



Life in Northern Uganda

All Shades of Grief and Fear

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A report by Médecins Sans Frontières

TABLE OF CONTENTS

BACKGROUND	Page 3
-------------------	---------------

THE RAVAGES OF WAR	Page 4
---------------------------	---------------

1. ACHOLI REGION: GULU	Page 5
-------------------------------	---------------

Pabbo Camp
Sarah's story

2. ACHOLI REGION: PADER	Page 7
--------------------------------	---------------

Pader Town Council Camp
Agnes' story

3. TESO REGION: SOROTI	Page 10
-------------------------------	----------------

Soroti Camp
Gaspar's story

4. LANGO REGION: LIRA	Page 11
------------------------------	----------------

Aloi Camp
Silvia's story

CONCLUSION	Page 15
-------------------	----------------

BACKGROUND

Conflict and violence have plagued much of Uganda since independence (1962). The most protracted of these conflicts has been the ongoing war in northern Uganda, largely in the Acholi region of Gulu, Pader, and Kitgum, which has lasted nearly 18 years. As it continued to spread into other regions, the current conflict has displaced over 1.6 million people from their homes and forced them into make shift sites and settlements.

Since 1986, attacks on civilians led to informal displacement where villagers sought refuge with family members by sleeping in the bush at night. In late 1996, the situation changed dramatically when the government ordered large numbers of people into “protected villages”, a military strategy purportedly designed to protect civilians from the Lord’s Resistance Army (LRA), but also aimed at undermining civilian support for the LRA. By the end of 1997, there were close to half a million people who had been forced to leave their homes. In 2002, the government carried out Operation Iron Fist, a military offensive which drove the LRA back into northern Uganda. The government strategy of ordering large numbers of people into protected villages continued, with an estimated 825,000 people displaced in Acholi and parts of Lango region. The LRA attacks in Teso and Lango regions in mid 2003 increased the total number of displaced to one million in eight districts. Less than a year later, estimates were 1.6 million people confined to 200 make-shift settlements with populations in each site ranging from 5,000–65,000.

Both the government army and the LRA are responsible for human rights abuses and violations of international humanitarian law. Abuses carried out by the LRA include the abduction and forced recruitment of civilians, including children, the majority taking place since 2002. Children are forced to take part in the hostilities, maim and kill fellow captives, and in some cases even family members. The government army has also been guilty of carrying out human rights violations, most notably forced displacement, rape, torture, killing, forced labour, and beatings. In addition to the tens of thousands of deaths by direct violence, both parties have also used land mines.

Night Commuting

Another form of displacement in northern Uganda is euphemistically called “night commuting”. Every night, large numbers of people, mostly children, leave their homes in search of a safe place to sleep. Children fear abduction by the LRA, and move from camps on the periphery of larger towns into the centre. Some walk as many as 15 kilometres, starting the journey just as night falls and coming all the way back again in the morning. Numbers are difficult to estimate and fluctuate depending on the security situation. There are anywhere between 40,000-50,000 people that travel to the town centres in the Acholi districts of Gulu, Pader, and Kitgum. In Lira and Soroti towns it was used as a temporary coping strategy during 2003. Night commuting also takes place in rural camps throughout all the districts, where children who live in the periphery move to the centre of the camp each night.

This report aims to convey the suffering caused by the ongoing conflict in northern Uganda, where over 80% of the population have been forcibly displaced and confined into settlements. It is based on medical data and personal testimonies collected in three of the worst affected regions in the north: Acholi, Teso, and Lango. Each story is unique in itself and in all cases the impact of the conflict has been devastating, and people have developed different strategies to cope with the continued exposure to violence. Although

individuals have agreed to share their life stories in this report, names have been changed to ensure their protection.¹

THE RAVAGES OF WAR

Traditionally, the people of northern Uganda lived in homesteads, with only a few families living within the same area. The land around the homestead was farmed for subsistence food, and shallow wells provided water. Normally not more than one or two families used the well, so contamination was rare. Villagers would gather on market day. Communal planting was customary for women as a way to socialize and get away from the burdens of the family. Each night families sat together for a fireside chat called “wang oo” and listened to stories. Family burials near to the homestead were a vital feature in northern Ugandan culture.

As a result of the ongoing war every aspect of life has been disrupted. Fear has become an integral part of everyday existence. Hundreds of thousands of people have been forced to flee from their homes, either due to direct attack by the LRA or by order of the government forcing them into “protected villages”. This type of settlement, organised by the government as part of their military strategy to undermine LRA support, usually lacks basic facilities and services essential for subsistence. The objective of security underpins the logic and influences the layout of the camps, in which the centre is seen as most secure. The fight for the centre has led to massive overcrowding and congestion. Huts are built too close to one another, and can house up to ten people who sleep jam-packed all in a row. Living in such close quarters is unnatural to most northern Ugandans and felt as an offence to a family’s dignity.

