“The Method is Imposed by the Reality!”

Luigi Guissani
“Our method is presence. If the projects are not the product of a life experience - not the product of friendship, sharing, and familiarity - then the project remains a single flower and risks getting stepped on.”

Aurora Alberti, AVSI President

An entire generation was born and grew up in the camps, at war, witnessing violence on their dear ones, being abducted: they’ve been denied their childhood. This generation has known, however, and will know even more, all of the good that will come. It will be possible for them in approaching life to choose and proceed forward entirely aware of what they’ve encountered along the way. Those of us who’ve had the fortune to know them know that they were normal people who were ready to be fully themselves. The same challenge applies to us too, who hope to contribute to the construction of Northern Uganda.
AVSI Mission
To support human development in developing countries according to the Social Teaching of the Catholic Church, with special attention to education and promotion of the global dignity of every person.

Methodological approach

**Centrality of the Person**
The person is the center of any development program and the purpose of every project. This means first of all sharing needs with the individual to share the very meaning of life, and to be moved by his or her destiny. Failing this, the answer to needs becomes only a self-rewarding good action or a political strategy. The person is seen as a unique, irrepeatable being who cannot be defined by a social category or by the situation he or she is living, whether it be one of poverty, disease, handicap, or warfare.

**Starting From the Positive**
Every person and every community represents a potential resource, no matter how vulnerable they are. This means valuing all that has been made by people, including their history, their existing relationships, and the experiences making up their heritage. This basic operational principle originates from a positive approach to reality and helps persons recognize their own value and dignity and take up their own responsibilities.

**Doing With**
A top-down project is violent, as it’s not shared, or ineffective and unsustainable, as it’s assistance-oriented. AVSI’s approach to project planning and implementation consists of doing with people; that is, starting from the relationship with the people of whom the project is targeting and building with them, according to their own progress.

**Development of Intermediate Bodies and Subsidiarity**
A society is born out of the free commitment of persons and families joining together. A development project means to enhance the capacity of people to associate, hereby recognizing and supporting the creation of intermediate bodies and of a responsible and integrated social context. The right of every person to freely associate and to take actions or start-up business activities becomes a powerful drive towards better civic and democratic life.

**Partnership**
Development projects are based on real partnerships among all entities active in the particular field, including institutions that are public and private, local and international, thereby avoiding duplications and promoting synergies to optimize available resources.

**The Giants of This Great Story**
Over the course of AVSI’s twenty-four year presence in Uganda we have had the opportunity to live and work amongst persons or groups of people who remind us each day that the future is worth living for.

In 2007 I observed the 15th anniversary of the death of one of the bravest people I have ever known. Early in 1991 when my young secretary Rose Akumu was tested HIV positive, she wanted to attend a meeting where Elly Ongee from Meeting Point Kitgum offered his testimony of facing AIDS with courage and meaning, trying to transmit to others the conviction that life could still be full of purpose and positivity, despite the deadly disease. Akumu decided to devote her free time to support and help the people affected and infected by AIDS. From then on, during lunch breaks, the reception of the AVSI office on Jinja Road became a discussion room: dozens of interested people came, discussing issues posing questions, or bring experiences about the disease.

After a long struggle, despite a heroic therapeutic attempt, Akumu died in May 1992. The same year in October Rose Busingye, a young and committed nurse, and Noellina Namukisa, a mother of 10, took up the experiences of Akumu and so Meeting Point in Kampala began. In addition to Kitgum, where it was born, Meeting Point is today one of the most renowned organizations providing support to those affected and infected by AIDS. From then on, the officer in charge of the eradication, is still in Kitgum, committed to the task, preparing for the certification by the World Health Organization. I will never forget these faces. That of the young suffering woman, who taught me the supreme dignity that every person has, and how life is only to be given for the good of the others. That of the old teacher, who tirelessly strives to educate the young generations to become protagonists of their future, or of the unsung health worker, leader in the eradication of a disease in the middle of a war. I will never forget the young smiling girl, the symbol of the young generations full of energy and positive demands for a great life.

I traveled several times to the north last year. At the end of June, as I was entering the car in Kitgum for the long journey back to Kampala, I saw a young teenager with polio. She was in her wheelchair surrounded by a group of girls who were probably her friends. She smiled and I saw an extraordinary beauty in her gaze. The girls were coming from a small secondary school in the vicinity. Soon after I saw John Bongomin, an old teacher who at more than seventy has recently founded a school so that vulnerable boys may become capable of reconstructing their country.

