Coping with displacement: problems and responses in camps for the internally displaced in Kitgum, northern Uganda[1]

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Displaced communities respond to the challenges and losses of their changed circumstances by drawing on their remaining resources. The challenge for those working in such contexts is how to effectively combine these community initiatives with their own organisational resources. This paper reports a study of 112 residents of four camps for internally displaced Ugandans. The respondents were primarily concerned with the structural, social and economic difficulties that affected them. Those problems most frequently identified were the fundamental issues of food, health and poverty, which were perceived to stem primarily from the way the camps were structured and resourced. Respondents described four main response strategies: assistance from others (including neighbours, relatives, agencies and community organisations); work and income generation; personal characteristics (e.g. determination, ability to work hard); and social support.

Keywords: internally displaced persons, coping strategies, Uganda, camps

Introduction

The conflict in Uganda began in 1986, when President Yoweri Museveni seized power, and a number of groups from the north of Uganda fought the central government. Initially, these were primarily popular rebellions, but this changed when the main rebel group, the Lords Resistance Army (LRA), began targeting civilians. The LRA became known for using extreme violence to instil terror into the general population.

Initially, civilians tried to protect themselves by sleeping in the bush, or by commuting to towns or trading centres at night, whilst maintaining contact with their homes and land. However, as rebel activity increased, people were forced into *'displacement camps'* for internally displaced persons (IDP) established by the government in 1997, in the Kitgum district. The aim of these camps was to cut off rebel resources and allow the Ugandan People's Defence Forces (UPDF) access to the LRA bases deep in the bush. By the end of 2002, almost the entire rural population of Acholiland, consisting of the Gulu, Kitgum and Pader districts, had moved into IDP camps. The initial intention was for the military operation to be carried out quickly, and people return to their homes. However, the Ugandan army failed to defeat the LRA militarily, and 10 years after the camps first opened, people were still living there.

The policy of forced encampment dramatically increased the vulnerability of the Acholi population and entrenched their feelings of social and political marginalisation (Internal Displacement Monitoring Centre, 2007). Also, the LRA succeeded in attacking IDP camps, despite the deployment of the

military to provide protection, and IDPs have also commonly reported experiencing violence and abuse at the hands of the UPDF soldiers supposed to protect them (Paul, 2006). The vast majority of those in Acholiland report that they have been victimised during the conflict (Boas & Hatloy, 2005; Pham, Vinck, Stover, Moss, Weirda & Bailey, 2007).

The IDP camps were very densely populated (Boas & Hatloy, 2005) creating poor sanitary conditions. The extreme overcrowding, together with lack of access to clean water, sufficient food, and health care services, have had a considerable impact on the health of IDPs (Checchi, 2006; Ministry of Health, 2005). Healthcare facilities had severe difficulties recruiting trained staff, with many camps relying solely on unskilled volunteer home visitors, and there were chronic shortages of most essential drugs (Checchi, 2006). In addition, insecurity and travel restrictions limited access to the main hospitals for those patients requiring treatment not available in the camp clinics.

The extreme poverty of camp residents exacerbated their other problems. Even before they were forced into camps, people in Acholiland had their crops, cattle and other assets stolen (Pham, et al., 2007), and those who had assets remaining when they entered the camps often sold them to meet the immediate needs of their families. They believed that the conflict would soon be over and they would be able to return to their land and generate more income. This left them with nothing to sell later on, when their situation became even more desperate, and there were very limited opportunities to earn cash (Boas & Hatloy, 2005).

When the camps were first established, men could sometimes return home to tend to their crops, while women contributed to the family income by exchanging firewood for food or cash, brewing alcohol, and petty trading. However, as time went on, 'security zones' were set up around each camp. These varied from a few hundred metres to several kilometres, and camp inhabitants were prohibited from going outside these zones. Even inside the security zone, movement was restricted to between 9 am and 5 pm. Movement outside the security zone, or outside of the designated hours, incurred the risk of being attacked by the LRA, or being accused of being a rebel, or a rebel collaborator, by the UPDF. This had a significant impact on the lives of the IDPs, as most of their land was outside the security zone, they were no longer able to cultivate it. The camps themselves were so overcrowded, it was impossible to plant vegetable plots around the homes. It also became much more difficult, as well as dangerous, for women and children to gather firewood or wild fruits to sell.

Residents of the Kitgum camps have complained about the prevalence of disease, drunkenness, violence, lack of adequate sanitation, and livestock and poultry deaths (Stites, 2006). Another large-scale survey identified camp residents' priorities as: health (45%), peace (44%), education (31%), and livelihood concerns (including food, 43%; land, 37%; money, 35%) (Pham, et al., 2007). Adults have expressed concern about their children's health and that they were not learning Acholi traditions in the camp environment. Olaa (2001) writes that although many traditions have survived displacement, the basic relationships that used to hold families and villages together have been damaged.

The humanitarian response in Kitgum and other parts of northern Uganda has been severely criticised (Brown, 2006). Agencies have not coordinated their activities well, resulting in some camps receiving many services, and others, mainly those in less

accessible areas, receiving few services, or nothing at all. However, it is recognised that, until recently, agencies' work has been hindered by the security situation. Most were based in Kitgum town, with only Medecin Sans Frontiers (MSF) having compounds inside some of the camps as well. Due to the unpredictability of the LRA attacks, the UN recommended that humanitarian agencies travel to most (with the exception of four) of the camps in Kitgum district with a military escort. The roads were opened by 9 am, and the time the escort must leave the camp was specified by the UPDF. This could vary between 2 pm and 4 pm, depending on the security situation and the personnel undertaking the escort. In the case of the furthest camps, which can be more than 70 km from Kitgum town, these restrictions meant that it was only possible to spend two or three hours in the camp. This lack of presence in the camps severely limited the services that agencies were able to provide. When the security situation improved, nongovernmental organisations and UN personnel were able to spend the night in some camps, and could travel to many without military escorts.