Chronic water shortages impose hardships on the population. In most settlements, collecting water is a choice between risking disease, being subject to violence, and waiting in line for long periods of time. People have been surviving on amounts well below any minimum standard. Food consumption patterns have drastically changed. The majority of those living in settlements are reliant on food aid. With little other food available and few other options of supplementing their income, people eat only one meal per day. Hunger and the struggle to find food are considered the worst aspects of living in the settlements.

Death rates from preventable diseases such as malaria and diarrhoea are at emergency levels in many camps in Northern Uganda. Lethal communicable diseases such as cholera have emerged in Pabbo camp (Gulu) in late 2004 due to congestion, inadequate water supply, and poor hygiene. The flight of health staff has led to a total lack of health care in some rural areas, whilst others remain chronically understaffed. Lack of referral options for emergency cases is of grave concern in the entire area, as for the most part there are no ambulances and patients who need urgent referral seldom have enough cash to pay for private transport.² Continued exposure to violence, repeated child

¹ For further information see Medecins Sans Frontieres (MSF), “Internally Displaced Camps in Lira and Pader Northern Uganda: A Baseline Health Survey”, preliminary report, November 2004. Also Medecins Sans Frontieres (MSF), “Pader: A Community in Crisis? Preliminary Analysis of MSF’s Baseline Mental Health Assessment in Pader District, Uganda”, October 2004. Also Medecins Sans Frontieres (MSF)-EPICENTRE, “Rapid Assessment of the Situation of the Internally Displaced Populations in Lira District, Uganda”, January 2004. And also Medecins Sans Frontieres (MSF), “Rapid Assessment of Internally Displaced Population in Soroti District, Uganda”, October 2003. Some available at www.msf.org

² Prices of private vehicles offering transport have soared due to the conflict and the increased insecurity on the roads in the north.

abductions, and soaring mortality have led to high levels of trauma among the population. Depression and post-traumatic stress disorder are becoming more common, while suicide, a cultural taboo, is a growing phenomenon as the burden of daily struggle becomes too much for many.

1. ACHOLI REGION: GULU

Gulu is the regional capital of Acholi and significant politically as the place where the war began. The overall picture of Gulu is one of severe destitution. The long encampment of eight years has reduced this once self-reliant population to a setting of dependency, idleness, and debilitating uncertainty with respect to what the future may hold.

Large numbers of people left their homes following orders of the government in both 1996 and 2002, under the pretence that the population would be safer in protected villages. This forced displacement has resulted in a current total of fifty camps in the district hosting approximately 80% of the total population of Gulu.

Night commuting has been a regular feature in Gulu for many years. However, within the last two years numbers have ballooned. Due both to the increase in violence and the pull factor offered by the assistance provided by national and international agencies in Gulu town, numbers have tripled from approximately 4,000 commuting each night in early 2003 to more than 13,000 in October 2003. In 2004, numbers were estimated to be as high as 22,000, largely children, which came into Gulu town each night.

Insecurity, characterised by frequent attacks and ambushes, combined with a slow descent into abject poverty, has impacted every way of life for the camp population in Gulu district. Confinement in camps has had a tremendous impact on people's experiences and perceptions. Many have not been able to go back to their land since they fled almost eight years ago. Fear is reinforced by the lack of contact with other areas of the country. There is a whole generation of children whom have been born in these settlements and have not experienced life outside the camps.

Sarah's story

Sarah and her family were forcibly moved to Pabbo Camp along with 33,000 other people from her hometown, which lies just ten kilometres away. The people were confined into an area within a half-mile radius of the military barracks, which were at the centre of the "protected village". *"I was forced to come to Pabbo in 1996. I was 19. The government forced us to leave our village. They said that if we stayed that meant we were rebels and we would be killed. Even before the government made us leave, the rebels had been disturbing us. They came to my village and abducted ten children from my family. One was my brother and the rest were my father's other children from his other wives. Later, two returned. The rest, including my brother, never came back. We never told anyone. We were afraid that the rebels would come back to get us if we told anyone. Soon after we left our village, the government bombed it. I knew then that I would never see my brother again".*

By 2004 Pabbo has become the largest camp in Gulu district with a population that ranges from 55-65000 people³, living in a same small, overcrowded area. A

³ Different figures are provided by the Ugandan government and the World Food Programme of the United Nations.

humanitarian aid worker in Pabbo described the situation: *“Every time I walk into the camp it smells unhealthy. Frankly, it just smells of disease. Sanitation conditions are simply unbearable (...) Families of five to seven people live in huts just centimetres from each other. People still talk about the amount of space they used to have despite that eight years have passed”*.