Dr. Filippo Ciantia
Representative, AVSI Uganda

FOREWORD

The Giants of This Great Story

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Dr. Filippo Ciantia
Representative, AVSI Uganda
Uganda Background

With a population of almost 30 million, Uganda's rapid population growth rate of 3.2 percent per year makes it the third fastest growing country in the world.

Uganda is the first country in the world to roll back its HIV prevalence rate, with the current HIV prevalence among Uganda's adult population at 6.4 percent. HIV prevalence is significantly higher among women than among men – 8 percent versus 5 percent. In total, an estimated one million Ugandans are living with HIV.

Uganda has experienced significant economic growth for over a decade and poverty has decreased substantially. Expansion in the agriculture, construction and communications sectors has fuelled growth, which averaged 7% for much of the 1990s, though it has been closer to 6% in the last four years. Still Uganda remains one of the poorest countries in the world with 31% of the population living below the poverty line and a per capita income of around $300 per year.

During 2007 Uganda suffered from the heaviest rainfall in 35 years, provoking severe water-logging and flooding across the eastern, northern and central parts of the country.

In Northern Uganda a 22-year conflict between the Lord's Resistance Army (LRA) and the Ugandan Government has all-but consumed the lives of the Acholi tribe living there. Almost 2 million people have been displaced from their homes and relocated to Internally Displaced People (IDP) Camps, while an estimated 66,000 have been abducted by the LRA as part of their recruitment and campaign.

With peace talks ongoing between the LRA and the Ugandan Government, many of the IDPs have begun to return to their land. As of November 2007 about 97% of the population have gone home in Lango region, while in the Acholi and Teso regions only about 4% have returned to their homes. Peace in the North is necessary for the population to complete their moves out of the camps, but with no final peace agreement signed, the risk of a renewed conflict remains a possibility.


The Numbers

29.8 Million Total Population
241,040 km² Area:
$300 Per Capita Income:
3.2% Annual Population Growth Rate:
154 Human Development Index:
844,000 People living in IDP Camps:
109 Number of IDP Camps in Acholiland:
489 Number of Transit Sites in Acholiland:
$11.1 billion GDP:
50 years Life Expectancy at Birth:
6.4% HIV/AIDS Prevalence:
4.1% Deliveries Taking Place in Health Units:
60% Population Using Improved Drinking Water Source:
43% Population Using Adequate Sanitation Facilities:
25.2% Population within 5km of health center
84% Net Enrollment in Primary School:
19% Population Undernourished:
2.1 million People with disabilities:

REVENUE ALLOCATION

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### SECTOR OVERVIEWS

#### Education

**ORACLE**  
Aug.'03 - Aug.'07  
Opportunities for Reducing Adolescent and Child Labor Through Education: Community Resilience and Dialogue

**CIFD**  
Sept.'02 - Aug.'07  
Increased access to care and support for orphans and vulnerable children (OVC) in the Great Lakes Region

**CWC**  
Apr. '06 - Apr.'09  
Children’s distance support program

**LZU**  
Jun.'06 - Dec.'08  
Support to school activities in Luzira Prison (Kampala) and other correctional institutions in Uganda

**EU4**  
Aug.'07 - Jul.'09  
Improvement of self-reliance and coping mechanisms of ODP youths through quality secondary and vocational education and income-generating activities in Kitgum District

**LEAP**  
Dec.'07 - Sept.'10  
Livelihoods, Education and Protection to end Child Labor

**7565MAE**  
Sept.'06 - Nov.'08  
Life’s improvements in Kampala’s slums (Naguru and Kireka)

**8145MAE**  
Jul.'07 - Jun.'10  
Integrated intervention for the improvement of the quality of education in Uganda

**NAV1**  
Sept.'07 - Apr.'08  
Integrated intervention for the improvement of the quality of education in Uganda

#### Health/Disability

**EU1**  
Jan.'05 - Dec.'07  
Improved preventative and Curative health Services for conflict-affected people in Acholiland

**EU2**  
Nov.'05 - Nov.'08  
Increased access to Coverage of essential HIV/AIDS services in Hoima, Kitgum, and Pader Districts