When individuals or groups become displaced, they are faced with the *'struggle to develop new social networks, navigate unfamiliar environments, discover new and meaningful social roles, find ways out of poverty and into self-sufficiency, and manage the day-to-day sadness of being separated from loved ones unable or unwilling to make the journey out'* (Miller & Rasco, 2004, 27). Coping with these challenges is not only about people finding new ways of providing for the basic needs of themselves and their families, but about finding new ways of meeting their emotional, spiritual and social needs. It has been suggested that *'coping'* is best seen as an attempt to adapt the resources at one's disposal to a particular situation.

Therefore, much of the distress experienced by displaced people is due to a mismatch between the demands of the situation in which they find themselves, and the resources available to them (Miller & Rasco, 2004). Research conducted in a variety of settings has given us some understanding of the resources commonly drawn on by displaced populations. These include social support; community structures; spiritual support; material resources; and constructive activity.

Social support Social support has been identified across many situations as being the primary, and most effective, coping strategy used by displaced populations for both children (Boothby, Strang & Wessells, 2006; Kostelny, 2006; Westerveld-Sassen, 2005) and adults (Eyber & Ager, 2002). Social support serves a number of functions. The most obvious is emotional support (Almedom, 2004; Farwell, 2001), but it can also involve economic and material assistance (Birkeland & Gomes, 2001). However, the main sources of social support, the family and community, may be severely disrupted by displacement (Farr, 2001; Wessells & Monteiro, 2004). Families are likely to be under severe strain as a result of their experiences of violence, loss of resources and/or the changing roles of their members, which may limit their ability to support each other (Sorenson & Vincent, 2001).

Community structures The maintenance of traditional cultural practices is helpful for the whole community; providing support, ensuring continuity and giving meaning to difficult events (Kostelny & Wessells, 2004). In addition, community structures such as leadership systems, contribute to community cohesion, and ensure that accepted ways of behaving are maintained.

However, these are often lost when a community becomes displaced, because leaders

are no longer present, or because the resources required are no longer available. Olaa (2001, 109) describes how Ugandan Acholi culture and tradition is '*rich with mechanisms for solving problems within the community, but the capacity to conduct these activities effectively has been degraded by the continuing conflict*'.

Spiritual support Faith and religion has been found to be a common bond of strength within many displaced populations (Kassam & Nanji, 2006; Farr, 2001; Dzeamesi, 2008). In various settings, engagement in religious practice has been linked with positive measures of mental and physical health (Wessells & Strang, 2006; Copeland-Linder, 2006). Resources provided by religious belief include constructive and meaningful interpretations of events (Wessells & Strang, 2006); social support; and traditions and rituals which help to provide a sense of meaning and continuity (Kostelny & Wessells, 2004).

Material resources As might be expected in the desperate situations many displaced people find themselves in, most coping strategies described in the literature are '*survival*' or '*subsistence*' strategies (Birkeland & Gomes, 2001). Even in the most unpromising settings, displaced people have been found to be engaging in income-generating activities, such as casual labouring work, petty trading or small business (Birkeland & Gomes, 2001; Boutin & Nkurunziza, 2001) or selling services such as tailoring or construction. Children may be expected to contribute to these survival strategies, sometimes at the expense of their education (Farr, 2001).

Cultivation is often an important source of income, predisplacement (Birkeland & Gomes, 2001), and people make great efforts to continue to cultivate their land, even when this causes inconvenience or danger (Delgado & Laegreid, 2001; Payne, 1998).

Some displaced people become involved in criminal activities, such as stealing (Olaa, 2001; Birkeland & Gomes, 2001), and there may be an increase in sexual exchange as a survival strategy (Boutin & Nkurunziza, 2001; Olaa, 2001; Payne, 1998). However, these strategies tend to be disapproved of by other members of the community. Defrauding humanitarian agencies (e.g. by claiming multiple ration cards), on the other hand, is seen as more acceptable (Kibreab, 2004).

Constructive activity There is considerable overlap between coping strategies focusing on obtaining material resources, and those involving constructive activity, since the purpose of this activity is, in many cases, to generate income. However, the act of engaging in paid or unpaid work, community activities, education, or any other form of activity which is purposeful can be an effective coping strategy in itself (Turner, 2004). Despite its usefulness, this strategy is often under- utilised, especially in camps, where dependency and passivity may be encouraged (Kassam & Nanji, 2006).

Context of the study

The research described in this paper was conducted in April 2006. The situation in northern Uganda has changed considerably since that time, and continues to be in a state of flux. In April 2006, there were around 300 000 people living in 21 camps in Kitgum district, and in the period prior to this, the IDP population in Kitgum had experienced cyclical violence followed by periods of relative calm. Attacks on the civilian population by the LRA had been steadily going down from June 2005, but at the time this study was conducted it was difficult to predict whether this would continue. The LRA soldiers were known to be moving around frequently, so people did not feel

secure, and it was almost impossible to predict when and where further attacks might occur.

At the time of this research, there was a plan to '*decongest*' the Kitgum camps, and some people had already spontaneously relocated from the camps to other locations. As of February 2006, five spontaneous settlements had been established in Kitgum district, with another 19 planned.

The research reported here was conducted for the Jesuit Refugee Service (JRS),[2] who were in the process of establishing a new psychosocial and education project in Kitgum district in 2006. The study was carried out to assist JRS to understand the needs and priorities of the residents of the camps, and to contribute to the design and planning of the psychosocial aspect of the new programme. The study aimed to identify the problems experienced by IDPs in four camps in the Kitgum district, and to explore the strategies used to cope with these challenges.