When Sarah was forced to move to Pabbo in 1996 she was unmarried and without children. Eight years later, she is married and a mother of five. *“Now I am forced to stay because I have nowhere else to go. I don’t like it here but it is not safe to leave. I have only been back to my village once in 1997, I think. A group of us went back to collect firewood. It was scary as we had so many encounters with the rebels that I didn’t try again after that. Now our life is in the camp. We struggle for food. We fear the rebels and the soldiers”*.

Although a few have access to small plots of land within the camp, the produce of those small gardens is not enough to feed a family. The majority of the people rely entirely on food aid. Food distributions take place about five times a year and are based on a monthly ration to be consumed over time, and supposed to last until the next distribution. However, people are reluctant to store food in their huts. Fear of LRA attacks and looting often results on people selling part of their ration, which leaves them with nothing after two or three weeks. *“There is so little food”, Sarah says, “There are seven of us and we rely on the UN to bring us our food. We are never sure when it will come. Sometimes three months can pass and then they bring it and then it only lasts for three weeks. After food distributions, we fear that the LRA will come and steal it. We don’t like to keep food in the house. To supplement when the food runs out, I work in one of the camp gardens to get some extra money. I only go when it is safe. In the last weeks (October 2004) the rebels have been there. The soldiers tell us that they are there and then we don’t go”*.

Overcrowding, lack of clean water and limited sanitation led to a serious cholera epidemic in Pabbo in October 2004. There is only one latrine for every eleven households and clean water within the camp is limited to twenty protected water points. Over 3,000 people depend on each point to cover all their water needs. Unprotected water sources are used on a regular basis and contamination has led to the easy spread of cholera. Sarah told us *“There are so many diseases in the camp. I constantly worry that my children will get sick and die. I am not sure how to protect them. My neighbour has lost two of her four children to disease in the last two years. Now her other child is very sick and she doesn’t know what is wrong with him”*.

Attacks, incursions, and abduction of children by the LRA are commonplace. The army responds to the insecurity by imposing a strict curfew on the population at night. If anyone is found outside their hut after dark they are routinely arrested and accused of being a rebel. This has led to a strained relationship between the people and the army, with a lack of respect and trust on both sides. *“On the one hand, we fear the LRA will abduct our children. Just a few days ago they came in and abducted three boys. Later, two came back. One is still missing. Children are abducted all the time. These are not reported to the army. They don’t follow up on them”*. On the other hand, says Sarah, *“Women in the camp are hassled by the soldiers. During the day, the soldiers beat them if they are working in the gardens in the camp. They tell the women that they are working in their gardens to feed the rebels and make them stronger. At night, the women*

are hassled by the drunken soldiers. Sometimes they come to the women's hut at night and rape them".

Every night Sarah sleeps with her children close to her. She keeps close watch over them, in fear that the same fate that befell her brother eight years ago will also happen to them.

2. ACHOLI REGION: PADER

Pader District was created in 2001. Kitgum District was split in two, and two of the counties in the lower part of the district became Pader. Created in the midst of the conflict, Pader has always been *"a new district that never got what it needed"*, as described by one camp dweller.

Pader has been affected by LRA presence and attacks for many years. In the beginning, people often spent the night in the bush outside their homesteads in order to avoid violence and abduction during nightly attacks on their villages. Massive displacement occurred in September 2002 when, in a radio-transmitted message, the government army instructed the population to leave their homes and move into protected villages within forty-eight hours. People who later returned to their abandoned homes reported them looted, with granaries plundered and crops destroyed. By 2004, twenty-four camps had been established, hosting a total of 290,000 people, almost the entire population of the district.

There is no economic base on which to build, and very little infrastructure. Although Pader Town Centre, the district capital, received telephone coverage in mid-2004 and an airstrip a few months later, the town is still little more than a displaced people's camp. The isolation of Pader is exacerbated by the fact that it has long been considered the epicentre of LRA activity, with parts of the district believed to be under (*de facto*) control of the LRA. Indeed, Pader is one of the worst affected districts when it comes to abductions of civilians, including children.