**EU3**  
Jan.'07 - Dec.'08  
Technical assistance to District TB & Leprosy Supervisor in Hoima District

**WHO**  
May.'06 - Apr.'07  
Support to the Health Sector Strategic Plan of the Government of Uganda 2000-2005

**RH01**  
Jan.'06 - Sept.'07  
Support of the Health Sector Strategic Plan of the Government of Uganda 2000-2005

**UHEP**  
Dec.'03 - Dec.'08  
Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS in Kitgum and Pader Districts

**NUM**  
Oct.'07 - Dec.'08  
Support of paralyzed patients in Gulu District

**TCB**  
Apr.'06 - Mar.'08  
Strengthening the Prevention of Mother to Child Transmission of HIV in Hoima District

**GLA2**  
Oct.'04 - Sept.'08  
Scaling up Prevention of Mother to Child Transmission

**CESAL**  
Jan.'06 - Mar.'08  

#### Emergency

**EU3**  
Jan.'07 - Dec.'08  
Integrated community based mine risk education and victim assistance in Northern Uganda

**OFCD**  
Sept.'05 - Aug.'08  
Continued Support to people living in displacement in Northern Uganda

**GFGP**  
Jan.'07 - Mar.'08  
Integrated community based mine risk education and victim assistance in Northern Uganda

**UNH**  
Dec.'07 - Jan.'08  
Camp coordination and Return monitoring in Gulu, Kitgum and Pader Districts

**WES**  
Sept.'06 - Dec.'07  
Improved water and sanitation services for IDPs in Kitgum District

**NF1**  
Sept.'06 - Dec.'07  
NFI assistance to war affected IDPs in Northern Uganda

**RDE3**  
Apr.'05 - Mar.'08  
Humanitarian assistance to conflict affected population in IDP camps and areas of return in Acholiland

**ECHO10**  
Jan.'06 - Dec.'07  
Continued emergency assistance to war-affected IDPs in Northern Uganda

**FAO**  
Jul.'06 - Aug.'07  
Improved livelihoods and income diversification among conflict-affected households in North and North Eastern Uganda

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**Fire outbreak, Kitgum Matidi, Kitgum District**
In nearly every aspect of development, education plays a pivotal role. The youth are the opportunity for a different future: they constitute the majority of the population, and are bearers of that energy which is also called hope. They demand an answer, for nothing is more dramatic and dangerous than a hope without response. The need is urgent and immediate for sustaining education, for secondary and vocational schools, without interrupting primary education, and maintaining care for the pre-school system. Formation courses need to be promoted, both for teachers and for health personnel, both in hospitals and in rural peripheral units.

The strategy to be activated must focus on a broad concept of education, to enable the young ones finding the reasons for and the meaning of their own dignity, and their belonging to their people. They need guides and teachers who can give them hope, and energy for the necessary sacrifices.

Transition phase interventions must include economic programmes to benefit the youth and other vulnerable groups. These will be identified through a continual fostering of projects that respond to immediate needs, such as the rehabilitation of people with disabilities and treatment for people living with HIV/AIDS. The approach will have to be an integrated one, giving support not only to individual victims, but also to their families and communities, the latter of which is still the basic point of reference for them.

Education reaches into all corners of development. The foundation of the future is being rebuilt on a new generation, and must be made capable of supporting this new peace.
The objective of AVSI Education is to form free persons able to deal with all the challenges of reality, taking up its commitments and responsibilities. Beyond simply adding more technical information to the learning experience, we try to accompany the beneficiary through a new method of teaching and working that involves the way people perceive and live their life.

Community Resilience and Dialogue

A training of sixty-seven inmates at Luzira Prison on the “Foundations of Education” serves as the base of the program. These prisoner volunteers now have the role of teachers within the prison, and have realized the great importance of their role for the rehabilitation of their peers inside. Supporting scholastic activities for more than 800 prisoners through adult literacy courses covering all the range of primary and secondary education, the project has now been extended to the prisons of Jinja, Arua, Masindi, and the female prison of Luzira. The courses not only offer to the prisoners the occasion of acquiring knowledge and competences for their social reintegration at the end of their detention period, but they are also a place to experience a different way of socialization. The prisoners learn responsibility and proper use of their time during their detention period, working towards the growth of their education, their re-discovery of their value as a person, and their existence and reality as a whole.

“A child...is part of a given family or household and a given community. That is where a child derives an identity. As much as possible, a child needs to have a sense of belonging of cultural roots, of blood ties, of a clan, and of a particular mother tongue that connects that child to a community. This is important for a more holistic development of every human individual.”

Janet Museveni
First Lady of Uganda

ORACLE Opportunities for Reducing Adolescent and Child Labor Through Education

In partnership with IRC, CRS, CARE and Save the Children AVSI completed the four-year project of “Opportunities for Reducing Adolescent and Child Labor Through Education” (OVC) in 2007.Targeting children under the age of 18 years who are at risk or involved in child labor, the ORACLE project prevented and/or withdrew a total of 5,543 children from labor in Kitgum and Pader Districts.