Methods

Research staff Eight local people (four male and four female) were employed to conduct the research interviews, along with the JRS Psychosocial Assistant. Two half-day training sessions were carried out to familiarise the research staff with the interview methodology and protocol.

Research locations Four camps were selected for inclusion in this study: Lokung, Nam Okora, Lagoro, and Akwang.

Interview format Two qualitative interviewing methods (free listing and key informant interviewing) were used (Bolton, 2001).

Free listing

The '*free listing*' methodology involves people from a target community generating lists in response to one or more standardised questions. In the current study, respondents were asked:

1. What are the main problems that affect people in your community?
2. Can you think of somebody you know who has these problems, but is coping with them very well? Tell me about that person.

They were prompted by the interviewer to list as many ideas as possible, and to give a brief explanation of each. They were also asked to identify individuals in their community who are commonly consulted by people who are struggling to cope with their emotional or psychological problems.

Key informant interviews These interviews were conducted with the persons named in the free listing study as those commonly consulted about emotional and psychological problems. The purpose of these interviews was to confirm the descriptions of problems and coping strategies that emerged from the free lists, and to obtain more detailed information about the problems experienced by residents of IDP camps in Kitgum. Key informants were asked:

1. What kind of problems do people have in your community?
2. What causes their problems?
3. How do these problems affect them?
4. What helps people to feel better?

Translation All the questions were translated into the local Luo language by the research team.

Informed consent A standardised '*informed consent*' section was developed, to ensure that potential respondents understood the purpose of the interview, and what would be involved. They were told that JRS was

conducting the research with a range of people selected by chance, to find out more about the problems affecting people in Kitgum. The information would be used to help JRS develop programmes in the camp, but there would be no direct benefit to the interviewee personally. They were told that no information to identify them would be recorded, and if they chose not to take part in the interview it would not affect any assistance they received from JRS, nor any other organisation.

Procedures The data collection exercise was carried out on Wednesday 26 – Friday 28 April 2006. Teams of, between three and five, researchers went to each camp. Upon arrival they first made contact with the camp commandant to obtain permission to carry out the research. In all cases, permission was given.

For the free listing part of the study (which took place over two days), each interviewer aimed to conduct at least four interviews per day, ideally including an equal number of men and women, one young person (aged 14−20) and one older person (above 45 years).

The third day was spent interviewing key informants in two camps. Each interviewer was given a list of four *'key informants'* (identified in the free listing exercise), and aimed to interview at least two of these people.

All interviews were carried out in Luo, and the interviewers were required to translate the responses and record them in English on the survey form.

Analysis During analysis, the data from the lists were combined to provide a composite list of responses in order of the frequency they were mentioned. This gave the names and descriptions of the major problems and coping strategies (from the community members' perspective) and how highly people prioritised them.

Description of participants

Eighty-nine participants were interviewed for the Free listing study, and 23 for the Key Informant study.

Free listing: Of the 89 participants, 44 were male (49.4% of sample) and 45 were female (50.6%). They were resident in four camps Nam Okora (n=14); Lokung (n=25); Lagoro (n=27) and Akwang (n=23). Respondents reported having lived in the camp for between one and 16 years, although since the camps were only established in Kitgum district in 1997, it is unclear what was meant when respondents said they had stayed in the camp for more than 10 years. It is likely that they meant they had lived in the area of the camp before other IDPs came to join them. The mean length of time respondents had stayed in the camps was 4.62 years (standard deviation = 3.20), although this varied between camps. The mean age of respondents was 35.15 years (standard deviation = 18.36).

Key Informants: Only two camps (Lagoro and Akwang) were included in this part of the study. Of the 23 participants, 16 were male (70% of sample) and 7 were female (30%). The key informants had stayed in the camps for a mean of 3.27 years (standard deviation = 0.88), and their mean age was 49.0 years (standard deviation = 21.57).

Results

Problems The problems identified by the largest number of respondents, and the relationships between them, are summarised in Figure 1. This model illustrates the central issues identified by respondents, and the relationships between them. It is, necessarily, an over simplification of these relationships, but it shows that respondents identified some issues as being fundamental. Furthermore, these issues create and maintain a further series of problems that
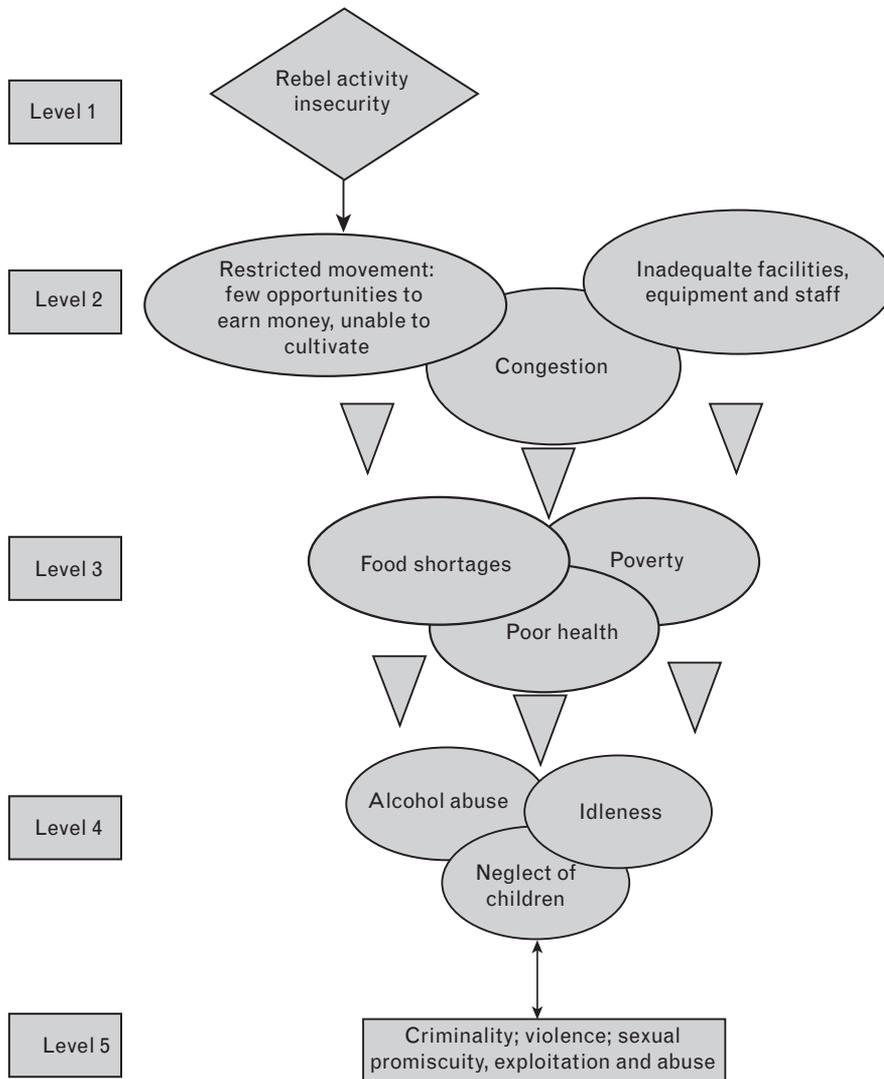
Figure 1: Model of problems identified by IDPs in Kitgum as affecting their communities.

