

RAISING HOPE

RECLAIMING LIVES IN LIRA DISTRICT



A REPORT



Isis- Women's International Cross-Cultural Exchange
We Link Women Internationally

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Foreword



For over 15 years Isis-WICCE has researched and documented the impact of conflict on women in Central, Northern and North Eastern Uganda particularly in the districts of Luwero, Gulu, Kitigum and the Teso region as well as

in many other conflict affected countries globally. These documentations have shown the magnitude of the problems faced by women particularly those faced with reproductive health complications due to sexual violence. In each of the research locations Isis-WICCE has gone ahead and carried out emergency medical interventions to address the identified reproductive health complications. Isis-WICCE believes that women cannot fully participate in peace building and post conflict reconstruction processes unless their bodies are fully healed and their psychosocial problems are addressed.

In continuation of the work of promoting women's participation in peace building and post conflict reconstruction, Isis-WICCE provides technical support to community based peace groups. It also manages the women's taskforce for a gender responsive Peace Recovery and Development Plan (PRDP) for Northern Uganda, a group of women peace activists advocating for the needs of women to be included in the PRDP.

The medical intervention that Isis-WICCE carried out in collaboration with the Lira Women's Peace Initiative in the sub counties of Ogur and Aromo that included an initial assessment and carry out surgical operations, is another landmark effort to address the most pressing and priority needs of women war survivors. The intervention aimed at healing the bodies of women to enable their participation in post conflict peace building and reconstruction processes. Clearly, this shows that development initiatives must address the innermost needs of women war survivors for their full integration and participation in all peace and nation building activities.

We urge all policy makers especially in the Great Lakes Region to ensure that Post conflict reconstruction policies and programmes address the reproductive health needs of women and men war survivors to enable their reintegration and resettlement, as a way of ensuring their effective contribution to the post conflict development processes. It is also important to ensure all enacted policies emphasize reproductive health needs of women as it reflects the social responsibility of government to survivors of sexual violence.

A handwritten signature in black ink, appearing to read 'Ruth Ojiambo Ochieng'.

Ruth Ojiambo Ochieng - Isis WICCE Executive Director

Background

Uganda and other regional countries ratified the International Conference of the Great Lakes Region Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children(2006) as well as the Goma Declaration on Eradication of Sexual Violence and Ending Impunity (2008).

The Heads of states have also gone ahead to sign and ratify the Maputo Protocol (2003), the protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa which are all in line with international conventions and agreements on women's rights. Uganda ratified the Convention on the Elimination of All Forms of Discrimination Against Women and it has also put up a national action plan to implement the United Nations Security Council Resolution 1325 (2000) on women, peace and security, which specifically addresses rights of women in conflict settings.

In these declarations, countries agreed to prevent violence against women, fight impunity and also provide support to survivors of sexual and gender based violence (SGBV).

While Uganda has made progress in enacting laws that could help address SGBV, there remains a gap in implementing these laws especially on the aspect of providing support for survivors of conflict. Overall, there have been limited and often uncoordinated efforts to address the immediate needs and concerns of survivors. Most survivors have not got any help to regain their right to dignity, access to justice and reparations.

Many women survivors of sexual violence have seen their rights to health violated, for instance in providing them with access to Post-exposure prophylaxis (PEP), antiretroviral treatment and addressing their other sexual reproductive health problems.

Isis-WICCE has been working with several medical teams to fill in gaps left by many policy makers in post-conflict countries on the continent in addressing the reproductive health needs of women war survivors. The sexual violations the women are subjected to during war time and the general lack of healthcare even during post conflict situations continue to affect their reproductive health systems with different complications.

This limited access to healthcare exacerbates the effects of sexual violence and many women live for many years after the war with complications that deny them dignity and dis-empower them from participating in community and national development processes.

Isis-WICCE has for the last 10 years responded to the emergency reproductive health needs of women by carrying out medical intervention. These interventions include small teams of surgeons who work with local health workers to undertake surgical operations on women war survivors who in most cases would have waited for many years to access this attention. Such medical interventions have already been done in Liberia, South Sudan and in war affected regions of Uganda.

The latest medical intervention took place in Lira district, Northern Uganda, in the sub-counties of Ogur and Aromo.

Lira district in is the heart of Lango region in northern Uganda. It was one of the areas that witnessed the worst human rights violations during the Lord's Resistance Army war with the Uganda government. The region saw some of the worst massacres in the 22-year war that left thousands dead, an estimated 1.5 million people displaced into Internally Displaced Peoples (IDP) camps, loss of livelihood and many women raped and abducted by the rebels.



