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Water and Sanitation: A Study of Deserted IDP Camps in Lapul Sub-county

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Water and Sanitation: A Study of Deserted IDP Camps in Lapul Sub-county

Patrick Dunlap

SIT World Learning: Post-Conflict Transformation
Gulu, Uganda May 2012

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This paper is dedicated to the over 783 million people worldwide without access to clean water, and the 2.5 billion that live without access to toilets.

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Abstract

This paper sets out to discover how access to water and sanitation has changed overtime for the residents of deserted satellite IDP camps in Lapul sub-county, Northern Uganda. Throughout the period of conflict in the region until today, residents of this region have struggled to gain adequate access to water and sanitation.

Qualitative field research was carried out over a period of eleven days, with six interviews and three focus groups held to gain information on how access to water and sanitation has changed overtime for the displaced. Methods of Rapid Rural Appraisal and Direct Observation were applied to make assessments of the camp environment. Restricted time limited the ability to produce a comprehensive report, and the communities interviewed were chosen to represent the larger population of rural displaced in Northern Uganda. Other limitations to research included the prevalence of alcoholism as a side effect of war, and the language barrier between the interviewer and the residents.

It was concluded that access to water and sanitation is currently decreasing for many of the rural displaced. Although greater access was provided in camps, overcrowding prevented IDPs from obtaining adequate amounts of water. When moved to satellite camps, international humanitarian aid provided greater access, but the boreholes put in place are now broken down and the pit latrines have filled up. Without adequate money, tools, or management to fix these systems, many are returning to collecting unprotected water sources and to using unsanitary means of human waste disposal. Coordinated efforts between the government, NGOs, Community Based Organizations, and local leaders are needed to address this growing problem.

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Introduction/Justification

Over 783 Million people in the world do not have access to safe drinking water and nearly 2.5 Billion live without toilets (Frost). The efforts of the United Nations and its partners to achieve the Millennium Development Goals (MDGs) have greatly reduced this number in many regions of the world, but UN data shows that most Sub-Saharan African countries are off-track to meet the goals in the area of water and sanitation. In many cases the situation has worsened. According to the World Health Organization, only eleven percent of Uganda's urban residents are directly connected to safe drinking water in their homes. Although most still lack access in their homes, Uganda is still seen as a world leader in terms of reforming its water sector and has set ambitious goals to provide 100% water coverage by 2015 (UNDP). This goal, however, seems unrealistic to many of Uganda's rural residents who still have to walk great distances to reach their closest water point. "Coverage is closely correlated with the socio-economic status of communities, with the poor being left behind" (UNDP). Nationally only 64% of rural residents have access to potable water sources (MWE).

Many rural former Internally Displaced Persons (IDPs) in Lapul Sub-county have been facing increasingly difficult challenges in access to water and sanitation. Years have passed since the influx of humanitarian aid that arrived during and directly after the conflict and many of the boreholes and pit latrines that were established are now out of commission and sit idle. Long-term maintenance was not a priority of humanitarian aid, and poor displaced communities have struggled with mismanagement of the systems in place to provide proper borehole care and lack of resources to afford proper care. The

situation is the same for pit latrines, and communities lack the money or resources to dig new latrines when old ones are full, and instead resort to going to the bathroom in the bush.

The hope for this report is that it will be able to shed light on the worsening situation for former IDPs and will be used as an opportunity to detail the everyday struggles of those living in deserted IDP camps. Most research concerning the displaced fails to provide a clear and concise picture of the challenge of accessing water and sanitation. Water and sanitation are two of the most important topics when determining quality of life and need to be addressed more in-depth, especially in the conflict and post-conflict settings. In addition, little research is being conducted on the current situation for former IDPs who continue to struggle with displacement, local integration, and returning to their original homes. This research will be successful if it can inspire others to visit and spend time with these struggling communities, to connect with them and learn about their lives.

Objectives

1. To determine how people's relation to water and sanitation has changed because of forced displacement.
2. To determine how people's access to water and sanitation changed after the conflict ended and to discover the difficulties of accessing water and sanitation in the processes of resettlement and local integration.
3. To analyze how people's access to water and sanitation has or has not improved overtime, and to provide suggestions as to how greater access to water and sanitation can be achieved.

Background

This year marks a significant point in time for Uganda as the country celebrates sixty years of independence. Although Uganda is currently a peaceful state, the country has a complicated past of political turmoil, civil war, and violence. For over twenty years the Northern regions¹ of Uganda were paralyzed by a civil war that brutally targeted innocent civilians, which most notably included the abduction of children to fight as soldiers. The conflict has had an enormous impact emotionally, physically, socially, and culturally on the Acholi people who reside in Northern Uganda.