The program proved to be groundbreaking as it established the importance of education in emergency environments. It was shown that education, if presented using a holistic approach, lead to invaluable life skills such as self-confidence and responsibility within ones community, enabling participants to better face the future.
**2008**

**OVC/DSP**  
*Apr. 08 - Apr. 09*  
Increased access to care and support for Orphans and Vulnerable Children (OVC) in the Great Lakes Region  
The OVC/DSP program combines direct and indirect forms of assistance based on methods that have shown through past experiences to be responsive and appropriate solutions to the concrete situations faced by OVC. With the help of 42 qualified local partner organizations, learning materials, after school programs, vocational training, health care, recreational, and emotional support have already been provided to more than 7,000 Ugandan children and their communities. Trainings and consultations are provided for individual partners and local networks to address institutional and operational weaknesses and improve capacity, efficiency and quality. This program which is so crucial to the improvement of educational access for children throughout Uganda is funded jointly by the US President’s Emergency Fund for AIDS Relief (PEPFAR) and by a network of private donors throughout Italy. Thanks to the continued support of PEPFAR, this project will continue through at least 2013.

**Life’s improvements in Kampala’s slums (Naguru and Kireka)**  
A variety of activities aimed at improving housing, school, and hygienic conditions in Kampala’s slums are currently taking place. Structural improvements to schools, roads, health and social centers have been in progress. Improvements in school attendance and reduction of the exploitation of children is taking place by involving families and teachers in the issue.  

**Integrated intervention for the improvement of the quality of education in Uganda**  
This project will improve the quality of education in Uganda through a diverse range of integrated interventions including construction of the Permanent Centre for Education in Kampala, and a workshop room for distance learning in Kitgum. Refresher courses for teachers, head teachers and other school managers will be implemented, along with support to children’s school fees and scholastic materials. Households will be empowered economically through microcredit and trainings in the Kampala slums of Kireka and Naguru.

**“The first need of a person, especially if he/she is in a condition of poverty and injustice, is to be aware of his/her ‘I’. This elementary need is responded to with education, without which there is no chance of a future, because nothing can last without an aware ‘I’, not even the most sincere generosity.”**  

Luigi Guissani

**EU4**  
*Aug.07 - Jul.09*  
Improvement of self-reliance and coping mechanisms of IDP youths through quality secondary and vocational education and income generating activities in Kitgum District  
The goal of the EU4 program is to improve the self-reliance and coping mechanisms of IDP youths through quality education in secondary schools and vocational training centers through teachers training, supplies of materials and tools, income generating activities, and support to the district. In 2007 AVSI started with the teacher trainings. In 2008 AVSI plans to provide tools, scholastic materials and infrastructure support and training to 20 secondary schools and 4 vocational schools, continue its trainings to 20 secondary school boards of governance, 24 parents teachers associations and 400 teachers, and provide business skills and groups dynamics courses to 360 vocational students and establish a non-formal vocational skill training center. AVSI will also support 480 youths with IGAs, provide monitoring and evaluation training for 2 OEO staff and pay allowances for monitoring and evaluation activities.

**LEAP**  
*Dec.07 - Sept. 10*  
Livelihoods, Education and Protection to end Child Labor  
Based on lessons learned from the ORACLE program, LEAP’s approach to eliminating child labor consists of first strengthening households livelihoods, and then strengthening institutional capacities in order to create an environment which promotes education and an enforcement of policy and programming for the North, and Karamoja regions of Uganda. An estimated 11,000 children will benefit from protection from child labor, and access to quality education over the course of this program.

**NAV1**  
*Sept.07 - Apr. 08*  
Integrated intervention for the improvement of the quality of education in Uganda  
While the main objective of the project is to contribute to the construction of the Permanent Centre for Education in Kampala which will then provide trainings for teachers and social workers, AVSI plans to provide tools, scholastic materials and infrastructure support and training to 20 secondary schools and 4 vocational schools, 16 primary schools will be involved in the project, 150 teachers will be trained and more than 30 social workers will be helped to improve the approach to their jobs, while 200 students will be supported with school fees.
These years of conflict have presented several tests of paramount importance for the future of the region. Among these was an Ebola epidemic between August 2000 and January 2001 that was brought to a stop by the extraordinary mobilization of the population and the health personnel. This courageous response cost the lives of 18 medical persons, among them Dr. Lukwiya, Medical Superintendent of Lacor Hospital in Gulu.

The health system has held water during these years, and hospitals were places where a total collapse was miraculously avoided. They stood like monasteries and fortresses during the Middle Ages, resistant to the barbarian hordes that devastated every aspect of civilian life.

AVSI has focused its activities in 6 hospitals in Northern Uganda, including St. Mary’s Lacor and Gulu Regional Hospital in Gulu, Anaka Hospital in Amuru, Kitgum Government and St. Joseph’s Hospital in Kitgum, and Dr. Ambrosoli Memorial Hospital in Pader District. A total of 25 Health Centers in Kitgum and Pader Districts were also supported in 2007.

