The war-wounded and recovery in Northern Uganda

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Key messages

- 5 percent of the population of Acholi and Lango sub-regions are significantly impaired or incapacitated by war-related physical, psychological and emotional injuries.
- Households with war-wounded members are more likely to have fewer assets, worse food security, fewer livelihood activities, and use more coping strategies to survive.
- The more serious crimes a person experienced, the more likely they are to have an ongoing injury that impacts their ability to function today.

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The Secure Livelihoods Research Consortium (SLRC) is an eight-country[1], six-year research programme funded by DFID, Irish Aid and EC investigating how people in places affected by conflict make a living and access key services such as healthcare, education and social protection. The SLRC Uganda team is lead by the Feinstein International Center, Tufts University, partnering with Overseas Development Institute, African Youth Initiative Uganda, and Women's Rural Development Network Uganda. The overall question guiding the research is: "**How are people surviving and recovering from conflict and what role does internal and external interventions play in supporting their recovery?**"

In 2012/13, the SLRC implemented the first round of an original sub-regional panel survey in Uganda, designed to produce information about:

- People's livelihoods (income-generating activities, asset portfolios, food security, constraining and enabling factors within the broader institutional and geographical context)
- Their access to basic services (education, health, water), social protection and livelihood services
- Their relationships with governance processes and practices (participation in public meetings, experience with grievance mechanisms, perceptions of major political actors); and
- The impact of serious crimes committed by parties to the LRA/GoU conflict on households' livelihoods, access to basic services and relationships with governance processes.

[1] Countries included in the study are Afghanistan, Democratic Republic of Congo, Nepal, Pakistan, Sri Lanka, Sierra Leone, South Sudan and Uganda,

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We present here the SLRC, Uganda survey findings specifically focused on the war wounded, defined in our survey as people who sustained physical, psychological or emotional injury due to the conflict that currently impairs functionality. Our **survey produced the first representative findings from all of Acholi and Lango** sub-regions on the number of war-wounded, and looks at the relationship between war wounds and households' livelihoods outcomes, wealth, assets, food security, access to basic services, experiences of serious crimes, and perceptions of governance.

Methods

The SLRC Uganda survey is **statistically significant at the study level and representative of the Acholi and Lango sub-regions** as well as the local (village and peri-urban centre) level. Acholi and Lango are the two sub-regions most affected by armed conflict between the Government of Uganda (GoU) and Lord's Resistance Army (LRA), and are home to approximately 3.63 million people.[2] Fieldwork was conducted in January and February 2013 in 90 different survey locations (villages and peri-urban centres), and we collected data from 1,887 households.

Key Findings

How many people in Acholi and Lango are war-wounded?

10 percent of the population is war-wounded in Acholi and Lango, and 1 in 3 households has an injured family member. Yet not all of the war-wounded are impaired in their functionality, nor do all report that they need treatment (discussed in detail below). Our survey findings suggest that **2 percent of the entire population of the two sub-regions is seriously affected and another 3 percent is essentially incapacitated.**

Notably, **15 percent of those with reduced functioning due to war wounds are heads of households.** This means that one-fifth of all household heads reported an injury limiting their ability to provide for their family. Moreover, heads of household that are war-wounded are three times more likely than other war-wounded persons to be completely incapacitated by mental and/or physical injury. Of those injured heads of households, 18 percent had psychological and emotional distress that limited functioning and ability to carry on their livelihood, and of these 63 percent reported that their psychological and emotional distress made it impossible to work at all.

Who was injured?

Individuals from Acholi sub-region were significantly (at the 5 percent level) **more likely to be injured than in Lango** (12 percent versus 9 percent of the population). Given the strong correlation between injuries sustained in the GoU and LRA conflict, and the fact that Acholi sub-region was significantly more affected by the war, the small but significant difference in injury reports is expected.