The roots of the conflict stem back to 1986 when President Yoweri Kaguta Museveni took power after overthrowing a military junta led by Tito Okello Lutwa (HURIFO 2002). Museveni's capture of power was a turning point for the country. Many opposed his rule and several rebel groups waged low-level war against him and his National Resistance Army (NRA).

An Acholi woman named Alice Lakwena headed one of these rebel groups, called the Holy Spirit Movement. Alice claimed to be a spirit medium with orders to overthrow the Government of Uganda. She gathered a following and used her spiritual powers to grow her movement. Lakwena's army believed so strongly in her spirits that they trusted that bullets could not touch them, and that stones would explode if they threw them at enemies. Alice Lakwena's war against the government forces did not succeed and in 1987 she fled to exile in Kenya. Alice's father took over her movement, but was unable to retain many of the followers that Alice recruited. However, in 1989, a man named Joseph Kony, who claims to be the cousin of Lakwena, drafted the former Holy Spirit

¹Specifically the districts of Gulu, Kitgum, and Pader.

Movement members to his newly formed rebel group and continued Alice's fight against the government soldiers. To this day, Kony maintains he is fighting on the behalf of spirits to restore order and legitimacy to the country, and to establish a state run by the Ten Commandments². Kony, like Alice, claims to be a spirit medium and shares his cousin's desire to overthrow the government.

Kony's campaign quickly became violent when support from the local population diminished in the early 1990's (HURIFO 2002). While continuing his war with the Uganda Peoples Defense Force (UPDF), Kony also turned on his own people and violently targeted civilian populations. He and his Lord's Resistance Army (LRA) resorted to abducting children and adults and indoctrinating them into the rebel group, forcing them to be soldiers, porters, or sex slaves (Deng). Children were taken from all over Northern Uganda and forced to destroy their villages and kill or mutilate their friends and family (HURIFO 2002). The LRA's ruthless military strategy not only struck fear into the hearts of Ugandans, but also allowed their numbers to grow as young people were captured and conditioned to fight for Kony.

Peace-talks between the LRA and the government began in 1993, and the rebel soldiers seemed to be willing to leave Uganda. In February 1994, however, President Museveni announced that the LRA had seven days to vacate the country or they would be forcibly removed (HURIFO 2002). Kony and his army used this threat as an opportunity to regroup and launch a new wave of brutal attacks on Northern Uganda. With newly

²“To assume that Joseph Kony seeks to rule in accordance with the orthodox Biblical Ten Commandments would be a mistake. The ‘10 Commandments’ that Kony reportedly seeks to install as the guiding principles of Ugandan society must be seen as an adapted allusion to the traditional practice of Acholi elders to draw up a catalogue of prohibitions in times of crisis, the observation of which are supposed to cure a disturbed moral order.(CSOPNU)” Alice Lakwena's HSM also had a detailed set of rules similar to commandments called *The Holy Spirit Saftey Precautions*.

acquired logistical support from the Khartoum government in Sudan, the LRA began mass abductions of children and continued violent killings of the civilian population (CSOPNU). By April 1995 the United Nations High Commission of Refugees (UNHCR) estimated that thousands of children had been kidnapped by the LRA.

As kidnappings and killings became more frequent, the government moved to 'protect' civilians at risk of LRA attacks. In 1996 camps were established across Northern Uganda "to separate the population from the LRA rebels, in order to deny rebels access to civilians to abduct" (HURIFO 2010 67.). Two million people were relocated into over 200 camps; a significant number of individuals were forcibly moved by the UPDF. Under International Humanitarian Law, forced displacement of civilians is allowed in specific situations related to the security of the civilians themselves if it is ensured that, "the forcibly displaced population lives in conditions that guarantee a life with dignity"³(CSOPNU 7). The Acholi sub-region was most at risk, and 1.2 million Acholi people were displaced from their homes. As the UPDF proceeded in herding the population into camps they "failed in providing the most basic protection and services expected to be put in place in displacement camps" (HURIFO 2010 67-68). Camps were overcrowded and despite UPDF presence, there was little security. Forced displacement helped to contribute to "producing one of the worst humanitarian crises in the world" (CSOPNU 21).

Life in the camps was miserable at best, and people suffered greatly. As international aid organizations began providing the bare necessities for IDPs, struggling to offer enough for the large population, moral and cultural values quickly eroded. The

³ Additional Protocol of the Geneva Conventions: UN Secretary General's Special Representative on IDPs *Guiding Principles on Internal Displacement*.

Internally Displaced People were severely overcrowded in the camps, and practicing traditional social norms became nearly impossible. Children were perhaps most negatively impacted by the camps, as they lacked formal education and traditional non-formal education and were increasingly exposed to promiscuous behavior. Many of the Internally Displaced resorted to alcohol as one of the few activities that could occupy their plethora of idle time, a coping mechanism that continues to have a tremendous negative effect today. The IDPs became almost entirely dependent on food aid, and frequently suffered from malnutrition. General health of the population declined rapidly, with unsanitary and congested conditions fostering the spreading of TB, HIV/AIDS, diarrhea, and Respiratory Disease (CSOPNU). Toilets were constructed by humanitarian organizations, but were few in relation to the camp population, leading to unsatisfactory sanitary conditions.