significantly impact on the wellbeing of their communities.

The model shows that participants identified the fundamental cause of their problems as insecurity, caused primarily by rebel activities. This insecurity, and the Ugandan government response to it, has led to movement being severely restricted (Level 2 of the model), which hinders income generation and the cultivation of land. Other aspects of the situation said to impact on wellbeing are congestion of the camps, and

inadequate services and facilities, too few schools, inadequate health services, and poor sanitation facilities (latrines and sources of clean water).

This combination of factors contributes to the problems identified most frequently by IDPs (Level 3 of the model): food shortages, poverty and poor health. Food shortages were the most frequently identified problem (109 of 112 respondents), followed by poor health (98), followed by poverty (97).

Food shortages were seen as primarily related to inadequate food aid, but also to the difficulties of obtaining food independently, due to movement restrictions limiting opportunities to work, cultivate the land, or gather wild food. Movement restrictions were also said to contribute to poverty; and both food shortages and poverty contribute to poor health.

The relationships between factors at Level 3 and Level 4 of the model are bi-directional. In addition, the Level 4 factors (alcohol abuse, neglect of children and idleness) are closely inter-related. The two levels have been separated in the model mainly to distinguish between those factors mentioned by the majority of respondents (Level 3), and those referred to by fewer people (Level 4).

Neglect of children was described in material, social and emotional terms. Material neglect occurs due to parents' poverty, and a number of respondents said that children do not benefit from the parental care and guidance they would have received prior to displacement. The quality of the education children receive at school was felt to be poor, and many parents were unable to pay the fees to send their children to secondary school. Some respondents talked about a decrease in respect for traditional practices and behaviour, and difficulty in finding ways to pass their culture onto the youth.

Young people were said to suffer from idleness and lack of constructive activity, related to both a lack of access to the education system, and a lack of space for children and youths to engage in leisure activities, such as sports and traditional dance. Idleness was perceived to contribute to sexual promiscuity, criminal behaviour and alcohol abuse. Alcohol abuse was believed to have serious consequences, including promiscuity and violence (e.g. fighting, domestic violence, sexual abuse and assault). Respondents complained that young people are sexually promiscuous due to factors such as population congestion, poverty and parental neglect. This, in turn, has health consequences in terms of sexually transmitted infections, and unwanted pregnancies.

Coping strategies The coping strategies identified by the general community members and key informants were grouped into five main themes. These themes, and the number of times they were identified by community members and key informants, are listed in Table 1.

Table 1 shows that there are some differences in the coping strategies identified by general community members and by key informants. It should also be noted that they were asked somewhat different questions: community members were asked to describe a person they knew who was coping well with their problems, while key informants were asked a more abstract question; *'what helps people to feel better?'* It is notable, however, that almost all key informants referred to assistance from others and to work as of particular importance in helping IDPs cope with their circumstances.

Respondents' descriptions of each type of coping strategy are outlined below. Each coping strategy is illustrated by a *'case study'*, based on an individual described as coping

Table 1. Coping strategies identified

	General community members (n = 89)		Key informants (n = 23)	
	n	%	n	%
Assistance from others	51	57	22	96
Work	42	47	21	91
Personal characteristics	55	62	12	52
Social support	31	35	9	39
Other	0	0	14	61

well by a community member respondent. This is somewhat artificial, since in most cases, individuals used more than one type of coping strategy.

Assistance from others
Assistance from others was the main coping strategy identified by both community members and key informants. However, general community members (who were asked to describe a particular individual) talked primarily about assistance from others in the community, such as neighbours and relatives, whereas key informants (who were asked to describe what helps people in general) talked primarily about assistance from humanitarian organisations. Table 2 describes the ways in which IDPs receive assistance from others.

In many cases, those described as coping well due to assistance are those who are particularly vulnerable, for example the elderly, disabled or sick.

An old woman who doesn't have anybody to support her in any way. She is getting WFP ration and people used to give her food because what WFP gives is not enough. In addition to what people give her, church has also built a hut for her, but recently she is not badly off as

before. The woman is managing because of people assisting her. (14-year-old female, Lokung camp)

Work and income generation
Table 3 describes the forms of work and income generation IDPs were said to engage in. The positive benefits of work not only include earning an income, which can improve the life of a family, but also growing crops and engaging in constructive activity, instead of being idle. Both community members and key informants talked about work as an important coping strategy.