The conflict and lack of sufficient assistance have had a devastating impact in Pader. Prior to the establishment of a permanent MSF base in Pader in July 2004, the humanitarian community's engagement with the district was mostly limited to Kalongo, a town with a displaced population of 60,000 in the northeast of the district and accessible by plane. The district health authorities are running a health centre which clearly cannot meet the basic health care needs of a growing population. Even today, other camps still receive virtually no assistance, and the little that is forthcoming is provided through "remote control" programmes run by organisations operating from bases in surrounding districts, mainly from Kitgum town. At the time of writing, a few agencies are planning to increase activities in Pader district. In August this year, MSF opened an additional clinic with a specific focus to reduce mortality due to the main morbidities (i.e. malaria) in the most vulnerable groups, especially children under five years of age.

Agnes' story

Agnes is 23 years old and lives in Pader Town Council, a protected village created in 2002 on order of the government, which currently hosts some 24,000 people. She lives there with her mother, her 9-months old child, and her siblings and stepsiblings from her

father's other wives. A total of 19 people. She is the head of the household, as she is the oldest and her mother's frail health cannot cope with the load.

Born in the village of Olam, twelve kilometres from Pader town, the last time Agnes was at home together with her entire family was in September 2001. She was on leave from college in Gulu, where she studied Arts. One night during dinner, the LRA entered Agnes' house looking for her father. Since he was not at home, they beat her mother to near-death and abducted Agnes and her sister. Her seven-year-old brother was left behind to serve as witness of the event.

Agnes was held in captivity and forcibly recruited by the LRA for eight months. She describes the horror that started within the first two weeks of her captivity: *"Because of my level of education and because I could handle a gun I was promoted quickly. I was ordered with others to beat and kill four people we met on the road. Later I was ordered to kill one man and one young boy with a panga [machete]. The directive to kill civilians came from the commander and along with the directive came a threat to my life, as I had witnessed the brutal death of those who refused"*.

Being among the LRA, Agnes quickly learned that killing was a way to stay alive: *"After I had killed once, I didn't mind it. It is just part of what I did when I was with them. It was a kind of magic that made me not to fear killing another human being. Killing in the end became a survival tactic. As long as you killed; you saved your own skin. Killing made me safe from the enemy —the UPDF, and from LRA too. Within the LRA, as long as you were killing, that was the right thing and no one would touch you or bother you"*.

However, she now insists she does not have that feeling anymore. *"As soon as I was away from them that feeling went away"*, she says.

Agnes feels the worst part of the killings was when she had to kill people she knew: *"It was in September 2002 that I went to Olam primary school. I had been a primary student there. I knew the headmaster. We demanded money from him. When he couldn't come up with any we killed him. His death was a punishment for his lie. The group went on a frenzy burning the building, books and taking all the iron sheets off of the top of the building. The purpose of this destruction was to prevent development and learning"*.

During the time she spent with the LRA, Agnes was frequently a victim of sexual violence: *"Rape was a way of life for me. I was given a man and forced to have sex. Although I never used any protection I never became pregnant or diseased"*.

In the end, she managed to escape: *"Twice before I had tried but failed to get away. Finally, in November 2002 during a battle between the UPDF and the LRA, I saw my chance to escape. I did not tell anyone and slipped away alone when they were fighting. The UPDF won the battle and I surrendered to the UPDF"*.

The very army Agnes had learned to fear and which she was taught to destroy was the army she surrendered to in the end. *"I was under interrogation by the army for several days and then they said I could return home. I returned to my village. To my surprise I found my mother alive. The last memory I had of my mother was a year earlier when she lay unconscious on the floor after having been beaten. I had assumed she was dead. I also found that my sister who had been abducted with me had never returned home. I knew then that I would never see my sister again. Others were leaving on government orders beginning in 2002, but we (my mother, myself, and my five other*

siblings) stayed in our family home until early 2003. The situation got worse with frequent attacks and houses burnt, we finally left in such haste that we did not take any of our belongings”.

Arriving in Pader town, Agnes was immediately overwhelmed with the sheer numbers of people that had already gathered there. Many had built semi-permanent structures concentrated in the centre of the camp, which was deemed safest. *“We had no choice but to erect our hut in the periphery. We are now exposed to rebel raids at night and fearful of being caught in cross fire.”*

Finding enough food to feed the family is a burden on Agnes’ mind from dawn until dusk. *“We rely completely on food aid. There is never enough. It comes every two months and then lasts for about two-three weeks. I have no other options for finding food or making money. I cannot return to my garden. I cannot afford to rent a plot in the camp. Often the only option is to eat one meal a day and go to bed hungry”.*

Water is also a worry. *“When I first arrived I used a well outside of the camp. When I went to collect water I was beaten by the soldiers. They said they were punishing me for not abiding by the rules. Even with the new borehole, I go early in the morning and wait half a day to get one or two jerry cans. I need ten jerry cans for my family. Most of the time I can only collect two which is barely enough for cooking and drinking”.*

Lack of security is Agnes’ main concern, and LRA incursions are frequent: *“The worst time is right after food distributions because they not only take the food but also take people to carry the sacks with them. Usually those who are abducted return but there is always the chance that they will not. Sometimes they come and take whatever little is in the huts. In fact last week they stole maize and beans from a family near our hut”.* Even if a special police force has recently been deployed, its ability to provide protection to the population remains to be proven. Based on their experience of the government army, many in the camp remain highly sceptical.