The World Health Organization conducted a survey of the camps in 2005 and discovered that death rates in the camps were three times higher than in the national average. Children were at an increased risk of health complications and died principally of malnutrition and diarrhea (HURIFO 2010). Many of these deaths, especially from diarrhea, could have been prevented if IDPs had access to potable water and higher levels of sanitation. The SPHERE Project, which outlines a set of minimum standards for humanitarian disaster response, argues “water and sanitation are critical determinants for survival in the initial stages of disaster. People affected by disasters are generally much more susceptible to illness and death from disease, which are related to a large extent to adequate sanitation, inadequate water supplies, and poor hygiene”(SPHERE Project 56).

Collection of water became a dangerous task for those in the camps. Women and children, who are primarily responsible for the collection of water, would sometimes have to walk great distances to reach the closest water source. Women in the IDP camps were at an increased risk of abuse, sexual violence, and abduction while traveling to collect water. An undetermined number of reports have been filed regarding the sexual abuse of women en route to collect water. Both UPDF and LRA soldiers are among those responsible for violent attacks on women.

When women and children did reach water sources safely, they often had to wait an unreasonably long time to collect their water, with some reporting that queuing time at water points could be up to six hours (HURIFO 2002). As camp populations grew, little action was taken to introduce more water points. In Padibe Camp in Gulu District, there was only one borehole per every 6,915 people (CSOPNU). SPHERE minimum standards in water and sanitation suggest that the maximum number of people served by one borehole should not exceed 250. Exceptionally high usage of water pumps made it nearly impossible for households to collect an adequate amount of water, with homes of over eight people sharing as little as fifteen liters per day⁴. Rates of hand pump usage were so high that new pumps were expected to break down within a few months.

The Government of Uganda took no responsibility for assisting the Internally Displaced population with maintenance of water points, even under emergency situations. Maintenance was costly for households, as the average person would have to pay 100 to 200 Uganda shillings per day in order to ensure they had access to water. This lack of water access is a violation of the Constitution of the Government of Uganda, which

⁴SPHERE standards suggest that individuals require fifteen liters of water per day. See Appendix A.

states, “The State...shall ensure (i) All Ugandans enjoy rights and opportunities to education, health services, *safe water*, work, decent shelter, adequate clothing, food security, pension and retirement.” It also violates the UN Secretary General’s Guiding Principles on Internal Displacement Principle 18, “IDPs have a right to an adequate standards of living. At minimum, regardless of circumstances, and without discrimination, competent authorities shall provide IDPs with and ensure safe access to: essential foods and *potable water*, basic shelter and housing, appropriate clothing, and essential medical services and *sanitation*.” These needs were not fully met for the majority of IDPs during the time of the conflict and caused them to carry out lives void of the dignity by which all people deserve to live.

A cessation of hostilities agreement was signed in 2006 between the armed forces and the rebels (UNHCR). As the fighting ended and the LRA moved out of Northern Uganda into neighboring countries, IDPs were faced with new challenges. Those who returned to their villages found boreholes that were out of commission, or water supplies that were spoiled. Without resources to fix these problems, former IDPs continued to struggle physically and emotionally.

Those who stayed in the camps or who moved to smaller satellite camps closer to their villages watched as humanitarian and government aid diminished, leaving the displaced population to learn to fend for themselves. Without the resources provided by these organizations, former IDPs were unable to maintain water sources and secure proper tools to provide the community with appropriate water and sanitation measures. For many former camps, Water and Sanitation Committees (WSCs) were established to gather money from the community to fix water points. Unfortunately, corruption plagues

many of these committees and residents complain that money collected to fix boreholes often ends up financing the committee member's alcohol addictions.

Current conditions in the former camps are worsening now that international and national attention has shifted away from IDPs and the camps have been deserted. Pit latrines have filled up and are no longer useable, leading many communities to use the 'bush toilet' out in the open. Many still living in the camps are unable to return to their homes because of land disputes or inability to construct a new home, and struggle with worsening conditions as boreholes continue to breakdown and pit latrines fill up. Most people are peasant farmers and do not produce sufficient money to live a fruitful life.

In efforts to aid the post-conflict development process in Northern Uganda the central government formulated and began to implement the Peace, Recovery, and Development Plan (PRDP). With implementation beginning in 2007, the PRDP was aimed at, "promoting socio-economic development of the communities of Northern Uganda to bridge the gap between the North and the rest of the country" (PRDP). Unfortunately after PRDP implementation was finished, a review of the program determined that that gap between the North and the rest of the country was still so significant that further funding would remain relevant. Implementation of PRDP 2 is scheduled to launch in July 2012 and be carried out until June 2015. Program Area 8 of PRDP 2 will be focused on water and sanitation. Projected outputs for the program figure that if funding is allocated properly, over 8,000 boreholes can be drilled in Northern Uganda. Other plans for the improvement of water and sanitation include major borehole rehabilitation, support for Water and Sanitation Committees, and planning and provision for public sanitation facilities.