In both sub-regions, the sex of the affected individual was only significant if the individual was also the household head. **Female household heads were significantly more likely to report having injuries** (32 percent of female heads versus 20 percent of male heads of household). Age of the household head was also correlated with injury occurrence – the older the household head, the greater the likelihood they were injured. Low education level of the household head was strongly correlated with injury, particularly in Acholi.

Wealth was a predictor of injury of the household head only in Lango sub-region. **Poorer household heads in Lango were significantly more likely** (at the 5 percent level) **to report an injury that affects their livelihoods.** On an individual level, in both Acholi and Lango, individuals from poorer households were significantly more likely to report an injury (significant at 1 percent). We note, however, that this correlation could go both ways, since poorer households are also less likely to be able to afford treatment for the injury, and therefore to continue suffering from the injury up to the present day.

The link between war injuries and serious crimes

Physical, psychological or emotional injury was highly correlated with having experienced a serious crime,[3] and **the more serious crimes an individual reported having experienced, the more likely they were to have an injury that now impacts their ability to work** (significant at 1 percent). Moreover, respondents who reported that their ability to work is affected "a lot" by the injury or that it makes working completely impossible had experienced significantly more serious crimes than respondents who reported the impact as "only a little."

The type of serious crime experienced was also significantly correlated with having a physical, psychological or emotional injury. For example, 59 percent of individuals who reported having returned from captivity with a child born in the bush, 40 percent of individuals who were forced to kill or seriously injure another person, and 35 percent of individuals who were forced into labour or slavery also had a physical, psychological or emotional injury.

[2] The current population statistics for Acholiland are based on the population of 1.17 million in the 2002 census, then extrapolated to account for yearly 3.57 percent population growth (see http://www.indexmundi.com/g/g.aspx?c=ug&v=24) to reach a 2012 estimated population of 1,502,451. For Lango, the population estimate in the 2002 census was 1.5 million, extrapolated to reach a 2012 estimated population of 2.13 million. Throughout this briefing note, the error of estimation is approximately 1 percent in each direction with a probability of .95. Rather than present the median figure, we present the range of the estimated total affected population.

[3] Drawing from international law and the context of the GoU and LRA armed conflict, the following were categorised in our survey as experiences of serious crimes when they were perpetrated by parties to the conflict: destruction and/or looting of property; abduction; forced recruitment; forced disappearance; severe beating or torture; being deliberately set on fire or put in a building on fire; being a victim of and surviving a massacre; being attacked with a hoe, panga or axe; sexual abuse; returning with a child born due to rape; being forced to kill or seriously injure another person; being seriously wounded by a deliberate or indiscriminate attack; and suffering emotional distress that inhibits functionality due to experiencing or witnessing the above. These crimes were recorded if they were perpetrated by parties to armed conflict (including government forces, militias, LRA rebels, or Karamojong raiders).

War experiences greatly injured people's bodies and minds. 50 percent of individuals who suffered a physical injury due to beating, torture, battles or an attack are suffering from a physical injury now, compared to 9 percent of respondents suffering physical injuries unrelated to the war. Additionally, 21 percent of individuals who suffered psychological or emotional injury during the conflict are suffering from such injury now, compared to 4 percent of those that did not suffer from psychological or emotional injury due to the war. This finding strongly suggests that injuries to the body and mind sustained during the war are lingering on or exacerbating new injuries.

Who is treated and who is not among the war wounded?

23 percent of individuals with reported physical injuries and 31 percent with mental or emotional distress – between 51,273 to 76,442 individuals in Lango and Acholi – reported that they have not received effective treatment for the physical injuries and mental distress that are affecting their ability to function. However, our subsequent qualitative work with a sample of the war- wounded population presented a more complicated picture. In our survey, approximately a one-quarter of the war- wounded reported that they had accessed necessary treatment, a quarter reported they were in the process of seeking treatment, a quarter said they could not access treatment, and a quarter said they no longer needed treatment. Yet our qualitative follow-up study found a number of people who said they had received effective treatment were, in fact, only taking pain medication and had not received therapeutic treatment for their injury/ies. Likewise, a number of those who said they no longer needed treatment had simply given up seeking treatment either because the cost of therapeutic treatment was beyond their means, or because the injury was psychological/emotional and they felt it could not be treated. Therefore, we cannot claim to know the true number of persons who in fact need treatment. However, a conservative estimate from our study is between 51,273 to 76,442 individuals in both sub-regions.[4]