Survivors of SGBV await coordinated actions to end it.

In 2006, the LRA were finally flushed out of Uganda, although they have for the last four years continued to cause mayhem in Democratic Republic of Congo, Central African Republic and South Sudan.

After relative peace returned to northern Uganda, government and development partners launched the Peace, Recovery and Development Plan for Northern Uganda (PRDP), a strategy that was to guide post conflict reconstruction from 2009-2012.

The strategy has mostly focused on infrastructure rehabilitation, return and resettlement of people from various IDP camps. Isis-WICCE continues to oversee the implementation of the PRDP through the Women's Taskforce that was formed in 2009.

However an August 2010 Isis-WICCE monitoring survey carried out in five districts where PRDP was operational found out that women's immediate reproductive health needs were largely unattended to.



Surgeons during a session at Lira Hospital. PHOTO /GAAKI KIGAMBO

Health service delivery in the region remains a big challenge, Reproductive health in particular, was highlighted as one of the key areas that lacked enough funds and attention from government plans. This prompted Isis-WICCE to undertake the limited medical intervention in Lira where forty six women were operated on various reproductive health complications.

Women's reproductive health in post conflict regions calls for more immediate action due to breakdown of health-care system and also high levels of sexual violence that women faced during the war. Countries of the great lakes region must move fast to ensure that areas that are recovering from conflict get health services in order to ease the pain of war survivors. The strategies to end sexual violence against women must be implemented if the treaties and conventions countries have signed are to make a difference in the lives of women survivors. If access to health especially for women survivors of sexual violence is not accelerated, countries will continue to lose valuable resource, as most women whose health concerns are not attended to, cannot meaningful engage in economic activities.

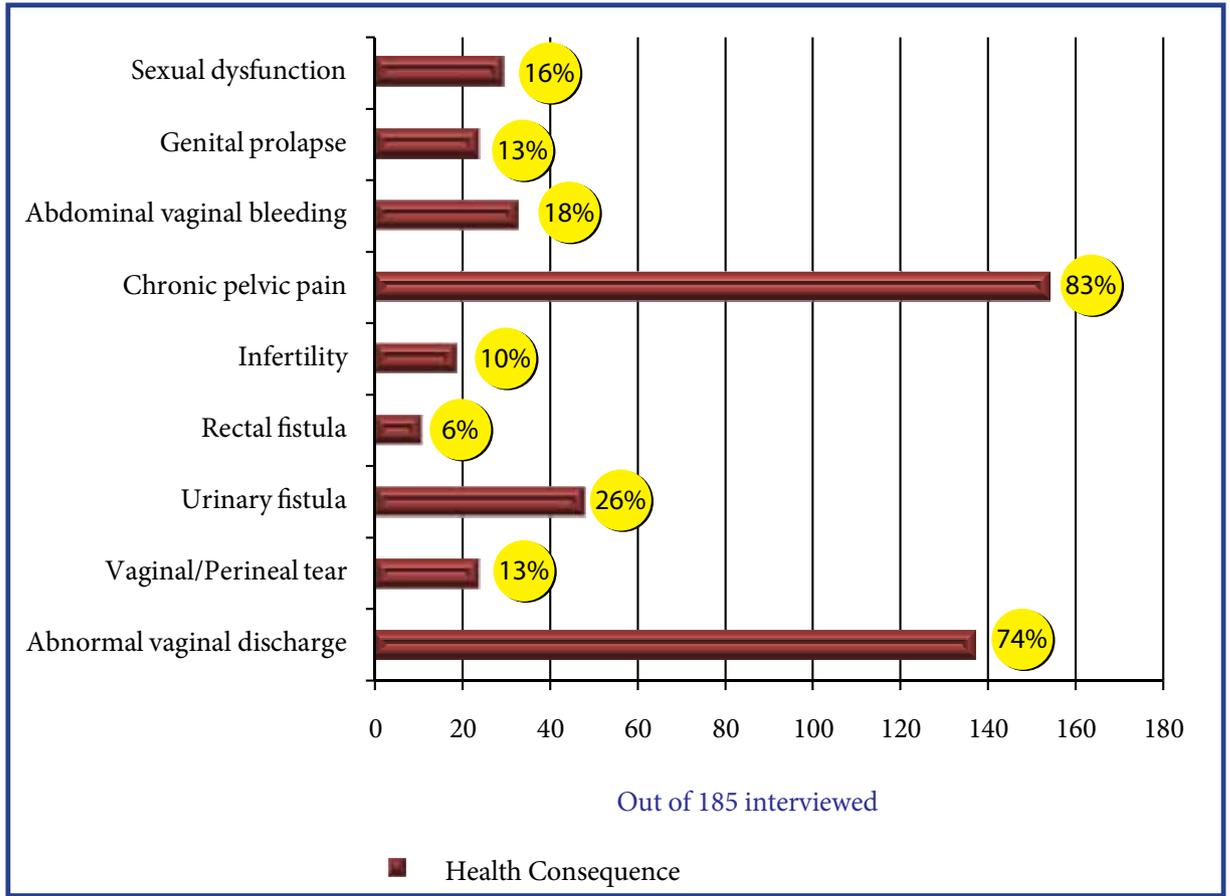
Lira Medical intervention:

During the 2010 research, Isis-WICCE established that women have been left out in post conflict recovery and reconstruction programmes because of different challenges including reproductive health complications.

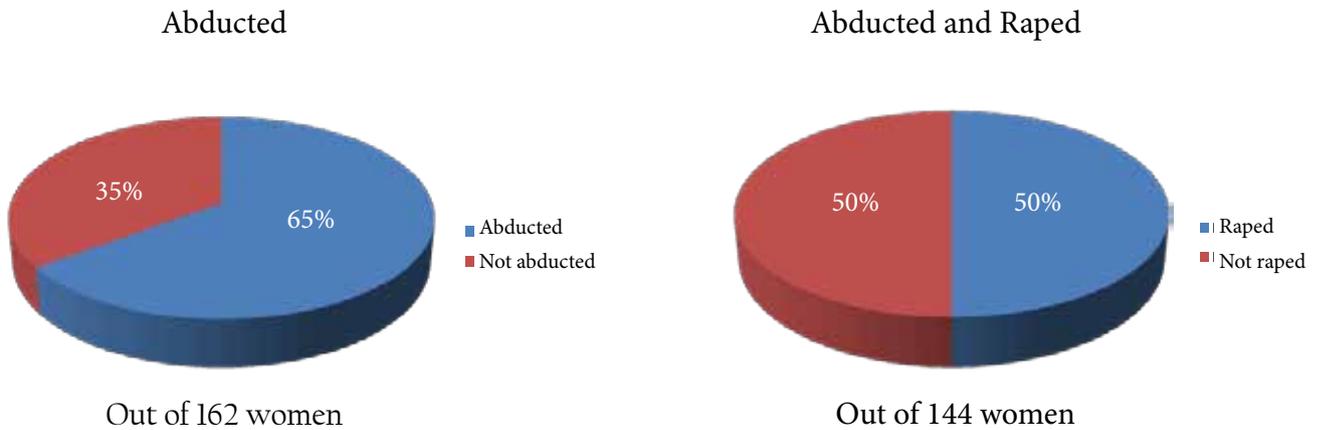
In July 2011, Isis-WICCE and Lira Women Peace Initiative (LIWEPI) during a project monitoring and data collection in Ogur and Oromo Sub Counties in Lira district met a group of women project beneficiaries who reported that they were abducted and raped during the war and had major health related complaints. Further probing by LIWEPI and Isis-WICCE showed that many women in the area needed urgent medical attention. It was also indicated that these complications are widespread yet medical care access was limited. Even then, many of the women had lived with these complications for years. Isis-WICCE, in the belief that post conflict recovery must include rehabilitation of women's broken down physical and mental health decided to carry out an emergency medical intervention.

The overall objectives of the medical intervention included to conduct medical assessment of the reproductive health situations of women war survivors in the two Sub Counties to identify problems for treatment.

Reproductive health consequences



Percentage of women screened





Catherine Owor addressing the women during the medical assessment exercise at Ogur Health Centre.

Medical assessment

The intervention started with a medical assessment conducted from 1st to 7th August 2011 at Ogur health centre IV and Aromo health centre III.

The assessment team consisted of a specialist obstetrician and gynaecologists from Mbale Hospital, a medical officer from Lira Hospital, a senior nurse from Lira Hospital, medical staff from Ogur Health centre IV and Aromo Health centre III; and staff from LIWEPI and Isis-WICCE staff.

The weeklong exercise revealed that most of the women had never had medical attention following the rape and sexual violations they experienced during the war against the rebels of the notorious Lord's Resistance Army.