Methodology

Research for this paper began with a review of reports and lectures on the war in Northern Uganda and on access to water and sanitation in particular in order to have a solid base knowledge of the subject before starting fieldwork. Background research included a review of the SPHERE Humanitarian Charter and Minimum Standards in Water and Sanitation to have a set of standards with which to measure access to water and sanitation. Background research was followed by a period of intensive field research over a period of eleven days in April 2012. Research was conducted in six satellite IDP camps in Lapul sub-county in Pader District.

Three focus groups were conducted in the satellite IDP camps of Alim, Lamyatido, and Bongtiko. Focus groups were used to get a range of answers to understand how the community's relationship with water and sanitation has changed overtime. All focus groups included at least seven women and an average of five men. Special efforts were made to ensure that the views of women were represented in this research, as they are primarily responsible for the collection of water in Acholi culture.

Five interviews were conducted comprising of two women and three men who reside in the camps of Koyo Lalogi (2), St. Mary's (2), and Oweka. One-on-one interviews were unstructured and used to gain an understanding of how access to water and sanitation has changed overtime on an individual level. Interviews and focus groups conducted in the camps were held in early afternoon so as to reach villagers as they returned from digging in their gardens with enough time to finish before the evening rains began to fall.

One interview was also conducted with Rwot Joseph Oywak Ywakamoi of Koyo to understand the relationship between cultural leaders and their people who live in the deserted camps. The cultural leader was chosen for his role in supporting the well being of the displaced population, a sizeable task considering the lack of resources available.

Although no formal interview was conducted, frequent meetings with Matthew Oyugi, Director of Water and Sanitation for Caritas, provided helpful insight from the perspective of an international NGO, and helped in providing a more broad understanding of the topic.

In addition to interviews and focus groups, methods of Rapid Rural Appraisal and Direct Observation were applied in all areas visited during the period of data collection. These methods were used to gain baseline knowledge of the economic and social climate of the camps. Rapid Rural Appraisal became an increasingly important tool in this research, as time spent on sight was inadequate and quick assessments of life in satellite camps were necessary.

Limitations

Given constraints on time this survey is unable to be a comprehensive report on the change in access to water and sanitation for IDPs. Time constraints made it impossible to attempt a systematic statistical survey on water and sanitation. Groups that were targeted were meant to be relatively characteristic of the larger population, and research was qualitative in nature. Having restricted time to assess the environment of the areas visited limited my ability to gain a complete understanding of life in these communities, causing the overall impression to be based on expeditious assessments.

In addition to time, alcoholism presented a recurrent challenge to carrying out research in the camps. Many who experienced the conflict first hand suffer from debilitating alcoholism as a side effect of life in camps. Selection of research subjects became problematic, as many people were noticeably inebriated, even in the early morning. This presence of alcohol made it difficult to decipher whether or not answers were entirely honest, especially in the focus group setting. Although the presence of alcoholism was difficult to navigate, it provided invaluable insight into the day-to-day struggles of those still remaining in the camps.

All interviews were conducted in the vernacular unless the subject was fluent in English. Translators were used to help in the communication of interview questions. In some instances translators were unable to understand or properly communicate questions and the ability to collect the appropriate responses was limited.

The names of respondents have been kept confidential. Where names do appear they have been changed.

Findings

Findings will be divided into sections by chronological order, describing the pre-conflict setting, period of displacement, and the current post-conflict conditions of water and sanitation for the residents of the satellite IDP camps in Lapul sub-county.

Pre-conflict

Before the war in Northern Uganda broke out in the late 1980's the majority of the rural residents of Lapul sub-county in Pader district collected water from unprotected sources such as streams, rivers, swamps, and open wells. Water sources for most were reported to be 2 to 4 kilometers away from homes⁵. The average family was able to collect three jerry cans per day, a small amount unable to support most households. These unprotected water sources often caused diseases such as Hepatitis A, skin rash, Guinea Worm, and diarrhea. These ailments were frequent and often debilitating, especially for children, the elderly, and those living with HIV/AIDS.

Waterborne diseases were exacerbated by the fact that almost none of the residents had access to toilets or adequate means of sanitation. All respondents in this research reported to have exclusively gone to the bathroom outside in the open elements, the 'bush toilet,' in the pre-conflict period. Access to soap was very limited and few washed their hands after using the bathroom, most villagers were unable to afford it, and would have to walk up to six kilometers to reach the markets that had it.