Whether or not an individual has received treatment was correlated with several regional, individual and household characteristics. First, even though the percent of the population injured is significantly smaller in Lango than in Acholi, an injured individual is significantly (at 1 percent) more likely to be *un*able to access treatment in Lango than in Acholi. This is due to the fact that there are far fewer health services available, and the services that exist are much more expensive in Lango than in Acholi. To illustrate, in 2013 there were 140 government-run health centres in Lango compared to 200 in Acholi sub-region, despite the fact that Lango is more populous. One government-run health centre in Lango therefore has to serve more than double the number of individuals as a similar centre in Acholi, or approximately 16,051 compared to 7,466 individuals.

Second, the level of education of the injured person was correlated with access to treatment, but only in Lango sub-region. In Lango, the less educated the individual, the less likely they were to receive treatment. While wealth (which is strongly correlated with education) is driving part of that relationship, education was significant at the 10 percent level even when controlling for wealth.

Third, household wealth was significantly and positively correlated (at 5 percent) with whether an individual had received treatment. Unsurprisingly, the wealthier the household, the more likely they were to have received effective treatment. At the same time, 60 percent of individuals said they could not access effective therapeutic treatment because they could not afford it.

There was no correlation found between treatment (or lack thereof) of an injury and having experienced a serious crime, nor were particular individual crimes correlated with receiving or not receiving treatment.

What are the ongoing impacts of war injuries on livelihoods and access to services?

Not only does an injury potentially impact the *types* of livelihoods activities an individual and household can undertake, but also the *number* of activities they can take part in. Livelihood diversification is understood to be an important component of resilience in areas prone to shocks, as well as a strong correlate of household wealth. It is notable, then, that there is a significant (at 10 percent), inverse correlation in our overall survey (including injuries not sustained due to the war) between individual livelihood diversification and having an injury. A sub-sample survey of 39 households with war-wounded members confirmed these findings, with injured individuals moving from an average of 4.51 livelihood activities prior to the injury to an average of 2.49 activities afterward. The impact at the household level is even larger – the larger the proportion of injured household members relative to total household size, the less diverse the household's livelihood portfolio (significant at 1 percent).

The impact of injuries on household wealth is most likely cyclical. Individuals from poor households were more likely to sustain injuries in the first place (given that the war primarily affected the rural poor), and were then less likely to be able to afford treatment for those injuries. When injuries were sustained, and continued untreated, they impacted the individual's ability to engage in livelihoods activities.

The impact of injury on household food security is also significant (at 1 percent) no matter what injury variable is used. Having just one household member reporting an injury was significantly correlated with worse household food security. However, of all the injury variables, the proportion of household members with an injury has the largest impact – **the larger the proportion of injured family members, the worse a household's food security.** The relationship remains significant

[4] The Feinstein International Center (FIC) and AYINET conducted a representative study on the war-wounded in Acholi in 2013 in which Ugandan clinical medical officers carried out the survey simultaneously with preliminary diagnosis of all persons reporting war wounds. That study's estimates of population affected are similar to the SLRC Uganda findings described in this briefing note. However, due to the ability of the clinical officers to diagnose, the previous FIC/AYINET study estimated a larger population in need of treatment (ranging from simple to complex). See: AYINET (no date) Medical and Psychosocial Needs Assessment for Victims of War in Acholi.

at the 1 percent level even when controlling for household size, wealth, livelihood diversification, urban versus rural, and district fixed effects, and was significant in both sub-regions.

