the entire sub-county. World Vision Uganda will also consider this plan when developing the new fiscal year plan for Gulu District that begins in October 2000.

Note that training in agricultural extension was the first objective (of five objectives of a community-based program to address *kec*) selected for action. Due to the time required to develop the action plan for this one objective, however, there was not enough time for the study team to work with the CAC to develop action plans for the other four objectives. World Vision staff and the CAC will meet together later in September 2000 to develop action plans for the other objectives.

9. CONCLUSIONS AND RECOMMENDATIONS

9.1 Difficulties faced by persons living in the IDP Camp

Lweny (insecurity) and congestion are the two problems of greatest concern for the camp population. These two problems are the main causes of most other problems faced by persons living in the camp. Insecurity causes people to crowd into the camp near the military barracks in places that are considered more secure than areas outside the camp or areas on the edge of the camp. People move many miles from their own lands that are used for cultivation, the Acholi's principle source of livelihood and income. Lack of land leads to lack of food and a lack of income. This leads to hunger and an inability to shorten or mitigate illnesses by paying for medical treatment (Western and non-Western). However, these two problems (insecurity and congestion) are seen as fairly intractable and out of the control of camp residents to address. These are problems that are considered within the control of the national government to address through peace initiatives with the rebels. Currently the government of Uganda is pursuing peace with the rebels with the assistance of the Carter Center.

Following the problems of insecurity and congestion, the problems of *kec* (hunger) and *two* (sickness) are considered the important problems that are also feasible to address. Interestingly, the residents do not appear to closely associate hunger or lack of food as a cause of sickness. Congestion is seen as a main cause of sickness by allowing 'transmission of diseases.' Apart from addressing congestion, there does not appear to be any strong belief that diseases can be prevented. Sickness is something that can be treated and mitigated once it occurs. The demand for curative health services appears strong.

There is some appreciation, however, that sickness can lead to hunger. For example, the need to pay medical bills was seen as a cause of poor marketing (the need to pay bills caused people to sell their food at times when prices were low in order to get the money needed to pay the bills) which was seen as leading to hunger by reducing the amount of food available for eating. These ideas again suggest that sickness is seen as something to treat and mitigate rather than prevent. Perhaps an entry point for new health initiatives is better case management rather than beginning with preventive interventions alone (e.g., breast-feeding, immunizations, hand washing, disposal of feces, etc.).

The problem of hunger is perceived as having many causes from lack of agricultural extension training to lack of formal education to lack of other income generating opportunities. This suggests that the integrated development approach taken by World Vision would be acceptable, if not preferred, by the residents of the camp. An action plan for a community-based program to address hunger was developed during this effort based on solutions perceived by the camp leadership as sustainable, equitable and effective.

This document reports on activities to address the problem of *kec* (hunger) via agricultural extension training of camp residents. Other key objectives for a community-based program to address *kec* were identified in the study and following action planning process. World Vision and the residents of Camp Alpha should meet as agreed to implement the full program. As time allows, the problem of *two* (sickness) should also be addressed using a process similar to the one described in this report.

The level of insecurity over the last few years has increased then decreased (leading to many returning home) then increased again. This pattern can continue. Given this possibility or likelihood, interventions should focus on solutions to problems that will last through cycles of insecurity. For example, establishing a center for agricultural training in the camp appears sustainable because the camp is located in the sub-county's only trading center, next the only military barracks in the sub-county. Even if the level of insecurity diminishes to the point that camp residents return to live in their original homesteads, they will continue to travel to the trading center for exchange goods and services. If the level of insecurity again rises, people are likely to return to the trading center for security. In any case, the current residents of Camp Alpha will continue to have access to the training center. Education gained for participating in training will not be lost and demonstration plots will be in relatively secure and heavily trafficked location.

9.2 The participatory learning and action process used in the study

The methods used in the study were easy to learn and very useful in identifying and understanding priority needs of the population in a relatively short time and in an open-ended way. The methods did not require literacy of informants. Literacy was required of at least some study team members in order to document the findings and the action plan. The process used in the study is one that agencies can use to begin the transition from providing strictly relief services to engaging IDP/refugee populations in longer-term development efforts following an acute emergency. The methodology described can help agencies in partnership with affected populations to develop a more strategic, long-term perspective for how to transition to a more stable and self-directed lifestyle amidst a changing situation.

The process followed was essentially a participatory problem-solving process. The study did not end with data collection but devoted considerable time and effort to using the data collected to solve an important problem. Residents of the camp—with facilitation by the study team—identified and ranked problems, analyzed priority problems to identify root causes, ranked potential solutions to address root causes, and developed a plan to address top ranking solutions. Representatives of the camp also were fully involved in data collection, data analysis, presentation of findings, and use of the data to develop a plan of action. World Vision Uganda staff now have improved skills in facilitating participatory problem solving processes at the community/displaced person camp level. The residents of Camp Alpha now have representatives who can facilitate problem solving activities to address other problems facing persons living in the camp.

The process described in the report did not require extensive resources relative to PVO capacity. The key resources were transportation to and from the camp, time (about ten days were needed as the study team could only work in the camp for two to three hours each day) and multi-disciplinary team (four World Vision staff and four IDP representatives participated throughout the study and action planning process).

Much data has been collected that has yet to be used to develop action plans. Additional use of this data in the future can be done in conjunction with WV's other work in the immediate area and does not require working on consecutive days or many staff. Also, the time required for data gathering will not be required to use the existing data. One or two WV staff can facilitate the continuation of this process.