These unsatisfactory conditions continued to affect rural villagers when the conflict began. Collection of water became dangerous in the early and mid 1990's as women, who are primarily responsible for the collection of water, began to meet rebel

⁵SPHERE Standards suggest that water points should be no more than 500 meters away from homes.

and government soldiers en route to collect water. Kidnappings, killings, and mutilations became increasingly frequent as the LRA grew in number and became more violent.

Displacement

In 1996, Pajule Trading Center (PTC) was established as an IDP camp, and the UPDF began to move citizens, including those living in Lapul sub-county, to the camp in an effort to protect them from kidnappings and violence from the LRA. At first arrival, basic protection and services were completely absent. Water sources had not yet been established when the displaced began to arrive. Residents of Bongtiko remember having to collect water from a river that was about five kilometers away. Because of the far distance, they recalled how they often only could procure 2 jerry cans of water per day, an inadequate amount for most households.

When international humanitarian aid arrived at Pajule Trading Center, people gained greater access to safer water from boreholes, which were dispersed throughout the camp. For most, water points were close in relation to their homes, and long trips to the unprotected rivers and streams became unnecessary. Although greater access was achieved, severe overcrowding in the camp led to long queuing times at water points. Residents of Alim recall waiting up to three hours, while residents of Koyo Lalogi recall waiting up to five hours at a water point to collect a meager two jerry cans of water. SPHERE Minimum Standards in Water and Sanitation suggest that queuing time at water points should not exceed more than fifteen minutes. This long queuing time is only exacerbated by the fact that most households were only able to secure 20-40 liters of water per day. SPHERE Basic Survival Water Needs suggests that the average person

needs fifteen liters of water per day⁶. Small homes could be shared by up to eight people, meaning that each person was allotted an inadequate supply of five liters per day.

These harsh conditions contributed to the overall decay of health and wellness. Collection of water also presented a degree of danger, especially for women. To avoid long lines and with the hope of acquiring more water for their families, women would often leave to fetch water early in the morning or late at night. They even at times would leave to fetch water from the river or streams, and despite knowing the health risks of drinking from these unprotected water sources, women were determined to take care of their families. Commutes to fetch water were often dangerous and women sometimes encountered soldiers while carrying out this daunting task. “We were filled with fear, we felt we were not safe fetching water” said Grace from Lamyatido. Lillian from Koyo Lalogi recalled the desperate conditions, “Some people were abducted when fetching water from the well, others were beaten and then would have to continue to fetch their water.”

The water that women collected would be taken home where most of it would be used for cooking. Unfortunately, unsatisfactory sanitary conditions plagued the camp and water often became contaminated, causing diarrhea, hepatitis A, and typhoid⁷. One of the major causes of these diseases was the ingestion of water that has been contaminated with human feces. People in the camps were unable to maintain good personal hygiene, and poor conditions of pit latrines intensified this problem. In the cramped camp conditions,

⁶ See Appendix A

⁷ “Severe diarrhea may be life threatening due to fluid loss in watery diarrhea, particularly in infants and young children, the malnourished and people with impaired immunity” (WHO 2000). Although hepatitis A and typhoid are usually not life threatening, they can cause severe illness for several months and can produce symptoms that can worsen other illnesses such as diarrhea.

latrines often added to the spread of disease, and high usage caused them to fill up quickly⁸. Soap was uncommon, and as NGOs struggled to supply enough for the camp population, most hands went unwashed.

Conditions in the camp were terrible, and IDPs felt they were unable to live their lives with dignity and respect. Acholi traditions disintegrated in the camps as the overcrowded environment fostered the collapse of moral values. After the cessation of hostilities between the LRA and the UPDF in 2006, smaller satellite camps were established across Northern Uganda to help with decongestion of the larger camps. Many of those who were displaced in Pajule Trading Center had the ability to move into a satellite camp closer to their native villages. The camps of Alim, Lamyatido, Koyo Lalogi, St. Mary's, Bongtiko, and Oweka provided IDPs with slightly better living conditions than in the larger camp.

Organizations such as the International Community of the Red Cross (ICRS) and Associazione Volontari per il Servizio Internazionale (AVSI) came into these satellite camps to drill boreholes. Although the population density of these camps was significantly lower than in Pajule Trading Center, women still had to wait considerable amounts of time to collect water, and were often still unable to collect enough for their families. Lillian from Koyo Lalogi was able to move back to her native home when reaching the satellite camp. She allowed other IDPs to build and live on her land with her and the eight adopted orphans she took in while living in PTC. Although a borehole dug by ICRC was close to Lillian's home, she was physically only able to collect two jerry cans of water per day for herself and her eight orphaned children.

⁸ Most pit latrines are dug to a depth of fifteen feet.