Satisfaction with health services, both overall and with specific aspects of health centres, was negatively correlated with having an injury in Acholi, but not in Lango. On the whole, respondents were significantly more satisfied with services in Lango, particularly with the number of qualified personnel (and this is likely due to the fact that many people in Lango use private clinics). In Acholi, households that had at least one member that was injured but unable to receive treatment were significantly more dissatisfied with the quality of health services, particularly in terms of the availability of medicines and equipment (both significant at 1 percent). **While health services are cheaper and more readily available in Acholi, those that have to utilise them are significantly more dissatisfied,** with much of that dissatisfaction due to the unavailability of the treatments they need.

Surprisingly, and on a positive note, **children (under the age of 18) with injuries were significantly (at 10 percent) more likely to reportedly be attending school than children without injuries in Acholi** sub-region. This was true across all wealth groups. A likely explanation is that children with injuries are unable to contribute as much in household labour and are sent to school instead. This relationship did not exist in Lango, however, for reasons which are not clear. Furthermore, accessing treatment has no correlation with school enrolment, and there is no evidence that uninjured children living in households with an injured household member are less likely to attend school.

What are the impacts of war injuries on people's views of government?

War-wounded respondents in both Lango and Acholi reported feeling similarly disillusioned with the central government – only one-third of the population thinks the central government cares about their opinion. Their feelings diverged somewhat in regards to the local government: almost half of the Acholi population thinks the local government cares about their opinion, compared to only one-third of households in Lango sub-region.

In Lango, the presence of injuries and ability to access treatment had little impact on feelings toward the local and national government. That was not the case in Acholi, where injured respondents were significantly less likely than their non-wounded counterparts to feel that the local government reflects their priorities. Of the injured in Acholi, those that have not been treated were significantly less likely to think the national government either cares about their opinion or reflects their priorities, and less likely to think the local government cares about their opinions (significant at 10 percent).

Conclusions and implications

Our findings make clear that the affects of past war-related physical, psychological and emotional injuries and illness continue into the present and are a major impediment to individuals' and their households' ability to move forward.

The war-wounded, as well as those who experienced multiple serious crimes, remain among the most impacted and impoverished, with worse food security, and are least likely to be able to access basic services, much less the specialised treatment and assistance that they need. We believe there is a causal relationship between being war-wounded and those households experiencing deepening poverty today.

While Uganda's Second National Health Policy, covering 2010-2019, notes that the most vulnerable populations must be prioritised for healthcare access, our study shows that those populations in the north remain some of the most stymied in their attempts to access care, including specialised treatment needed to address their war-related physical, psychological and emotional injury.

Uganda is in need of a national healthcare policy that specifically addresses the needs of this population. The treatment of victims with serious injuries and mental illness resulting from the conflict should be prioritised. Urgent cases requiring immediate medical attention should be treated as a matter of priority.

Funding should be earmarked and made available to government referral hospitals and partners with experience in providing medical and psychosocial care to help provide effective and specialised medical and psychosocial treatment for persons in need. National and international non-government organisations should develop long-term interventions that incorporate mental health considerations, based on proven approaches and local concepts of mental illness.

Finally, national and international actors should find ways to explicitly link the national health policy and programmes with efforts to improve the livelihoods and food security of the war-wounded and their households.

All the above mentioned efforts for the treatment and care of these victims could constitute forms of remedy and reparation as part of Uganda's transitional justice efforts.

Further resources:

Report: Surveying livelihoods, service delivery and governance: Baseline evidence from Uganda: http://www.securelivelihoods.org/publications_details.aspx?ResourceID=295

Briefing Paper: Recovery in Northern Uganda: How are people surviving post-conflict? http://www.securelivelihoods.org/publications_details.aspx?resourceid=297

Briefing Paper: The impact of serious crimes during the war on households today in Northern Uganda: http://www.securelivelihoods.org/publications_details.aspx?resourceid=298

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