As a result of these violations, many developed reproductive health complications, which made it difficult for them to overcome the trauma. This has had a significant impact on women's ability to participate in governance and post conflict reconstruction programmes.

Over 400 women were assessed, counseled and treated during the exercise and 189 women were screened through the questionnaires to document the conditions the war survivors had experienced. The analysis of data shows that 65% of women were abducted at least once; 50% acknowledged they were raped; a high percentage of 74 were experiencing vaginal discharge and 13% had vaginal perineal tear. 25% has urinal fistula and 6% has rectal fistula.

Isis-WICCE also purchased medical supplies and medical drugs mainly for treatment of reproductive health complications because the health centres did not have the needed drugs for women. These included ciprofloxacin, doxycycline, metronidazole, nystatin, gentamycin, gloves, cotton wool, etc.

Findings

After the screening, the medical team identified and treated the commonest conditions; 83% had chronic pelvic pain,

which is a symptom of pelvic inflammatory disease (PID). PID is caused by infections that could have arisen from the sexual violence or other infections but becomes chronic due to lack of medical care. This was found common among most women who had been abducted and those displaced to IDP camps for several years.

Majority of the women assessed were formerly abducted (65%) and sexually abused and have suffered from lower abdominal pain for several years.

Most of the assessed women expressed difficulty in performing manual work like farming. Since the community in Lira district is of mainly peasant farmers (88% of those assessed are peasant farmers) this implies that the women cannot easily engage in agricultural activities. In addition, the lower abdominal pain poses a great challenge in the women's sexual lives as many reported having painful sexual intercourse. Some women linked the difficulty to have pain-free sex to the rising domestic wrangles and other reported domestic violence as their husbands do not understand their pains.

The medical team identified 42 women who needed surgical intervention for critical conditions

The medical team identified 42 women who needed surgical intervention for critical conditions like genital prolapse, uterine fibroid, ovarian mass and hernia.

Of the 42, 15 women had uterine prolapse, 12 had uterine fibroids, and 7 with ovarian mass. Other conditions included Stool incontinence, urine incontinence, endometrial cancer, perineal tear etc.

While on the assessment mission, meetings were held with the Lira District Health Officer (DHO), Chief Administrative Officer (CAO), the Resident District Commissioner (RDC) Lira district and Lira district local government vice chairman. These meetings were to enable government officials and policy makers understand the purpose of the medical intervention and its urgency. The team also discussed the need for emergency healthcare especially for survivors of sexual violence. The assessment was welcomed as a timely intervention in an area of health that has largely been left out.

After the assessment, Isis-WICCE with the support of its partners decided to carry out an emergency medical intervention.

Womens testimonies



Ester Abeja

Fighting a silent war

Ester Abeja, 47 years old, is the woman who broke the silence about the sexual violence she experienced and the devastating effects she had been living with. She was the first to approach one of Isis-WICCE staff during the July research wondering where she could get help. Abeja was abducted in 2002 and her captors –the Lord's Resistance Army rebels, forced her to kill her baby girl by banging her on tree. After her baby's life was put to a brutal end, several rebels raped Abeja. She had an almost blank stare as she narrates this horror. She says that she does not remember how many of the rebels raped her were. She became unconscious and only woke up to find herself in a pool of blood.

All these sexual violations left Abeja with a uterine prolapse; a loosening of the uterus that makes it hang outside the vagina in some cases. Abeja had been living with this condition for many years.

Back in the bush once she was awake, some of the women in the rebel group then pushed into her birth canal “something to try and push out the semen”, their own crude ways of trying to tend to those sexually violated in the bush.

Abeja says that she is not afraid to show her face as a victim of sexual violence. After she was told that we wouldn't show her face to protect her, she objected. Abeja thought that was another way to mask her problem and she believed it is important to show her face so that “they know that these things happened to us.”

Abeja also struggles with the trauma that abductees have to face. Many of them were forced to kill. “I was a commander of killing and I killed 37 people in the 4 years I was in captivity,” she says.

Life in the community has been hell too. Abeja narrated, “Before I went to the Bush I had a husband. When I came back my husband refused me. While in the bush I became pregnant and came with the child. She's about 5 years now. They call her Kony's child.”

The father of that child, she says, was killed while still in the bush. She has 5 other children from her husband who's now remarried to two other women.

“He only gave me one garden to till for a living. My children are not going to school. One joined a technical school. But they wanted maize and beans as part of the payment and I can't afford to keep him there,” she said.