Deserted Camps

Today Lillian still struggles to collect sufficient amounts of water for her family. The boreholes near her home are no longer functioning, and the one remaining borehole for the community does not work properly and has become contaminated with rust⁹. Many of the other satellite communities are facing similar problems. As the LRA left Uganda and the North became more peaceful, NGOs and international aid organizations began to phase out their services and retreated from rural areas. Their departure has had a significant impact on the satellite camps, and communities have watched hopelessly as boreholes break down and pit latrines fill up. Because maintenance was uncommon and usage rates for boreholes during the time of displacement were so high, boreholes were expected to break down within one year, and few have survived to this point.

One of the main issues these areas face today is the mismanagement of the Water and Sanitation Committees (WSCs). WSCs were put in place during displacement and were tasked with collecting money from the community that would be directed at water source repairs and maintenance. Today, households often pay about 500 shillings per month to WSCs as their contribution to the conservation of community water points. When NGOs arrived to drill boreholes, they coordinated their efforts with the local government. The District Health Assistant, Local Council 1 (LC1), and the members appointed to the WSC were taught how to properly maintain water points and were made responsible for assuring that these points function properly. The LC1 is primarily tasked with mobilizing the WSC and the District Health Assistant is responsible for monthly check-ups on water points in the district.

⁹Although it is safe to drink water that is contaminated with iron (rust), the iron sediments may carry trace impurities or contain bacteria that may be harmful. (Garvin)

Unfortunately, only one community reported to have a Water and Sanitation Committee that is able to be effective. At Oweka camp, Miriam is able to walk less than 500 meters from her home to reach the closest borehole. In early April 2012, the borehole had broken down, but less than a week later it was fixed with the money collected by the Water and Sanitation Committee. The case in Oweka stands out, as other communities struggle to maintain water points. In St. Mary's camp, out of the five community boreholes nearby, only two actually produce water, one of which is contaminated with rust¹⁰. The community knows that the broken boreholes will not be fixed anytime soon, despite the fact that a Water and Sanitation Committee is in place and collects money to do so. Most people living in the deserted camps are peasant farmers, and frequently cannot afford the fee to maintain their water points, especially when boreholes suddenly break down and costs of repair are high. In addition to collecting insufficient sums of money for repairs and maintenance, one of the main reasons St. Mary's WSC is unable to operate efficiently is because of the high rates of alcoholism in the camp. St. Mary's is not alone, and most other communities attribute alcohol as one of the main problems in repair and maintenance of boreholes. As committee members use the money collected to fuel their addiction, the community suffers the consequences.

Only in Oweka has the community been able to identify sober individuals to participate in the Water and Sanitation Committee and to obtain the appropriate assistance from the LC1 in mobilizing the efforts to provide safe water for the people. Miriam in Oweka is able to collect six jerry cans of water every day for her family. Although she feels it is not enough for them to thrive, she knows that she is lucky to have

¹⁰See Appendix B.

potable water that is so easily accessible and that if problems arise, they will be fixed by the WSC. She also has access to pit latrines, and when she can afford soap to wash her hands, she does. The tools and skills to dig pit latrines were brought by NGOs during the time of displacement. The community dug the latrines themselves, and when they fill up, they are able to dig new ones. Other communities have not been so lucky, in Lamyatido, for instance, pit latrines were never introduced and the majority of the people still use the bush toilet. This practice is highly unsanitary, especially considering the proximity of where most people use the bathroom and their main water source, a patch of swampland on the outskirts of the camp. This contaminated water has caused many of the residents to fall ill with typhoid¹¹. In addition to illness this practice robs the people of the opportunity to live a life with dignity. Using the bush toilet can often be difficult in inclement weather and can be very embarrassing, especially for women and girls who have no private area designated to discard and change sanitary napkins.

For other communities, such as Alim, where NGOs did provide pit latrines during the time of displacement, the situation is worsening. Because the community was not given the tools and knowledge to dig pit latrines themselves, they are unable to create new ones when the old ones fill up. In addition to lacking the tools, residents also voiced that they would not even have the time to dig new pit latrines, as they spend the majority of their time and energy digging in their gardens in order to make a living. Few

¹¹“Typhoid fever is caused by the bacteria *Salmonella typhi*. Typhoid germs are passed in the feces and urine of infected people. People become infected after eating food or drinking beverages that have been handled by a person who is infected or by drinking water that has been contaminated by sewage containing the bacteria. Once the bacteria enter the person’s body they multiply and spread from the intestines, into the bloodstream. Even after recovery from typhoid or paratyphoid, a small number of individuals (called carriers) continue to carry the bacteria. These people can be a source of infection for others. The transmission of typhoid and paratyphoid in less-industrialized countries may be due to contaminated food or water” (WHO 2003).

functioning pit latrines remain in Alim, and many people have already started to use the bush toilet again. Of the few remaining pit latrines, one in particular is causing many problems because of its proximity to a borehole. The latrine is three kilometers away from the center of the camp at the local primary school. The borehole has become contaminated with the feces of the school children, forcing the young students to walk to the town center to reach the next closest borehole. Because the communities of Alim and Lamyatido lack efficient WSCs, these problems will remain, and access to water and sanitation will continue to diminish as the systems in place become unusable.