Beatings by the government soldiers remain a regular phenomenon, especially for those outside their huts after the 8 pm curfew. *“Nights are scary as it is when the soldiers come and look for women and girls so that they can take them back to their barracks and rape them. Although it has never happened to me, soldiers have repeatedly bothered my next-door neighbour even when her husband is around. They just kick her husband out and take her to the barracks. There is no way to stop this practice. We are scared that the soldiers will come back to beat us if we tell anyone, and the local authorities are as fearful of the soldiers as we are”.*

Agnes is worried about being abducted by the LRA. She can't imagine living among the LRA again. She is also afraid of the UPDF as they often accuse her of being a rebel collaborator. There appears to be a general lack of trust between the UPDF and the people: *“If we give them information, then they think we are in contact with the rebels. On the other hand, if we don't say anything they think we are hiding information from them. We can not win either way, it seems we are constantly caught in the middle”.*

3. TESO REGION: SOROTI

Small scale displacement caused by neighbouring Karamajong cattle rustlers in the Teso region has occurred for more than two decades ago, and has resulted in several camps in Katakwi district. The Teso rebellion in 1985 also resulted in large scale displacement when people were forced into a “protected” camp by the government in 1990. When the LRA entered the Teso region in June 2003, its confrontation with the government and locally formed militias caused an escalation in violence that displaced approximately 250,000 people, mostly in Katakwi, Kabermaido and Soroti districts. Mass killings, looting and burning of houses and land, and abductions of children became common.

Tens of thousands of people from villages in Soroti and Katakwi district poured into Soroti town in search of safety. Kabermaido residents mostly fled to nearby village camps or trading centres, surviving without any assistance and facing severe shortages of food and water. Assessments done by MSF in camps in Soroti town between June and November 2003 reflected the dramatic situation faced by the 100,000 people who settled there. Extremely high numbers of deaths were reported, with seventy-five percent of adult deaths directly related to violence. Unacceptably high numbers of children died from preventable diseases such as measles between mid-October and mid-November. A mortality survey covering the period between June and November 2003 revealed that the crude mortality was 4.2 per 10,000 per day, and 10.4 per 10,000 per day for children under five.⁴

By late 2003 the majority of the LRA left Teso region and moved into Lira district. A few months later, some of those who had sought refuge in Soroti town started to return home to rebuild their homes. The return process has been slow, and will take many more months. Many people still fear that the LRA or the Karamajong will return and destroy everything once again.

Gaspar’s story

Gaspar, a timid but wise seeming man, is a 34-year-old farmer from Obalanga in Katakwi district. He had lived there all his life until he was forced to flee in June 2003 after the LRA killed his brother. He now lives in Soroti town with his wife, four children, two orphans and his brother’s wife and her five children.

Gaspar and his family first fled to a camp in Obalanga trading centre, where the situation was overwhelming, with nearly 30,000 people lacking food, water, and shelter. Feeling unsafe with the army doing little to defend the population, and quickly realizing that it would be impossible to return to his village to farm, Gaspar decided to move his family once again to nearby Amuria, where the situation was not much better⁵. He and his family stayed in an abandoned school building with fifty others, but left a week later out of fear. *“Fear was apparent throughout the camp. There was no protection from the army. I worried that my children would be taken from me. I had no chance to reach my homestead and field. After a week with nothing left that I had brought with me, I saw no reason to stay and the next day we left for Soroti town. I decided to move there because*

⁴ According to the internationally agreed benchmarks a rate of more than 2 per 10,000 a day is classed as an ‘emergency out of control’.

⁵ Amuria, once a small trading centre of around 4,000 people ballooned to 36,000 by February 2004. There were no health staff and when MSF moved in January 2004 there was an average of 150-200 consultations per day.

I thought it would be safer for my family. I thought it would be better defended by the UPDF, and further south and more out of the reach of the LRA”.