Our approach to interventions in the health facilities has focused on taking the unit from a non, or semi-functional state to a completely functional health centre, undertaking even the rehabilitation and construction of HCs, including everything from construction of sanitation facilities and staff housing to provision of furniture, drugs, and equipment. Logistical and administrative support and training are also provided.

A critical challenge to the availability and quality of health services in northern Uganda is the lack of human resource capacity. AVSI has supported the training of health workers, provided salary contributions to allow for an interim solution to low numbers of health staff, as well as technical support and supervision in collaboration with the District Health Authorities. To us it makes sense to support these services that have supported the community throughout the difficult times.
In 2007, the AVSI health team took part in the emergency response to flooding in Kitgum and Pader districts, and to a Hepatitis E outbreak in Kitgum district. AVSI worked closely with the local authorities, DHO, UN, and other partners to ensure a comprehensive and quick response. Widespread disease was averted by supporting community dialogue and sensitization activities, radio programmes, and providing necessary drugs and materials.

Technical assistance to District TB & Leprosy Supervisor in Hoima District

Working together with the District Health Staff in Hoima this program provided support supervision to all health units involved in TB control within the District. TB control strategy and planning and the performance of diagnostic units were improved through regular support supervision, while the sustainable operations of DTLS activities in the future were supported through a mobilization of resources.

Improvement of primary health care in the rural health centers of Kitgum, Pader, and Gulu/Amuru districts

RHC1 provided the construction and rehabilitation of District buildings, rural health centers, and staff houses combined with provision of medical equipment, furniture and staff to health centers. 13 health centers were rehabilitated, along with the provision of staff trainings and improved health management systems.

EU1

Jan.06 - Dec.07

Improved preventive and Curative health Services for conflict-affected people in Acholland

With an objective of improving access to quality health care across Acholland, EU1 teamed with hospitals in both Kitgum and Pader District, and with the Archdiocese of Gulu, to provide equipment, staff support and trainings, along with FA training and grants. Progress in terms of a reduction of poverty and vulnerability were seen along with a reduction in morbidity and malnutrition. EU1 has done much to improve the quality of health care amongst the population of NU.

WHO

May.06 - Apr.07

Technical assistance to District TB & Leprosy Supervisor in Hoima District

In 2007, the AVSI health team took part in the emergency response to flooding in Kitgum and Pader districts, and to a Hepatitis E outbreak in Kitgum district. AVSI worked closely with the local authorities, DHO, UN, and other partners to ensure a comprehensive and quick response. Widespread disease was averted by supporting community dialogue and sensitization activities, radio programmes, and providing necessary drugs and materials.
Increased access to Coverage of essential HIV/AIDS services in Hoima, Kitgum, and Pader Districts

EU2
Nov.05 - Oct. 08

Increased access to Coverage of essential HIV/AIDS services in Hoima, Kitgum, and Pader Districts.

EU2 is addressing the main challenges of HIV/AIDS and reflects a comprehensive framework promoting and strengthening linkages between prevention, treatment and care. Furthermore, it contributes to the challenging progression towards universal access to treatment. The project aims to optimize the impact of existing interventions in the area of care and support to people living with HIV/AIDS, their families, and other vulnerable groups through activities related to prevention, care, treatment, training, income generating activities, and community sensitizations.

Support of paralyzed patients in Gulu District

TDH3
Apr.07 - Mar. 08

Support of paralyzed patients in Gulu District.

Broad based support to paralyzed patients was carried out in the form of more than 4,000 home and hospital visits, within Gulu District in 2007. Mobility aides were provided to 21 beneficiaries along with medical supplies and community interventions such as wheelchair ramps and materials to improve hygiene being carried out. In 2008 patients continue to receive continuous care in hospitals and at home along with improvements in community infrastructure and access to mobility devices for the paralyzed.

Prevention of Mother to Child Transmission in Kitgum and Pader Districts

NUM
Oct.07 - Dec.08

NUM

With the support of USAID via the Northern Uganda Malaria AIDS and Tuberculosis (NUMAT) Program, the PMTCT programme at St Joseph’s Hospital in Kitgum district and Dr Ambrose Memorial Hospital in Pader district will continue to benefit from comprehensive logistical and technical support offered. Support to worker’s salaries, drug provisions, and follow-up of PMTCT mothers via PMTCT mother’s meetings at the hospitals is taking place, as well as the provision of mama kits as an incentive for mothers to deliver in the hospitals.