The positive impact that a well functioning Water and Sanitation Committee can have on the people is astounding. Having greater access to water and sanitation greatly increases the life chances of individuals, and helps the community to operate more efficiently. Communities without responsible WSCs are at a greater risk of disease and struggle to gain control of their lives. These communities have received no formal long-term counseling for the trauma they have endured, and the issue of alcoholism is rarely discussed and very little support has been provided. Until alcoholism is addressed, most WSCs will continue to function inefficiently, and water and sanitation measures will not improve.

The degradation of water points has a tremendous effect on women. In Acholi culture, the woman is primarily responsible for the preparation of food, and the collection of water, as an integral part of the food preparation process, is therefore the responsibility of the women. Men often take no part in the collection of water. This separation in gender roles was clearly observed in Pajule Trading Center. A woman with a baby strapped to her back carried six jerry cans of water, two at a time to her home, as over ten able-

bodied men sat within view eating their breakfast. At no point did the men feel the need to assist the woman as she struggled to haul the large yellow containers, that is her role to play in the household. The discussion of gender is a sensitive topic in Acholiland, as cultural norms have been shocked by the conflict and few are able to define current appropriate Acholi practices. This issue of gender in the collection of water will become of growing importance to the Acholi as institutions and individuals struggle to define their culture. The people feel they need a great amount of support as they navigate this transition.

For cultural leaders such as Rwot Joseph Oywak Ywakamoi of Koyo, the role of providing support for the people has become extremely difficult. “We could be more effective as leaders before the camp – camp has changed everything.” Every week, Rwot Joseph’s people come seeking his assistance, but he does not have any resources to give to them. “We as leaders, we don’t have any capacity to help them...I can just talk, discuss, and council them.” Without money or resources, cultural leaders are unable to have a significant impact on the worsening water and sanitation situation. For Rwot Joseph, it is better to train the community than to do nothing, but even this is a difficult task as he has no means of transportation and must walk great distances to reach all of his people. With training provided by the central government, cultural leaders are only able to provide information on diseases and inform them of improved sanitation practices.

Without the tools to fight disease this training is in vein. To prevent Typhoid and diarrhea from contaminated drinking water WHO suggests that water should be boiled to kill dangerous bacteria. Unfortunately, those in the deserted IDP camps of Lapul sub-county have no saucepans to boil their water. Each and every community knows that

boiling their water is safer, but without the necessary tools to do so they have no choice but to drink contaminated water. Similarly, they can be educated on hygienic human waste disposal practices, but without access to pit latrines, toilet paper, and soap, this education has little impact on their quality of life.

Recommendations

- The state, as the primary entity responsible for ensuring human rights should be sensitive to the struggles of those still living in the camps and must ensure all of their basic needs are met by carrying out the provisions of the PRDP 2 to the fullest extent. A strong focus on poverty alleviation will be a key determinant to the well being of communities living in deserted camps and will be necessary in ensuring these communities have the resources to maintain their water and sanitation points. Those implementing PRDP 2 must spend time with the communities of focus to fully understand their needs and to be better equipped to meet those needs.
- The state must make long-term goals for maintenance and for continuing to provide greater access to water and sanitation in rural Northern Uganda with high consideration for the displaced and for those seeking to return to their native homes.
- The state, with the coordination of NGOs and cultural institutions should provide more support for Community Based Organizations (CBOs), who have a vested interest in the well being of rural populations, but currently lack the necessary financial support to carry out aid and development projects. CBOs, with better knowledge of the real issues that individuals and communities face require greater access to tools in order to make a more significant impact.
- The state with the coordination of NGOs, CBOs, and cultural institutions must provide access to drug and alcohol counseling for war-affected populations across Northern Uganda.
- Central Government, in an effort to be more effective, must provide cultural leaders with the necessary tools to provide greater access to water and sanitation as well as continuing to provide training in disease prevention.
- Local government officials such as the LC1 and District Health Assistant must take more responsibility in ensuring that Water and Sanitation Committees function properly, and aid in the structuring of such committees to guarantee that they run efficiently.

Conclusion

Before the conflict in Northern Uganda, people in rural Lapul sub-county had little access to improved water sources. Disease was common as water was fetched from rivers, springs, and unprotected wells. Despite this lack of access, people were happy and cultural leaders felt they could support their people. This all changed with the outbreak of war and the violent targeting of the civilian population by the Lord's Resistance Army.