With her condition, Abeja is unable to carryout farming. The level of stigma she faces is enormous.

“I cannot talk to anyone, because people will laugh at me. When I say anything about what happened people just laugh at me. They never stop and they kind of think I brought this to myself,” Abeja says painfully.



Helen Ayo

Abeja confesses sometimes she has thought of killing her husband but then says if only she had her good health back, she would try to forget.

“I didn't go to the bush because I wanted. It is okay if he refused my child from the bush but he must take care of his own. There's nothing I can do,” says Abeja, “Do they think I wanted to be raped by the rebels? Do they think I wanted to kill my own child?”

Abeja's story had a major impact in driving the medical intervention and she was one of the 42 women that got the surgical operations.

Living with stigma

Helen Ayo a 45 year-old widow was one of the 400 women screened. Shortly before the screening she was asked why she had made that long trek to the health centre.

“I came here because of Kony. I was captured 7 times. His rebels took me to the bush. First time it was with my entire family. It was four of two children and us. They killed my brother,” she narrated her ordeal.

Helen was forced to kill the one person from Aromo, her home area, who was in her group.

“They realized I must know him and they made me kill him and drink his blood,” Helen says, “When it came to killing, you had to kill as many as you could because you too would be killed at any sense of laxity.”

Helen was forced to have sexual intercourse with various rebels in the LRA captivity and as a result she got HIV/AIDS.

She came to the assessment at Ogur because she rarely gets HIV treatment but also has never seen a doctor after the sexual violations.

Her escape came in 2003 and she headed straight to an IDP camp.

“I never went through any rehabilitation center or even a hospital. I have come to this health centre many times but we have no HIV drugs,” she says.

Today, she had come to see a gynecologist for the first time because of the pains she had in her lower abdomen. The health center lacks most of the essential drugs. Helen says many times she goes for 2-3 months without medicine and they are told to go and buy from private clinics. Helen had a message to the government and those in the post conflict rehabilitation.

“Here we live on God’s mercy. The president of Uganda should think of us too. We are not strong enough to do anything for ourselves yet we have no medicine, and there is nothing in the health centers. We are also human beings. We are also Ugandans.”

Surgeries bring a new lease of life

From October 17th-22nd, 2011, Isis-WICCE with support from HIVOS and SIDA was able to carry out the surgeries for 42 women in Ogur and Aromo sub counties.

The women were given a new lease of life after a team of seven medical doctors, including two obstetrics-gynaecology specialists, operated them for several reproductive health complications that were identified during the assessment in August 2011.

The surgeries were successful and credit goes to Lira Women Peace Initiative (LIWEPI) for consistent follow up and Lira Regional Referral Hospital whose premises were used.

Various surgeries such as hysterectomy or the surgical removal of the uterus were carried out as well as other cases identified in the assessment. Dr Otim Tom Charles, who led the team, while expressing relief that all operations but one (VVF) had been successful, called attention to government to focus more on women’s health needs especially in war ravaged regions.



Some of the women who have been or had their relative abducted at a counseling session during the survey. PHOTO/ROSEBELL KAGUMIRE

Peace building and women's bodies



Helen Kezie-Nwoha, Isis-WICCE Program Manager: Ms Kezie-Nwoha led the intervention team right from the start to the end.

She said women have conditions that they have been struggling with over the years that require urgent medical attention.

“At Isis-WICCE, we believe that post conflict reconstruction cannot be complete without addressing the needs of women and attending to their reproductive health complications. Women cannot claim to have peace if their reproductive health is still an issue they are trying to contend with and struggle on a daily basis. Of course we know that reproductive health issues are not issues that are easily spoken about, It is not something women will come to public and speak about but because we have built confidence over years of working with these women, they trust us and therefore tell us what exactly is wrong. That’s why the women can be able to open up and tell us the horrors they have been living with. For a woman to come up to say that they have had

pains in their abdomen you wonder how many years she has lived with that pain. We have to bring these services to the people and we are saying to the government that this is what it means when you talk of post conflict reconstruction for women.”



Dr. Opio John Nelson, Lira District Health Officer. The health officer told the team the challenges of delivering healthcare to a post conflict district:

“When it comes to medical officers- critical staff; right now we are working on zero. We have a volunteer who is willing to start in the district. We don’t have a doctors in Health Center IVs. At health center IIIs and IV, we have only midwives. Ministry of public service has cleared us to recruit but we are yet to appoint a district service commission that oversees these deployments. The wage bill for health workers has improved but we only have 74 percent of the nursing assistants needed.