Strengthening Information and Data Management in UCMB health institutions

UCMB
2002-2009

UCMB aims at improving the service delivery capacity of 27 Hospitals and 530 Health Units of Lower Level coordinated by 19 Diocesan Health Offices and the areas of development of human resources/capacity building in the 12 Health Training Institutions. AVSI provides technical assistance, through a Programme Manager, in charge of the Information, Communication and Data Management (ICDM) and Information Systems Integration components. Of recent other areas of operations have been added aiming at establishing an Education Information System (EIS) and a Financial Management Information System (FMIS) at the PMFP (Health Training Institutions - HTIs).

Strengthening the Prevention of Mother to Child Transmission of HIV in Hoima District

GLA2
Oct.04 - Sept. 08

By scaling up the PMTCT program to lower level health units, strengthening follow-up of PMTCT mothers and babies, and promoting integrated pre and postnatal care services GLA2 aims to improve PMTCT coverage in Hoima District. AVSI supports activities by providing coordination, supplies, staffing, logistical and technical support, and strengthening of human resources through training. The project is implemented within the National Program of the Ugandan Ministry of Health, which provides quality assurance and training support.

Scaling up Prevention of Mother to Child Transmission in Hoima District

AND1
Jan.06 - Dec. 08

In partnership with the Spanish Cooperation AND1 aims to contribute to the reduction of morbidity and mortality due to HIV/AIDS in Hoima District through a scaling up of integrated PMTCT services and social and economic support. Renovation of the Hoima Hospital Maternity Ward and construction of a new Labour Room are taking place, along with support to the Community Based Organization “Meeting Point” through completion of the new social centre and provision of furniture and other essential tools.

Support to the Health Sector Strategic Plan of the Government of Uganda

NUM
Oct.07 - Dec.08

The project, funded by the Italian Cooperation via UNICEF, aims to assist the Government of Uganda to effectively implement critical elements in the Health Sector Strategic Plan (HSSP) through the provision of technical and financial support to the local government in a district in Northern Uganda, contributing to revitalization of routine immunization, improvement of service delivery in the areas of HIV/AIDS, TB and malaria and to scaling up of birth registration according to the Plans of Action developed by the districts of Pader, Kitgum, Gulu and Amuru.

Mobile HIV/AIDS Testing, Lalekan, Kitgum District
Development is the New Emergency
Solutions must come from within

AVSI’s Emergency Department is comprised of a range of sectors aimed at improving the basic life-sustaining systems that have been under attack as a result of the conflict, and the displacement in the North. Water and Sanitation, Food Security / Livelihoods, Protection, and Mine Awareness activities are all implemented in accordance with the ever-changing situation on the ground here.

During the height of the conflict from 2002 to 2006 these services were carried out in an on-demand, quick-action manner. Nowadays the North has been afforded a relative peace, and activities are beginning to take on a more long-term, development-oriented approach. This opportunity to build, and effectively seize the peace, is as crucial now as the emergency Night Commuter shelters were in past years. In a climate of instability the most important solution is an answer. Tangible improvements in the day-to-day life here will help to lock the North onto its route towards long-term, sustainable peace.

As the transition to peace began in 2007 AVSI was quick to recognize that needs were changing. Water points were provided to communities beginning to move out of the camps and towards home. Community sensitizations on sanitation and mine risks were provided throughout Acholiland. Constant monitoring of the camp activity and the population movements have allowed us to be in a position to provide what have to give in the most efficient way we can.

Over the course of the next year these services will continue to be provided thanks to the ongoing support of our many donors. Development is the new emergency, and should be treated with the same urgency.
Continued support to people living in displacement in Northern Uganda

With funds of OFDA AVSI has improved access to safe water and sanitary facilities for the Acholi population in Kitgum, Gulu, and Pader districts. AVSI drilled 14 boreholes, constructed 50 blocks of community latrines, and 30 blocks of institutional latrines, 10 bathing shelters and 10 water harvesting tanks in 2007. In 2008 AVSI plans to continue its program with OFDA including activities in the water, sanitation, and hygiene sectors, with a special focus on PWDs and a component on keyholes.

Camp coordination and Return monitoring in Gulu, Kitgum and Pader Districts

AVSI will continue its collaboration with UNHCR in Gulu, Kitgum and Pader district to ensure protection of IDPs by strengthening the camp management and return monitoring activities including rehabilitation of community infrastructures in return areas, and facilitate support of the sustainable return of IDPs by seeking conditions of safety, dignity, and freedom of choice, ensuring special attention to persons with specific needs (PSWNs) in both camps and return areas, through the implementation of activities such as mass information campaigns, and population assessments.