Cultivation is especially important to the Acholi people; it is a crucial aspect of their culture. Access to land, and the ability to cultivate it, not only generates income, but is also a constructive activity that provides some continuity with the past. Where it is not possible to cultivate, people find alternative ways of generating income. However, collecting items like mangoes and firewood to sell exposes the person to risk of attack by rebels or bandits, or by the UPDF who may take them to be a rebel collaborator.

It should be noted that the number of respondents describing 'work' as a coping strategy is relatively low. This does not indicate that work is a poor coping strategy, but that it is

Table 2 *Types of assistance provided to IDPs*

Community members	Key informants	Coping strategy	Description
46 (52%)	11 (48%)	**Help from other IDPs**	The people most commonly said to assist are relatives (25),[3] but also children (19), neighbours (19) and the church (7). Assistance included help with household tasks (e.g. collecting ration, fetching water) (19); giving food (14) and other material assistance (11). There was also help with earning money (7), cultivation (e.g. digging) (6); and mobility (e.g. guiding blind person) (5).
0	11 (48%)	**Food aid**	Although the World Food Programme (WFP) was said to provide too little food, it was better than if no food was provided at all.
0	11 (48%)	**Humanitarian assistance**	Few respondents identified specific ways in which humanitarian support assists people to feel better, but some referred to medicine (3), seeds (2) and household utensils (2).
5 (5.8%)	0	**Community organisations**	Including disabled associations, women's groups, church activities and groups which come together to apply for loans or to implement a poultry or livestock project.

Table 3 Ways in which work assisted IDPs

Community members	Key informants	Coping strategy	Description
9 (10%)	8 (35%)	**Cultivation**	For personal consumption and/or sale. Even small-scale cultivation was said to help a person to feel better.
8 (8%)	6 (26%)	**Collecting items to sell**	Items collected and sold include firewood (9),[3] wild food such as mangoes and shea nuts (6), and stones (1).
12 (13.5%)	1 (4.3%)	**Makes things to sell**	Such as charcoal (3), local brew (3), and household utensils (6) such as hoe handles, weaving, pots, knives and bricks.
7 (7.8%)	2 (8.7%)	**Employment**	Employment opportunities were said to be very limited, but include being paid to dig for others, construction work, and children working as housemaids in Kitgum town.
4 (4.5%)	2 (8.7%)	**Small business**	Such as using a bicycle to provide transport, and buying and selling small items (e.g. paraffin, salt, biscuits).
2 (2.2%)	0	**Sells part of ration**	
0	2 (8.7%)	**Keeping livestock**	Poultry and livestock are given by humanitarian agencies to some groups of IDPs.

difficult to engage in any of these activities due to insecurity and the resulting restrictions on movement. An example to illustrate the effectiveness of work, when circumstances allow, is given below.

> *There is a young boy who is an orphan; the parents died when he was still very young. He had a stepmother who took care of him until he reached 14 years. In 1999 the stepmother went to the garden and she was arrested by the LRA and killed. The stepmother had two children who she left outside after she died. The young boy started digging vegetables at the river bank so that he could get something to eat and sell part of it for money. He dropped schooling and became a good peasant farmer. That year he planted an acre of sim-sim and got a good yield from the planting. He took part of the sim-sim to market in Kitgum main market and got a good money and bought with it a bicycle which he later used for transporting firewood for sale, crops from the field and collecting drinking water with his bicycle. Up to now the boy is still struggling and taking care of the step-brother and sister despite all the difficult situation he underwent. (89-year-old man, Lokung camp)*

Personal characteristics

The personal strengths and internal resources of individuals were sometimes described as helping them to cope with problems. These are described in Table 4. Faith and hope in God was particularly important, as was accepting the situation and trying to make the best of it. A focus on something other than one's problems, whether God, the future, or the family, seems to be important, as does a sense of personal responsibility for dealing with the situation. Personal characteristics were often said to underlie the other characteristics; for example, a person who makes things to sell,

or who collects firewood for sale, might be said to be successful at this because they are hardworking and don't give up. One community member described a man with 13 children who is coping well as a result of his personal characteristics.

> *All children went to primary school (which is free) and he really struggles to send them to secondary as well . . . The man is very hard-working; he does construction work and works in fields. Also, he's very concerned about the children's education. He thinks about the future rather than his current problems, whereas others may be more concerned with what is affecting them now. (47-year-old male, Nam Okora camp)*

Social support

Both community members and key informants described social support as a factor that helps people cope with their problems, but it seemed to be particularly important to community members. They referred to it frequently when describing a specific person who copes well with their problems. Table 5 describes the forms of social support IDPs were said to draw on. Responses mentioned by a single person are not included.

Good relationships with others not only provides social support, but also ensures that practical assistance is there when it is needed. However, social support (including advice) was also seen as an important factor in itself.

> *Elderly woman with leprosy. She is a widow with four dependents. The daughter had a problem with her husband and came back with her children to stay with her mother. The mother is very poor. She brews alcohol and uses the income to provide for the needs of the children. She supports them through school. The children she takes care of support her in*

Table 4. Personal characteristics which help IDPs to cope

Community members	Key informants	Coping strategy	Description
10 (11%)	5 (22%)	**Faith in God**	Faith that their situation is in the hands of God was said to give people hope, and also help them take risks (e.g. looking for firewood in the bush) to improve their lives.
9 (10%)	4 (17%)	**Accept situation**	Some mentioned being helped by accepting their current situation, and not dwelling on past experiences and losses.
4 (4.5%)	2 (8.7%)	**Anticipates better future**	People described as having hope for the future were said to see current problems as temporary events, and the future as more important; they place their hope in their children and their education
9 (10%)	1 (4.3%)	**Determination**	Not giving up, and persevering even though their problems make life hard.
7 (8%)	0	**Takes responsibility for dealing with problems**	Some community members described people who take responsibility for finding solutions, because they recognise that there is nobody to assist them and/or because they have people depending on them.
7 (7.9%)	0	**Hardworking**	
6 (6.7%)	0	**Commitment to family**	Commitment to the wellbeing of one's family was said to help one to overcome problems.
3 (3.4%)	0	**Avoiding negative influences**	Avoiding alcohol or friends who take alcohol; avoiding unsafe sex.

