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THE NIWANO PEACE FOUNDATION  
THE FINAL REPORT OF ACTIVITY GRANTS  
FOR FISCAL YEAR 2011

Title of the project: Post Conflict Healing for Lukodi Victims of Massacre in Northern Uganda.

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# Bishop Onono Onweng Foundation, BOOF, Final Report to Niwano Foundation

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## Introduction

The motivation of the project was the plight of orphans, who live with widows and grandparents, in Lukodi recovering from a massacre during an insurgency. Their problems are trauma, high disease burden and abject poverty.

This report highlights the major accomplishment that was supported by Niwano Peace Foundation. Over 700 people's wellbeing and dignity made better through a community health and trauma service. The resultant body and psychological reconciliation paves way for sustainable peace and development. One potential area to pursue will be improving quality of education for marginalize children-the girl orphans.

## 1.0 Purpose of the Activity

The people of Lukodi in Northern Uganda are recovering from a long insurgency of the Lord's Resistance Army, LRA. A massacre occurred in 2004 in Lukodi where 50 people were murdered. In addition to other causes of death, there are many orphans as a result of the war.

Post war rehabilitation issues facing orphans guided the design of the project. First, there were increased cases of trauma resulting from war and HIV/AIDs effects. Second, disease burden is much due to long distances and poor health facilities. Third, abject poverty which resulted from lost livelihood systems. And finally, traditional and religious practice that increase health and psychological risk.

## **2.0 Content and Method of the Activity**

The overall goal of the intervention was: to provide psychosocial support to 450 children of victims of massacre so that they can live in dignity. The objectives that guided implementation were:

- i. Improve capacity for disease and trauma management of 150 households at the community level;
- ii. Build the capacity of 25 traditional and religious leaders in the community to heal wounds of war in the community

The methods were around two outputs. The first result was improved community health care by providing medical support in communities and health camps. The second output was heal wounds of war through interreligious and cultural consultation and community events.

The intent was to target 150 households taking care of 450 orphans. The indirect beneficiaries were other 250 households in Lukodi.

## **3.0 Course of actual events**

### **3.1 Mobilization**

The widow's and grandparent's households with orphans were identified using existing zones where they live in Lukodi. A summary of the households identified is in the table below.

Name of zone	Households	No of orphans
Lukome Centre	19	53
Lagot-ti-col	21	68
Lukodi A	18	56
Lukodi B	15	51
Lalweny	19	59
Loyo- boo	18	55
Lacoo-anga	20	62
Kulu-bel	17	49
Onyao-rwot	14	45
Total	157	498

Sensitization was done on November 12, 2011 under a mango tree in a market. They were brief on the ideas of the project, they conceived it and advised us on best ways to reach them in the project. Contact persons were identified to coordinate beneficiaries in any activity they were required to do.

They helped us to identify volunteers in each zone to improving health services in the community. They suggested names two people from each zone who can volunteer as community health volunteer or the CCHV.

### 3.2 Community Counselor and Health Volunteers, CCHV.

18 volunteers were trained for two days on 24<sup>th</sup>-25<sup>th</sup> November, 2011. They were Community Counselor and Health Volunteers, CCHV, who were locally called *lakony*, a local word meaning helper. The training contents were: identification of symptoms of simple illness that they can treat and danger signs that need a medical specialist attention; prevention of

disease through sanitation; methods of counseling; conflict resolution skills, discussion on useful African medical practices; and information on herbal medicine locally available.

Medical kits were distributed to the CCHV that contained test kits for malaria; antimalarial drugs; water guard for safe drinking water; anti-biotic for wounds and cough; deworming tablets; oral rehydration salt; and First Aid kits. They also advised on herbal medicine for diseases like cough, ring worms and snake repellent.

223 orphans and widows were treated and counseled by CCHV. When one was sick they would go to the CCHV to get medicine. They developed a ritual for administering the drug for community acceptance. They helped to identify children with danger symptoms of diseases like feeling sleepy and refer to a hospital.

They sensitized people about disease prevention especially sanitation and reproductive health especially birth in hospital. Hand washing and using drop toilet were important for keeping the households healthy. 300 nets were distributed to 150 beneficiaries for prevention of malaria.

They assist as mediators and counsellors to people with problems.

### **3.3 Health Camps**

We had good results in exploring partnership with potential service providers in health. Three health camps were conducted. First, Comboni Samaritans of Gulu conducted HIV testing and counselling (20<sup>th</sup> March 2012) where 101 people in Lukodi village received tests and counselling regarding HIV prevention and treatment for those testing positive. Students from the primary school were also given a lecture on HIV/AIDS, causes, prevention, myths etc.

The second health camp was conducted by the Uganda Peoples Defence Forces, UPDF, and treatment was given for various common diseases and injuries. The camp was on 25<sup>th</sup> March 2012 and 607 people were treated. BOOF was able to buy essential drugs which UPDF did not have. This included the distribution of some medicines and referrals for further treatment. The people of Lukodi were also given information about the availability of treatment in Gulu barracks. Students in the primary school also received treatment.