The district has got only two gynaecologists only at regional referral hospital. We cannot easily attend to specific health needs of sexual violence victims because the health management information system shows a less than one percent report on sexual violence for health attention.”

Catherine Awor: Coordinator LIWEPI. “When we started in 2004, we were still in the IDP camps. We did a lot of counseling for women before we came back home from the camps. We operate in the proximity of Barlonyo, which saw one of the most brutal massacres by LRA. The women talk of horrific acts done to their reproductive system during rapes. Some of the rapists would stick guns and sticks in their vaginas and many are torn.

There is also cultural pressure. Despite the problems with their reproductive health, clans still expect these women to produce more children. They do not listen to women even on these medical grounds. I am glad that we can have doctors to examine women and go ahead and provide the needed medical intervention.

Some people come three times to the health center and there is no medicine. They then decide not to come back. If women come two-three times and don’t find drugs they say “if I could survive in the bush I will still survive.” If we could have medicines in the health centers and medical personnel, that would make a big difference for women’s health. Other like the elderly could be reached through community health workers.”



Dr. Otim Tom Charles, Consultant Gynecologist. “Majority of the women have chronic pelvic pain (pelvic inflammatory pain) which normally comes because of infection. The infection is higher in post conflict areas because the women were not able to access medical care early. Some women reported having this problem for over 10 years and the majority have had the problem for over five years. For those women who cannot access reproductive health care, many have challenges in their sexual lives like painful sex. Sometimes, they do not want to have sex. Most men will not easily understand these conditions leading to sexual abuse and domestic violence.

Pelvic pain will take a long time to cure but one needs continuous follow up in health centers. Sometimes, they need reference to regional health centers.

The challenge is that many would not afford transport costs to regional health centers where they can access such kind of treatment.

For the women who received surgeries, these surgeries in hospital would have cost more than 200 USD and not many could afford. This Isis-WICCE intervention targeted two sub Counties where we got about 42 serious cases. We can only imagine how wide spread the problems are for many women across northern Uganda.

When women in post conflict situations do not access reproductive health care it means they will continue suffering from sexually transmitted infections, which lead to chronic pelvic pain and infertility. The chronic pelvic pain reduces the capacity of the women to engage in productive activities like farming.

Also because of the breakdown of health delivery systems, there is increased maternal and newborn deaths. Heads of states need to address reproductive health in post conflict situations by increasing funds so that medical supplies are availed and health workers are attracted into post conflict areas. The health workers in conflict and post conflict settings should get bonuses on top of salary to ensure retention.”

Challenges

This intervention met numerous challenges. The high number of patients was a major one. Very many patients turned up in the health centres because radio announcements were made alerting the population of the presence of a team of doctors giving free screening and treatment. Isis-WICCE intervention could not provide treatment to all screened patients.

As reported in various interviews, the health centres lack adequate quantities and range of medicines. During the medical intervention some medicines were purchased but mainly for pelvic inflammatory disease (PID) and pain relievers. Thus patients who had other conditions did not get medication because the medicines were not available. The number of patients with PID was far higher than anticipated, thus even for those with PID, we could not provide for all patients.

Health centers that cover the two sub counties have inadequate medical staff. Both Ogur and Aromo health centres are understaffed and therefore the Medical intervention team could not get many clinicians to work with.

Many women also need a lot of counseling because there are no services in the area. During the intervention, there was limited time for counseling despite the high numbers of patients with urgent need. Most of the women were abducted and raped. They had never been counseled before. This overwhelmed the counseling team and they could not offer comprehensive counseling to all.

The hospitals are usually overwhelmed with high number of patients. The women for the surgery added more burden to the already over stretched health facilities.

Health centers that cover the two sub counties have inadequate medical staff.

Recommendations

- There is need for government and development partners to pay more attention to reproductive health issues in the reconstruction of northern Uganda.
- There is real urgent need for emergency medical care as most health centres remain understaffed and without enough medicines.
- The Peace Recovery and Development Plan must as a matter of urgency focus on the reproductive health needs of women as this constitutes the social responsibility of the government of Uganda.
- Women should be enabled to participate in decision making for post conflict reconstruction to ensure their needs and concerns are reflected in all plans and programmes. Such efforts must therefore adopt a bottom-up approach.

Ugandan Districts affected by LRA