Table 5 *Forms of social support that help IDPs to cope*

Community members	Key informants	Coping strategy	Description
12 (13.5%)	4 (17.4%)	**Good relationships with others**	A person who has good relationships with others is more likely to be assisted by them when in need.
12 (13.5%)	3 (13%)	**Social support**	Spending time with friends and neighbours was said to help people to forget their problems for a while and relax. Key informants also described organised social gatherings (e.g. dancing).
7 (7.8%)	0	**Advice**	Advice from those close to the person (5)[3] and from elders (2) was believed to help someone cope with problems, and encourage them not to give up.

collecting water and doing other domestic chores. She works hard, the children support her and the neighbours support her with brewing the alcohol. She is prayerful and active in the church. She is committed to the family and endeavours to provide for them. (59-year-old woman, Lokung camp).

Other factors

Community members referred only to the above factors in assisting people to cope with their problems. However, key informants also referred to two other factors (excluding factors mentioned by a single person). Eight key informants said that security issues had an impact on coping; mainly security in the camp but one person also referred to the lifting of some security restrictions, allowing more movement. Three mentioned the role of community education, including life skills education, training opportunities and education from elders and relatives.

Discussion

The findings of this study illustrate the complex interrelationships between factors affecting displaced individuals, families and communities, and the ways in which IDPs in Kitgum respond to these challenges. The respondents rarely talked about individual level problems, such as mental health, but more about structural, social and economic difficulties that affect them at several levels.

The problems identified most often by IDPs as affecting their communities and themselves are, as would be expected, the fundamental issues of food, health and poverty. These are central to survival, and were therefore, a high priority for camp residents. They perceived these problems as stemming, primarily, from the ways that the camps were structured and resourced. One of the main causes was the restriction on

movement outside the camp, due to the security situation. However, the other two fundamental causes, camp overcrowding and inadequate services, are not directly related to insecurity, but are consequences of failures in planning the camps and planning and coordinating services. This is perhaps what underlies Checchi's (2006) observation that; *'the Acholi camps provide an almost textbook example of how not to mitigate the effects of forced displacement'.* Although life in a camp for displaced people is likely to involve some level of hardship, in camps of sufficient size for the population, and with adequate services, some of the problems identified by respondents in this study may have been minimised.

The social problems affecting camp residents were referred to less frequently, but were mentioned as being closely related to basic survival issues. It was acknowledged, for example, that underlying the problem of idleness is the lack of educational, vocational or employment opportunities for those who have completed primary school. This partly comes about because of the restrictions on movement, but it is also partly due to inadequate services and facilities, as well as overcrowding. Overcrowding is, in itself, believed to contribute to sexual promiscuity, violence and the spread of disease. Each of the problems identified by respondents is linked to several others, either as a contributing factor or as a consequence. It is striking that, despite the high levels of victimisation experienced by Acholi people over the prolonged conflict, the conflict itself was not described as being a significant problem. The attacks, abductions and return of escaped abductees to their communities were not referred to, but the consequences, especially in terms of restricted movement, were described as having an extremely negative impact. This should not be seen as

an indication that the violence did not concern IDPs, but rather as a reflection of the fact that the frequency and severity of attacks had reduced considerably over the nine months prior to this study being conducted, and there was hope that a peaceful solution would be found to the conflict.

The priorities of those who participated in this study reflect the findings of other studies of the displaced in Kitgum. Two large scale surveys were conducted in Kitgum around the same time as this study (Pham, et al., 2007; Stites, 2006). Health was identified as a priority in both surveys and in the current study. Poverty and livelihood concerns were also prioritised by respondents in all three studies. The extreme overcrowding of camps, and its consequence in terms of safety and health have been identified by a number of writers as having an extremely negative impact on camp residents (Boas & Hatloy, 2005; Checchi, 2006). The respondents in the current study expressed great concern about the social impact of living in displacement camps, especially on their children and youth. This echoes Olaa's (2001) warning that that the forced displacement of the majority of the Acholi population '*has shaken the foundations of Acholi society*'.

Respondents described four main resources people draw on to cope with these challenges: assistance from others; work; personal characteristics; and social support. It is notable that all the strategies described relate to coping with material and practical needs, such as a lack of income, or difficulty in carrying out necessary tasks such as cooking and fetching water. This reflects the respondents' priorities, as discussed above, and has similarities with the findings of research conducted in other regions. Indeed, most of the coping strategies described in the literature, as in this study, are '*survival*' or '*subsistence*' strategies (Birkeland & Gomes, 2001). This may be because these are the main priorities of displaced populations, or (in the case of the current study) because these issues seemed particularly salient to respondents approached by a representative of a humanitarian organisation asking about their problems. With hindsight, the interviews could have focused more specifically on social and cultural needs, and the resources people drew on to address these in the camps.

However, within the narrow focus of the responses, some useful findings emerged. Even in the extremely difficult circumstances in which IDPs in northern Uganda live, some found ways to work and generate income. As in other settings, some found casual labour, others made and sold goods, or engaged in petty trading. Children contribute to these survival strategies and sometimes dropped out of school in order to contribute to the family income. Children were frequently referred to as the main source of assistance for people who were vulnerable, such as the elderly, sick or disabled.