But there was an attack immediately after Gaspar arrived. At least 200 people were killed and high numbers of children abducted, including 100 schoolgirls. The attack terrorised people. Those few who had contacts further south in Kampala or Jinja left without delay. Gaspar, like the majority of people, stayed because he had nowhere else to go.

Settling in Soroti town was extremely difficult. Gaspar and his family sold firewood and survived on irregular food distributions from humanitarian agencies. *“The food distributions were erratic and there was no real system. We took what little was available but the majority of the food went to the camp leaders”.*

Gaspar has now been in Soroti town for a year and half. Reported attacks by the LRA are fewer, but the Karamajong are still perceived as a major threat. Some people, though, have started to leave as their villages are deemed safer. Since mid-2004 there has been increasing pressure on Gaspar and others in Soroti town to return home. Food distributions have stopped. *“I need to know that the war is really over before I can make the move to go home. I have moved three times in the last year. I don’t want to move my family again until I am sure about the situation and have a better guarantee that I can return. Moving home will require rebuilding my house that was burnt and recovering some of our land. I still want to wait and see”.* In the meantime, Gaspar’s wife is taking tailoring classes. With the local government pressuring people to leave Soroti by December 2004, it is unclear what he and the others will do.

4. LANGO REGION: LIRA

Although Lira had experienced hit and run raids by the LRA throughout 2002, the majority of the violence and subsequent displacement took place in 2003 and 2004. The LRA entered Lira district with a vengeance in November 2003⁶ causing massive population movements from rural villages to Lira town and trading centres throughout the district. Overcrowded and unprotected, the camps have proven to be death traps. Populations have been cut off from their livelihoods, and are barely surviving with little water, deplorable sanitation, and no health services, in some cases, for more than a year. This has contributed to emergency high death rates, widespread disease, fear and trauma.

By early November 2003, as many as 65,000 people had already fled into Lira town. In less than a month, the numbers grew to more than 200,000. People were scattered throughout the city. Some were living in makeshift camps while others sought shelter in an abandoned factory, in the railway station, under verandas or in the street. *“People were everywhere and anywhere they could find a place to lay their head. And still at night the population ballooned as, mostly children, funnelled into town in search of safety”*⁷

⁶ A retrospective mortality survey carried out in Lira town camps and in camps surrounding, revealed that between May 2003 and January 2004 over half the deaths reported had been attributed to violence and the most deadly month was November.

⁷ Interview humanitarian aid worker in Lira

There was a second peak of terror in February 2004, just after the creation of a local militia, the Amuka boys. The LRA, having been attacked by the militia, sought revenge and brutally massacred hundreds of people in two horrific attacks. More than fifty people were killed in Abyia, on 4 February, when the LRA, disguised as Amuka boys, entered the camp in broad daylight and started shooting. The second attack, and one that caught the world's attention, took place in Barlonyo on 21 February 2004. More than 300 people, mostly women and children were killed. Many died as they were forced to stay in their huts as the rebels set fire to them and burned whole families alive. In addition to the heavy death toll, these attacks left many physically wounded, and the whole district mentally scarred.

Besides the terror, life in the rural camps was a nightmare. Assistance was not forthcoming. Malnutrition was rampant. None of the rural camps received food distributions until the end of April 2004. Malnutrition was further compounded by the total lack of health services. Health workers had fled when the violence first hit the district and all health centres were closed⁸. Initially, MSF's health and nutrition interventions in the rural camps were limited to mobile clinics due to widespread insecurity⁹. A therapeutic feeding centre (TFC) for severely malnourished children was set up in Lira town.

Hunger, disease, lack of water and terror have had a devastating impact on people. Surveys conducted by MSF in October 2004 in five internally displaced people's camps in Lira district found a crude mortality rate (CMR) of 2.8 deaths/10,000 people per day for the general population.¹⁰ The mortality rate was even more alarming among children under five years of age at 5.2 deaths/10,000 children a day, with the rate as high as 10.5 deaths/10,000 children a day in one location. These staggering death rates are largely attributable to malaria and diarrhoea, which are in principle easily preventable and curable diseases.

Silvia's story

Since 1984, Silvia, a short and stocky lady of 35, lived with her husband and her two children in a small village 6 km away from Aloii. She had a vegetable garden and some livestock. She produced enough to live on and sell. Besides occasional disturbances from cattle rustlers from the neighbouring Karamoja district in the late 80s, her life had been quite peaceful. However, trouble started in 2002.

Rumours went that the LRA rebels were in the area, and as time went by they became more frequent and detailed. Not willing to take any chances with her children's lives and given the LRA's well-known recruitment strategy, each night she slept with her children in the bush. In March 2003, as the situation worsened, she sent her children to her mother who was living in Lira town.