Integrated community based mine risk education and victim assistance in Northern Uganda

AVSI’s mine action program aims to sensitize and educate the population living in Acholi and Lango Regions (in particular IDPs and children) about the danger of mines and ERW through a community based program, and strengthen physical rehabilitation and reintegration services for land mine survivors, improving their health and socio-economic status. AVSI carries out mine risk education, victim assistance, and coordination of mine action activities in Northern Uganda.

Integrated community based mine risk education and victim assistance in Northern Uganda

Activities funded in the GPSF program include mine risk education and victim assistance with the specific objective of reducing the risk of injury/death as a result of landmines and ERW, and improving the quality of life of survivors by medical rehabilitation, prosthetics, management and training. Workshops for the improvement of socio-economic status of landmine survivors will continue to be supported and expanded to support to the pottery shop selling the products from the workshop in Gulu, while in Kitgum a limiting workshop will be established.

Camp coordination and Return monitoring in Gulu, Kitgum and Pader Districts

In 2007 AVSI, in partnership with UNHCR and the District Authorities has implemented camp management and population movement monitoring activities in Gulu, Kitgum and Pader districts. Aiming to improve conditions of IDPs in the selected camps and return areas through improved flow and quality of information on humanitarian and protection needs and gaps and through the implementation of quick impact projects, NFI distribution and mass information on freedom of movement and freedom of choice have all been implemented.

Humanitarian assistance to conflict affected population in IDP camps and areas of return in Acholiland

With continued ECHO funding AVSI implemented the program “Humanitarian assistance to conflict affected population in IDP camps and areas of return in Acholiland”, a project intending to relieve war affected people, support human dignity and facilitate community based re-integration through multi-sectoral approach. AVSI supported hospitals and health centers under this program; increased safe water availability and hygiene conditions of the target population in camps and in return areas, with a focus on institutions (schools, health centres), and facilitated reintegration of former abductees, provided a safe environment for children under 5, rehabilitated educational structures, and provided vocational training for youths.

Improved water and sanitation services for IDPs in Kitgum District

Many thousands benefited from the boreholes, bathing shelters and latrines constructed under WES1 last year. The objective of increasing water consumption and coverage was met while ensuring affect beyond the project by training 15 water source committees.

Improved livelihoods and income diversification among conflict-affected households in North and North Eastern Uganda

13,500 households in Kitgum and Pader benefited from seed and tool distributions, while about 2,500 households received cassava cuttings and 8,000 households benefited from the seed fairs. Additionally, ox plough distributions, grading mills and fishpond constructions lead to future sustainability for the community.

NFI assistance to war affected IDPs in Northern Uganda

Aiming to relieve people living in displacement and extreme congestion, with particular focus on women, children, and the disabled, the project provided non-food item (NFI) assistance such as soap and sanitary kits, household utensils, blankets and tarpaulins to 200,000 people including 5,000 household distribution kits provided to victims of the outbreak.

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Livelihoods & Food Security

Farming in Acholiland has historically consisted of crops and animals managed in a largely traditional way. The agricultural base was spread throughout the sparsely populated land, and was both economically viable and environmentally sustainable. With the onset of the insurgency the access to land, and thus the farming, has been violently interrupted. As people begin to return home, their core motivation is to be closer to their farm land. Their property such as food, animals/livestock, farming tools and equipment has largely been lost. The lack of food security has resulted in somewhat of a reliance on general food distributions.

In March 2007 AVSI, in collaboration with FAO, carried out an assessment of the needs of the population as they move to new settlement sites following the relative peace as a result of the Juba peace talks. Families in the sub counties were supplied with Cassava cuttings, seeds, hand-hoes, pangas, ox ploughs, or goats. In addition, with ECHO, RCE and FAO funds many groups were supported with Income Generating Activities (IGAs) such as grinding mills and fish ponds, along with seed distributions. These activities provided capital benefits to more than 100,000 people.

AVSI and FAO support the community in rebuilding what has been destroyed during the insurgency and beginning the economic, social, and cultural recovery of the Acholi community. Over the course of 2008 special attention will be paid to livelihoods and the building of sustainable activities to serve as a base to the rebuilding.

Protection

As part of AVSI’s Emergency services, Protection is designed to prevent the vulnerable from undue suffering. In the case of the North, this means doing what we can to identify and implement and/or refer needs in a way that is properly coordinated between the various humanitarian actors and sectors.

More than two million Ugandans were displaced over the course of this conflict. Overall, about 30% have returned to their homes. In Kitgum, Pader, and Gulu Districts though, only about 4% have made a return to the land they were forced to leave. Though the ultimate peace in the North still hinges on the ongoing Peace talks being mediated by the Government of South Sudan in Juba, many IDPs are ready to move on. Uncertainty prevails, but by promoting an environment in which people are informed and empowered to choose their own path, the North will once again determine it’s own future.