Nobody mentioned selling assets in order to provide for themselves, probably because, as Boas & Hatloy (2005) note, any assets held by the displaced in Kitgum were sold long ago. Like the displaced Angolans described by Birkeland & Gomes (2001), Kitgum's IDPs took considerable risks in order to provide for their material needs, including venturing into the bush to collect firewood or wild fruit to sell. In doing this, they risked being arrested by UPDF soldiers as suspected rebels, or being captured by the rebels themselves. That displaced persons are prepared to take these risks illustrate not only their desperation, but also their desire to play an active part in providing for themselves.

Cultivation was an important source of income, prior to displacement, for many, and is part of the community identity of rural populations such as the Acholi (Birkeland & Gomes, 2001). Displaced people in Kitgum continue, wherever possible, to cultivate whatever land they have access to, whether this is a small strip on the river bank, land given to the community, or land they have been able to rent. In this, they are similar to the displaced Afghans and Colombians who take great risks to cultivate their land (Delgado & Laegreid, 2001; Farr, 2001).

Relatively little mention is made in the literature of displaced people assisting each other (exceptions are Boutin & Nkurunziza, 2001; Farr, 2001), but this was described as a central coping strategy by the IDPs interviewed for the current study. In Kitgum, whole communities have been displaced into camps, and although there is a level of disintegration of social support systems, due to killings and abductions, and the collapse of traditional community structures, people tend to be surrounded by neighbours and relatives from home. It may be, therefore, that there are higher levels of social support available to IDPs in Kitgum than in some other displacement situations, in which communities are scattered. The fact that assistance from others was identified as a primary strategy perhaps also reflects the level of dependency that has been created amongst IDPs in Northern Uganda. The examples given of those who depended on assistance tended to be those who are most vulnerable, including the elderly and disabled.

Those described as coping well in the camps were often said to use a combination of strategies. Personal characteristics were said to underlie other strategies in many cases; for example, a person who makes things to sell, or who collects firewood for sale, may be said to be successful at this because they are hard-working and don't give up. Future research could focus on whether coping well in such circumstances is perceived to be a function of stable internal characteristics (which cannot be developed by those who do not already have them); unstable internal characteristics (which can be developed by anyone); or external factors, such as the social resources available to a person.

As already indicated, this study was conducted in the initial stages of a new programme being established by JRS. It would be very beneficial to build on the findings reported here by incorporating ongoing research activities into the JRS programme, using a variety of approaches. This would not only develop our understanding of the challenges affecting the displaced population of Kitgum, and their ways of coping with these challenges, but would also assist the programme to adapt to meet people's needs and strengthen their resources.

In addition, given the challenges facing the humanitarian actors working in northern Uganda, and criticisms of the services provided in Kitgum IDP camps, a study of the humanitarian actors themselves (managers and field staff) could be valuable. This perspective would contribute to our understanding of barriers to providing effective services in such situations, and how these might be addressed.

Conclusion

The study reported here is limited in that it was conducted in a short space of time, in only four camps, with a relatively small number of people. In addition, the people chosen to participate in this study are likely to be those who were visible and accessible, so the experiences of certain groups are not represented in this study. However, even

with these limitations, the complexity of the relationships between the factors affecting the displaced communities emerged clearly. Each problem identified by respondents is linked to several others, either as a contributing factor or as a consequence. Writers such as Williamson and Robinson (2006) have noted the tendency of programmes with displaced people to consider *'wellbeing'* in a narrow sense, focusing primarily on the individual level and neglecting other contributors to wellbeing, such as economic factors, political, social, spiritual and cultural. The model presented here illustrates the difficulty of developing interventions to address in isolation social problems such as idleness, exploitation and abuse. While a camp remains overcrowded, under-resourced, and there is a significant security threat, the factors which contribute to these social problems will continue to exert an influence, and limit the effectiveness of any intervention. Those working in the psychosocial field could usefully work with decision makers in all sectors (and at all levels) to highlight the psychosocial implications of their plans, and to advocate for programmes to be implemented in a way likely to enhance the psychosocial wellbeing of those affected. Although the circumstances in Kitgum create high levels of dependency on outside agencies, the findings of this study demonstrate that IDPs still make many attempts to assist themselves and each other. Good interventions build on the resources that already exist in a situation, and the attempts already being made by individuals and communities to improve their lives. Even in a situation as restricted as Kitgum, such attempts can be identified. The challenge for agencies working in such situations is, to paraphrase Sorenson & Vincent (2001), how to combine these attempts with their own resources in order to enable individuals and communities to adapt to the demands of the situation in which they find themselves.

References

Almedom, A. M. (2004). Factors that Mitigate War-induced Anxiety and Mental Distress. *Journal of Biosocial Science, 36*, 445-461.

Birkeland, N. M. & Gomes, A. U. (2001). Angola: Deslocados in the Province of Huambo. In: M. Vincent & B. R. Sorenson (Eds.), *Caught Between Borders: Response strategies of the internally displaced* (17–47). London: Pluto Press.

Boas, M. & Hatloy, A. (2005). *Northern Uganda IDP Profiling Study*. Kampala, Uganda: Office of the Prime Minister/UNDP.

Bolton, P. (2001). Local perceptions of the mental health effects of the Rwandan genocide. *The Journal Of Nervous And Mental Disease, 189*, 243-248.

Boothby, N., Strang, A. & Wessells, M. (2006). Introduction. In: N. Boothby, A. Strang & M. Wessells (Eds.), *A World Turned Upside Down: Social ecological approaches to children in war zones* (1–18). Bloomfield, CT: Kumarian Press, Inc.

Boutin, G. & Nkurunziza, S. (2001). Burundi: Developing strategies for self-reliance. A study of displacement in four provinces. In: M. Vincent & B. R. Sorenson (Eds.), *Caught between borders: response strategies of the internally displaced* (48–77). London: Pluto Press.

