

Images of Northern Uganda Acholi Land



A day's work of Acholi women

It has been nearly two months since my arrival in Northern Uganda and much has transpired since, namely of which involve gaining a better understanding of the Acholi culture, familiarizing myself with work activities at AVSI and seeking ways to prevent parasitic infections.

Many of you have asked me what AVSI does and what kind of work I am doing in Northern Uganda (Acholi Land). I hope to answer some of your questions through this attempt at an armature newsletter. I think this will give a better sense of what I do in Acholi Land and the images I see everyday.



Acholi Children at an IDP camp

About Northern Uganda



Social worker walking along an IDP camp

Let's start with a little bit of history. For the last 20 years Northern Uganda has been affected by a prolonged civil conflict involving the rebels of the Lord's Resistance Army (LRA) and the Ugandan Army. Periods of intense fighting, alternated with others of relative peace, have contributed to the overall weakening of the socio-economic foundations of the region. In the health sector, the war has contributed to the deterioration of many hospitals and health centers, lack of essential medical supplies, and decreased funding, as well as destabilization of local and central government level¹.

The situation was further worsened by the increased violence since June 2002 that caused over 90% of all the Acholi population in the Kitgum and Pader region to be displaced in Internally Displaced Camps (IDP) or urban setting for protection¹. I am in the Gulu district and many were displaced here, as well. Unlike villages, in IDP camps huts are placed close together, there is little land for planting crops, and dependency on international organizations to supply basic needs becomes necessary.

In July 2006 the LRA began moving to Central Africa, via Sudan and the Congo. At the moment, there is no immediate danger in Northern Uganda and a number of the Acholi people are returning to their homes and beginning to rebuild.

In response to the needs in Northern Uganda, various organizations, including AVSI, have funded training programs for local district health workers, provided additional medical supplies and helped in the rehabilitation of hospital and health centers, as well as in the implementation of prevention programs.

¹ AVSI's Strategy on Health in Northern Uganda (2008), pg 1.

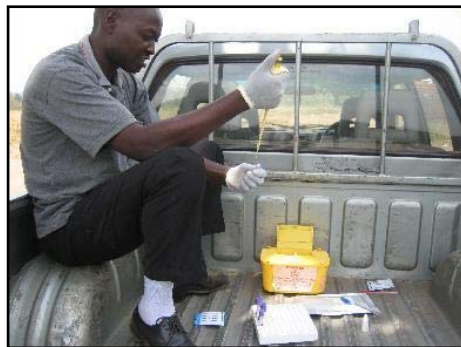
AVSI's Work In Health

AVSI's approach is to work together with the local and central governments to help meet identified needs. Now that things are beginning to stabilize in Acholi Land and some people are resettling in their villages, our role is to assist in this process. At the AVSI health department in Gulu, where I work, we will provide support through rehabilitation/ construction of health units in resettlement areas. We will continue to provide technical assistance to the district health office concerning health issues (i.e. staff training, prevention activities including HIV/AIDS), and to supply essential drugs (i.e. HIV testing kits) and medical equipment. We are still, however, supporting health programs in the IDP camps such as the one in the pictures below. These are shots I took at an HIV/AIDS testing outreach program at an IDP camp. AVSI has paid for the HIV test kits that are being utilized by district health workers.

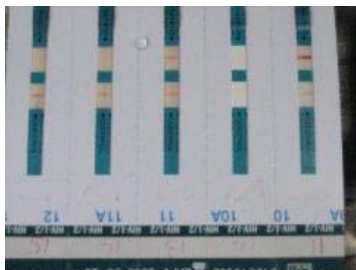


Here is a tough soldier getting tested for HIV by a district nurse under a mango tree. Next to him is his son.

The lab technician taking the blood drawn to determine HIV status of patients. Notice the mobile laboratory. Three tests are available to ensure accuracy of result. If test 1 is + , then test 2 is used to confirm results and so on.



Here are some results of test 1, patient 11 and 13 are positive (2 lines appear). The average HIV positive results per camp are between 6-9%.



Getting To Know the Acholi People

During a monitoring visit to one of the programs we support at an IDP camp. Lady in front is a disability social worker paid by AVSI . Girl to my right is a beneficiary with epilepsy caused by cerebral malaria.



These two pictures are of children at St. Jude's orphanage. There are 80 children and 8-9 women caring for them

The people in Northern Uganda are gentle, kind and at times too docile. The concept of fighting for your rights as we know it in the States is non-existent. Complacency is the norm and the government representatives do little to fight for their peoples' rights. In a way, the work that we do is not only international aid, but also advocacy, which is no easy task considering the obstacles along the way like lack of motivation and/or insufficiently trained local staff, lack or misuse of essential resources (despite efforts made to ensure transparency and appropriate use). Keep in mind, this area has been under war for 20 years destabilizing all aspects of society. So, I have run into some frustrating, and at times, demoralizing moments, but in the end this frustration finds itself balancing out with the gratification of knowing that my work addresses issues that are concrete and real.



Overall, I am happy here in Acholi Land and am learning a lot about working in such a challenging setting. I do miss you all very, very much. . . all my friends and my family. . . I cannot tell you how much. You are all welcome to come and visit. By the way, there are many opportunities here to volunteer at orphanages, hospitals and schools. If you are ever interested in doing some volunteer project, please let me know, clinicians and educators are especially needed, but everyone is welcome. With love, Florencia