People in her village began to flee. Silvia watched as the situation deteriorated. At first there were occasional attacks and raids by the LRA but as the year went on, they became more frequent. There was no one left in her village by November, when she and her husband reluctantly decided to leave their home. The LRA were burning villages,

⁸ A year later, with the exception of the Southern part of the district, most health structures remain closed despite irregular and few attempts by government health workers to conduct mobile clinics in some camps.

⁹ As soon as security permitted in August 2004, 3 fixed health clinics were established, with national and expatriate medical teams staying overnight in the camps. This served the dual purpose of increasing access to health care and proximity to the population. By the end of November 2004, another 3 camps were being served by fixed clinics.

¹⁰ See footnote 4.

schools and health centres; the killing spree had begun. Scores of children were abducted. Silvia and her husband packed what they could, their six goats and a few other belongings, and fled to Aloi.

Aloi camp, once little more than a crossroads town where a few lived, today hosts approximately 31,000 people. When MSF first arrived in Aloi in December 2003 the camp was in a terrible state. *"It was so much worse than I had imagined. People were living on top of each other in miniscule and flimsy straw huts, it was chaotic and filthy and people were visibly terrified"*¹¹. Security incidents and killings continued on a daily basis as people ventured outside the camp boundaries in search of a few precious litres of water. In the camp, there was only one functioning water source and there were more than 1,000 people to one latrine.¹² There were no health services, nor food.

Since then there has been a meagre improvement: insecurity has receded, malnutrition has slightly decreased, there is a little more water and a few more latrines, but the overall indicators remain worrying for a camp that has existed for over a year. According to the MSF survey carried out in October 2004, the crude mortality rate is of 3.61 per 10,000/day, 91% of the people living in Aloi do not have access to land to cultivate, 9% of the respondents had no food at all at the moment of the interview and 58% had only enough to last them one day. On average people survive on 8 litres of water per person per day, but much of that is not safe drinking water for 56% of the households fetch water in unprotected sources. Under these conditions, a single case of cholera or measles could lead to a deadly outbreak.

Life in the camp was hard and by March 2004 Silvia was desperate. Her goats had been stolen and overall reserves were running low. Finding food, water, and firewood was a struggle. On 1 April 2004, hunger drove Silvia and her husband to take a risk that would change her life forever. Although fearful of the LRA, Silvia decided to venture out of the camp to collect the cassava that she knew was growing at home. *"I knew I was taking a risk. I had heard that earlier that week four people had disappeared while looking for food but I was hungry."* At 8:00 am, Silvia along with five relatives, her husband and a one-year-old child, left for her village. After gathering food for several hours, they prepared to return to the camp. Just as they set off a group of LRA appeared. The next few hours were excruciating.

"All of a sudden, many young boys surrounded us. They all had machetes, guns and clubs. We tried to run, but the boys stopped us and took us to their commander. We were ordered to sit in front of him while the others lay down a set of tools—razor blades, clubs, axes, knives, and guns—tools they would eventually use to hurt and kill us. The entire group except me was ordered to lie down on the ground face down. Immediately, upon the wave of the commander's hand, one boy picked up a stick and proceeded to pound each one first in the back of the neck and then on their forehead until they were dead. Unable to watch, I stood away. When the commander noticed, he forced me watch as the boy beat my husband to death. Once he was dead, the Commander ordered me to lie down next to my husband's corpse and have sex with him. He was so heavy that I could not even budge him. Right then, the commander waved his hand again and I thought I would be the next one to die. I knelt down and begged for mercy, reminding the Commander that the same God had created us all. Then, the boy that had

¹¹ Interview with humanitarian aid worker.

¹² The internationally agreed standard being 1 latrine for 20 people.

killed the others, stood in front of me. He had a razor blade in his hand and he cut my ear off. The commander warned me that if I cried I would get the axe instead. I stayed silent as the blood flowed from my ear. The boy that cut my ear was teased by the others who claimed he had not done it correctly. He moved to my other ear and this time cut it properly off. Next he cut my lips off. First he cut the lower lip and then the upper one. I was bleeding so badly... Once my lips were gone, he started to pull out my teeth one by one. At this point, I lost consciousness.

The next thing I knew I was being carried to a nearby hut. They ordered me to take off all of my clothes. I did and sat there bleeding. The young boys peeped into the hut and asked me if I wanted to die. I told them that I did not want to die. They left me alone again for a little while.