Brown, M. (2006). The failing humanitarian response in Northern Uganda. *Humanitatian Exchange, 36*, 2-4.

Checchi, F. (2006). Humanitarian interventions in Northern Uganda: based on what evidence? *Humanitarian Exchange*, 7-11.

Copeland-Linder, N. (2006). Stress among Black women in a South African township: The protective role of religion. *Journal of Community Psychology, 34*, 577-599.

Delgado, E. H. & Laegreid, T. (2001). Colombia: Creating peace amid the violence. The church, NGOs and the displaced. In: M. Vincent & B. R. Sorenson (Eds.), *Caught Between Borders: response strategies of the internally displaced* (205 – 223). London: Pluto Press.

Dzeamesi, M. K. (2008). Refugees, the UNHCR and Host Governments as Stakeholders in the Transformation of Refugee Communities: A study into the Buduburam Refugee Camp in Ghana.. *International Journal of Migration, Health and Social Care, 4*, 28-41.

Eyber, C. & Ager, A. (2002). Conselho: Psychological healing in displaced communities in Angola. *Lancet, 360*, 871.

Farr, G. (2001). Afghanistan: Displaced in a devastated country. In: M. Vincent & B. R. Sorenson (Eds.), *Caught between borders: response strategies of the internally displaced* (117 – 137). London: Pluto Press.

Farwell, N. (2001). 'Onward through strength': Coping and psychological support among refugee youth returning to Eritrea from Sudan. *Journal of refugee studies, 14*, 43-69.

Internal Displacement Monitoring Centre (2007). *Uganda: Uncertain peace process impedes return in north while protection crisis looms in Karamoja region – a profile of the internal displacement situation* Geneva, Switzerland: IDMC.

Kassam, A. & Nanji, A. (2006). Mental Health of Afgham refugees in Pakistan: a qualitative rapid reconnaissance field study. *Intervention, 4*, 58-66.

Kibreab, G. (2004). Pulling the Wool over the Eyes of the Strangers: Refugee Deceit and Trickery in Institutionalized Settings. *Journal of Refugee Studies, 17*, 1-26.

Kostelny, K. (2006). A culture-based, integrative approach: Helping war-affected children. In: N. Boothby, A. Strang & M. Wessells (Eds.), *A World Turned Upside Down: Social ecological approaches to children in war zones* (19 – 37). Bloomberg, CT: Kumarian Press, Inc.

Kostelny, K. & Wessells, M. (2004). Internally Displaced East Timorese: Challenges and lessons of large-scale emergency assistance. In: K. E. Miller & L. M. Rasco (Eds.), *The Mental Health of Refugees: Ecological Approaches to Healing and Adaptation* (187 – 225). Mahwah, New Jersey: Lawrence Erlbaum.

Miller, K. E. & Rasco, L. M. (2004). An Ecological Framework for Addressing the Mental Health Needs of Refugee Communities. In: K. E. Miller & L. M. Rasco (Eds.), *The Mental Health of Refugees: Ecological approaches to healing and adaptation* (1 – 64). Mahwah, New Jersey: Lawrence Erlbaum.

Ministry of Health, R. o. U. (2005). *Health and mortality survey among internally displaced persons in Gulu, Kitgum and Pader districts, northern Uganda.*

Olaa, A. (2001). The Resilience of Tradition: Displaced Acholi in Kitgum. In: M. Vincent & B. R. Sorenson (Eds.), *Caught between Borders: Response strategies of the internally displaced* (99 – 113). London: Pluto Press.

Paul, D. (2006). Heading home? Protection and return in northern Uganda. *Humanitarian Exchange*, 4-7.

Payne, L. (1998). Food shortages and gender relations in Ikafe settlement, Uganda. *Gender And Development, 6,* 30-36.

Pham, P. N., Vinck, P., Stover, E., Moss, A., Weirda, M. & Bailey, R. (2007). *When the War Ends: A population based survey on attitudes about peace, justice and social reconstruction in northern Uganda* Human Rights Center, University of California, Berkeley; Payson Center for International Development, Tulane University; International Center for Transitional Justice.

Sorenson, B. R. & Vincent, M. (2001). Conclusion. In: M. Vincent & B. R. Sorenson (Eds.), *Caught Between Borders: response strategies of the internally displaced* (266−281). London: Pluto Press.

Stites, E. (2006). Movement as a livelihood and protective strategy in Northern Uganda. *Humanitarian Exchange,* 11-14.

Turner, S. (2004). New Opportunities: Angry young men in a Tanzanian refugee camp. In: P. Essed, G. Frerks & J. Schrivers (Eds.), *Refugees and the Transformation of Societies: Agency, Policies, Ethics and Politics.* New York and Oxford: Berghahn Books.

Wessells, M. & Monteiro, C. (2004). Internally Displaced Angolans: A child-focused, community-based intervention. In: K. E. Miller & L. M. Rasco (Eds.), *The Mental Health of Refugees: Ecological Approaches to Healing and Adaptation* (67−94). Mahwah, New Jersey: Lawrence Erlbaum.

Wessells, M. & Strang, A. (2006). Religion as Resource and Risk: The double-edged sword for children in situations of conflict. In: N. Boothby, A. Strang & M. Wessells (Eds.), *A World Turned Upside Down: Social ecological approaches to children in war zones* (199−222). Bloomberg, CT: Kumarian Press, Inc.

Westerveld-Sassen, L. (2005). The impact of the Eritrean-Ethiopian border conflict on the children in Eritrea; the role of protective factors. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict, 3,* 25-32.

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[2] The Jesuit Refugee Service is an international Catholic organisation with a mission to accompany, serve and defend the rights of refugees and forcibly displaced people.

[3] The figures in parentheses indicate the number of respondents who referred to this factor.

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