The last camp was by the UPDF attended by 347 people on 14<sup>th</sup> August 2012. A press report of the event is in the link below. The people were sensitized about family planning, HIV and trauma. The medical team promised to come back to offer family planning service. The older women encouraged the young women to take advantage of the family planning service and not to produce many children. There was also test for HIV mostly for youth and old mothers who nursed HIV sons and daughter. The caution about HIV testing was *gwoke*, a local word that mean be very careful. The number which needed medical treatment for trauma was surprising. Some people got malaria treatment. One person was critically ill that need to be put on drip. Her malaria would have been fatal. The camp started at 2 pm and ended at 9pm. Light for the night was provided by a touch from the nurse of UPDF.

<http://in2eastafrika.net/bishop-onono-advises-on-family-planning/>

### **3.4 Trauma management consultation**

Dialogues were held with 15 leaders to discuss the problem of trauma and methods to reduce it. The leaders were from traditional institutions of medicine men and chiefs leaders; and religious leaders of the catholic and Anglican faith in Lukodi. It was resolve that they need more about the best method can be used to sensitize abductees and people needed their past stories to be said and compassionate listening. A series of meetings were held

were people talked about the horrendous suffering they suffered through the LRA. Some victims cried and the audience learnt that it was healing to cry when you are traumatized.

## **4.0 Achievements of the Activity**

BOOF was able to make tremendous steps towards achieving the objectives for the project. This section discusses the impact of the intervention.

A health care system initiated contributes to the objective of improved capacity for disease and trauma management that will reduce mortality at the community level. The major achievements were:

- The community now have 18 persons equipped with skills to diagnose symptoms and able to enhance community health. The people have been able to concentrate on productive activities to increase income because time and money spent during sickness has been reduced. Orphans are more present in schools that will improve their performance and reduce dropout. The people have better physical peace resulting in complete reconciliation. There will be and in a belief that life is short because of war and psychological stress resulting unhealthy practice like big families, high infant and maternal mortality.
- Functional networking was established for providing medical support to vulnerable communities. Over 700 people had access to medicine that would reduce mortality to preventable and treatable diseases.
- A positive role of the army was promoted that enabled the community to accept them. This was against the negative role of viewing the army as a party in the just concluded war.

- The services enhanced unity to enable people to work together irrespective of one's belief and affiliation. Prayers were offered by all religious groups in function. Former rebels received treatment in camps like anybody else.
- Attitude and cultural barriers that encouraged unhealthy behaviors were broken. Examples include; acceptance of family planning that will reduce numbers of children; HIV stigma that made may to know their status and live wisely; improve sanitation to prevent disease; increased seeking professional medical assistance like giving birth in hospital,
- 157 (105%) households were reached instead of 150 that were targeted.
- 498(110%) children benefited from health services compared to 450 in the original intent.
- 700 persons benefited from project activities that is greater than the number of people from 250 household

A process to deal with the septic wounds of war in the lives of the people has been started. The result has been: a better understanding of the magnitude; significance of inter religious and cultural cooperation in practical ways; people opening up to talk about past events; reduced stigma of traumatized person and treatment of persons with clinic trauma. Children suffering with trauma can now be counseled. Peace in the mind resulted in less occurrences of violence.

The beneficiaries have whole life able to go about life peacefully-free from body and mental violence. Psychosocial support was enhanced by improving the wellbeing and dignity of beneficiaries. This will prevent violence from a spiritual and practical perspective.

## **5.0 Future areas to be pursued**

The areas of involvement are:



- a. Poverty challenge widows and orphans wellbeing. It is important to approach health support from a whole person's perspective. Community development that enables the guardians for orphans to improve productivity through farming of crops, animal husbandry and loan and saving schemes.
- b. Whereas absenteeism from school was reduced, retention of orphans in school remains a challenge. Many conflicts in schools compound the problem of dropout. The future area to be perused will be integration of health into education of disadvantaged children especially girls through accelerated learning for school drop outs; mentoring camps to improve academic performance; provide conflict resolution and life skills; and provision of medicine and health education.
- c. Health camps enabled reaching many people but there are many incidences of disease that need regular specialist attention. The parish needs a health professional who visits the village twice a week. We need to start up a village clinic to improve health system through a visiting health professional to teach and treat sick persons in community and school, medical supplies on a cost sharing basis to introduce sustainability, disease prevention like washing hands
- d. Peace education in through establishing peer mediation teams for women and youth and conflict resolution training.

## **6.0 Conclusion**

There is hope towards completeness for the people of Lukodi. Psychosocial support through the project enabled the beneficiaries to take charge of their health, an important step towards wellbeing and dignity. There was cooperation that promotes tolerance and violence prevention in a post war context. The greatest need is improving quality of education especially reducing dropouts from a social development perspective for orphans to sustain the gains made in this project. We will seek partners to support education for orphans.