With forced displacement by the government, people were moved into unsanitary and overcrowded camps, leading to a breakdown in traditional values and general health. The population struggled, and access to water and sanitation became even more limited, and more dangerous in the camps. With the end of the violence, some real improvements were made, and people had the opportunity to return closer to their homes. These people were greeted by humanitarian aid that provided them with access to water and sometimes sanitation and pit latrines.

Unfortunately today aid is mostly absent from the region of Lapul sub-county and most water and sanitation systems are breaking down. Many have returned to their traditional ways, using the bush toilet and collecting water from unprotected sources. Central and local government have provided little support, and although Water and Sanitation Committees are in place in the communities, insufficient funding, management skills, and debilitating alcoholism, and extreme poverty all contribute to the lack of efficiency of these committees.

It is possible that the government will improve access to water and sanitation with the PRDP 2, but most believe this is a false hope. A strongly coordinated effort will need to be made to ensure that these struggling populations can achieve access to the proper tools to live their lives with dignity.

Bibliography

- AVSI. *"A Time Between: Moving on From Internal Displacement in Northern Uganda."* United Nations High Commission on Refugees.
- Constitution of The Republic of Uganda. 15 February 2006.
- CSOPNU (2004). *"Nowhere to Hide: Humanitarian Protection Threats in Northern Uganda."* Care International.
- Deng, Francis M. *"Internally Displaced Persons in Uganda – A Forgotten Crisis."* The Brookings – SAIS Project on Internal Displacement.
- Garvin, Karen S. *"Health Effects of Iron in Drinking Water."* March 28 2011. The Lance Armstrong Foundation.
- HURIFO (2002). *"Between Two Fires: The Human Rights Situation in Protected Camps in Gulu District."*
- HURIFO (2010). *"Rendering Justice, Pursuing Peace: Eight Years of Activities of Human Rights Focus in Northern Uganda."* The Ford Foundation for Eastern Africa. Gulu
- MWE (2010). *"Uganda Water Supply Atlas 2010."* Ministry of Water and the Environment, Government of Uganda. P. 281-284
- PRDP. *"Peace, Recovery, and Development Plan for Northern Uganda. Phase 2."* Office of the Prime Minister, Republic of Uganda. November 2011.
- SPHERE Project (2002). *"Humanitarian Charter and Minimum Standards: Minimum Standards in Water, Sanitation, and Hygiene Promotion."* P. 52-101
- UNDP, Human Development Report 2006, *"Beyond Scarcity: Power, Poverty and the Global Water Crisis."* P. 104. 2006. New York City.

UNHCR Minorities at Risk Project, *Chronology for Acholi in Uganda*, 2004, available at:

<http://www.unhcr.org/refworld/docid/469f38ea1e.html> [accessed 26 April 2012]

UNOCHA (2004) “*Guiding Principles on Internal Displacement*” United Nations

Publication. Geneva.

WHO(2000), “*Global Water Supply and Sanitation Assessment.*” World Health

Organization. Geneva.

WHO (2003), “*Guidelines for Drinking Water Quality.*” Third Edition. World Health

Organization Geneva.

Appendix

A.

Simplified table of basic survival water needs		
Survival needs: water intake (drinking and food)	2.5-3 litres per day	Depends on: the climate and individual physiology
Basic hygiene practices	2-6 litres per day	Depends on: social and cultural norms
Basic cooking needs	3-6 litres per day	Depends on: food type, social as well as cultural norms
Total basic water needs	7.5-15 litres per day	

B.



Glossary of Items

AVSI – Associazione Volontari per il Servizio Internazionale

CBO – Community Based Organization

CSOPNU – Civil Society Organization for Peace in Northern Uganda

HSM – Holy Spirit Movement

HURIFO – Human Rights Focus

IDP – Internally Displaced Person/People

LC1 – Local Council 1

LRA – Lord’s Resistance Army

MDG – Millennium Development Goal

MWE – Ministry of Water and Environment

NGO – Non-governmental Organization

NRA – National Resistance Army

PRDP – Peace Recovery and Development Plan for Northern Uganda

PTC – Pajule Trading Center

UN – United Nations

UNDP – United Nations Development Programme

UNHCR – United Nations High Commission on Refugees

UNOCHA – United Nations Office for the Coordination of Humanitarian Affairs

UPDF – Uganda People’s Defence Force

WHO – World Health Organization

WSC – Water and Sanitation Committee

Interviewee Information

15 April 2012: Alim

Focus Group, 7 women, 5 men.

15 April 2012: Lamyatido

Focus Group, 7 women, 10 men

16 April 2012: Koyo Lalogi

Female, 65 years old, peasant farmer.

Male, 56 years old, teacher.

17 April 2012: St. Mary's

Male, 20's, teacher.

Male, 30's, teacher.

17 April 2012: Bongtiko

Focus Group, 7 women, 4 men.

19 April 2012: Oweka

Female, 43 years old, peasant farmer.

20 April 2012: Pajule Trading Center

Male, Cultural Leader