Outside the hut, I could see them cooking and eating the cassava that I had collected. When they were finished eating, I heard them praying and saying that they had been cleansed and that nothing would happen to them. Once they finished their prayers, I heard them ask the commander whether they should cut my arms and nose off. To my surprise, he said that they should not. I was ordered to come outside. I stood in front of the commander naked. I felt so humiliated... He asked me if I would return home again in search for food. I replied that I would not. He then told me to go and be sure to tell the Amuka and the local radio in Lira that the LRA were still around. With that, I left. As I walked away I heard a whistle and the sound of many scrambling to get their guns. I was scared. I began to run as fast as I could, praying that they would not follow me. I finally reached a spring nearby the camp. There was a boy there that I knew. He ran ahead to get some others from the camp. As soon as the rest of the people came for me—I lost consciousness again”.

Silvia considers herself one of the lucky ones. She survived an experience that many others have not. But the memory of watching her husband die will remain with her for the rest of her life.

CONCLUSION

Despite the presence of many humanitarian and governmental actors in northern Uganda, people living in camps are in no way sufficiently protected or assisted. The Ugandan government has not met its primary responsibility of protecting the population affected by the conflict, and pervasive fear remains a regular feature in everyday life. Even after being forced into displacement in protected villages, people live under constant threat of violence caused either by the LRA attacks or by abuses of the government army (UPDF) who is responsible to protect them. In addition, displacement in itself has contributed to confinement, dire living conditions, severe shortages of food and water, and alarming indicators in terms of health.

Camps have become a virtual prison. Although some people venture out to plant in their gardens or collect water, these activities remain dangerous. Time restrictions within the camps contribute to the general atmosphere of confinement. Strict curfews prevent people from using the latrine at night or early in the morning. Violators, if caught, are exposed to beatings. When travel outside the camps is forbidden, the only option is for people to eke out their survival in the camp. Fear is reinforced by confinement and uncertainty regarding what may lay out there. Not surprisingly, these protected villages have proven to be less than protective environments between the risk of disease, fire, attacks, abductions, beatings, and rape.

Remaining serious concerns are the ongoing abuse and lack of protection of children without any end in sight. Civilians, including children, continue to be abducted, forcibly recruited, and turned into killers who carry out abuses against the population, making them both “victims” and “perpetrators”. Abductions go largely unreported due to fear of retaliation and lack of trust in the responsiveness of the authorities. Children under five years old represent the largest numbers whom are dying from preventable diseases such as malaria and diarrhoea. Children become more vulnerable due to family breakdown, child prostitution, early pregnancy, and exposure to HIV/AIDS.

Women are also deeply burdened. They are deliberate targets of the war, and gender-based violence is a defining characteristic of their environment. The lack of reproductive health services contributes to their exposure to sexually transmitted diseases and unwanted pregnancies. For men, confinement to camp life results in idleness and a sense of a loss of position and power within the family and society, which in turn leads to high levels of alcohol abuse. There has been a sensible increase in suicide, an objectionable practice according to local customs.

The volatile security situation has had a paralyzing impact on the international community whereby few NGOs have moved outside of the towns, or only on occasion. Due to the fact that most agencies do not go beyond the boundaries of the district capitals, there is no presence to respond to the high level of needs or to witness the wide array of abuses and violations that continue to go unreported. In terms of provision for protection, without systematic data collection on the ongoing abuses there is no comprehensive analysis of the situation and therefore a lack of a clear strategy to prevent them through programs or advocacy. Regarding assistance, enormous gaps in certain areas coexist with a significant overlap and duplication in others, which indicates an overall lack of coordination among the government and within the humanitarian community.

Médecins Sans Frontières (MSF) in Uganda

MSF has been providing health care in Uganda since 1986. Currently, 67 international volunteers and 510 Ugandan staff provide assistance to people in nine districts.

In Lira district, MSF provides nutrition, basic health care, and mental health programs. MSF runs a Therapeutic Feeding Center (TFC) in Lira town and provides supplementary feeding services. MSF also works in rural areas of Lira, running four clinics, conducting mobile clinics to two camps, and carrying out water and sanitation activities in another eight camps.

In Pader district, MSF provides water, sanitation, and basic health care, including a mental health program in Pader town and regular mobile clinic services to people in rural camps. Medical activities in Kitgum include mobile clinics in camps in rural areas.

In Gulu, MSF runs a Night Shelter at Lacor hospital. MSF also supports a clinic in Awere, and has recently ran an emergency intervention to contain a cholera outbreak in Pabbo camp.

In Teso region, MSF runs therapeutic and supplementary feeding programs, and outpatient health services in Soroti. MSF also provides basic medical care to other areas of the district with fixed and mobile clinics and through a referral system.