The lack of infrastructure that follows a displacement such as this is massive. In a majority of return areas the basic services need to be rebuilt or rehabilitated. Water sources, schools, and local government structures must all be improved. Extreme poverty as a result of the lack of income-generating opportunities available in the camps makes this process all-the-more difficult. Many are still not able to afford even the tools to rebuild their homes.

Camp coordination and return monitoring activities implemented in a partnership with UNHCR, local authorities and the community will help all humanitarian actors to more effectively target their operations.

“If you want to build a ship, don’t begin by calling on people to gather the wood and arranging all the necessary equipment, don’t assign jobs, don’t organize the work. First make people long for the boundless sea. As soon as they feel this desire, they will set to work and build the ship.”

Antoine de Saint Exupery
During the last 21 Years, the military movement in Acholiland and Lango have left populated areas and strategic routes contaminated with Unexploded Ordnance (UXOs) and mines. AVSI’s Mine Action Programme developed activities in the fields of Mine Risk Education (MRE), Victim Assistance, Mine and UXO Reporting, and Coordination. 

The MRE component of the programme has been disseminating safe behavior messages since 1999 through the organization of trainings and sensitizations. TOT - Trainings of Trainers (3 days course), and CAT - Community Awareness Trainings (a single day course) were organized by the program during 2007. Attempts to sensitize large portions of the population on the risk of mines include traditional communication channels such as “goga” (drama) and radio programmes.

In spite of the improved interaction among NGOs, agencies and government the problem of mine and UXO contamination in Northern Uganda has not been entirely solved. Mine risk education has contributed significantly to the reduction of the number of UXOs and mines accidents during the last 5 years: from 66 accidents in Gulu District in 2002 to 6 accidents in 2007.

The efforts of the government and UNDP during the deployment of humanitarian deminers in the most contaminated areas of Uganda (Acholiland and Lango) is to be considered a step ahead in the development of Mine Action in this country. In spite of being a new experiment in Uganda, the humanitarian demining process developed by the Uganda Mine Action Center (UMAC) has demolished a considerable quantity of UXOs and mines in many areas of Gulu and Amuru during 2007. As part of a policy which follows international standards and enhances the capacity of Uganda to answering humanitarian issues, further logistical support, including medical support to the deminers, is a goal for 2008.

The AVSI Wat-San department was developed to respond to emergency in Achol Region, in the districts of Kitgum, Pader and Gulu, combining high impact interventions in large congested camps with lighter, flexible interventions to respond to population movement in decongestion sites and place of resettlements. The straightforward objective of increasing and maintaining safe water availability and improving hygiene condition of the targeted population in camps and return areas, with a focus on institutions (schools, health centers) is currently being implemented.

In working to provide IDPs and returnees with a minimum package of water, sanitation and hygiene, activities aim to reach SPHERE Standards of 15 liters of safe water per person per day, access to water within a distance of less than 500 meters and 30 girls/latrine and 60 boys/latrine for school latrines.

A team of water engineers, pump mechanics, and hygiene promoters works in Gulu, Amuru, Kitgum and Pader Districts. AVSI and OFDA have partnered to provide programs in the water-and-sanitation sector since 2002. More than 30 boreholes and 80 community latrines have been constructed already. In 2007, more than 40,000 people benefited from ECHO and UNICEF-funded borehole construction, maintenance and latrine construction.

With OFDA funding in 2008 AVSI will develop 30 new water sources and construct 40 rain-water harvesting tanks in Acholiland. 120 institutional and community latrines will be constructed, along with hygiene sensitizations provided to the communities.
AVSI Numbers in 2007

**Education**
- 7,496 Children supported directly with education, psychosocial and health through OVC/DSP program
- 11,328 Children supported indirectly in education and economic independence skills through OVC
- 965 Teachers and care providers trained

**Health**
- 800,000 People accessing improved quality health services
- 14 Health Centers and 8 Hospitals supported in Gulu, Amuru, Kitgum, Pader and Hoima Districts including salary support to 230 Health Workers, 12 Administrators, and 24 Support Staff along with provision of diagnostic & medical equipment, drugs, disinfectant, soap and medical supplies, food for patients, formula milk, and logistical support
- 37,623 Pregnant mothers received PMTCT services in Kitgum, Pader and Hoima Districts
- 578 Health Workers trained on HIV/AIDS
- 1,336 Patients provided with Antiretroviral Treatment (ART)
- 15,092 People sensitized on HIV/AIDS
- 4 Hospitals and
- 30 Health Centers supported with PMTCT service

**HIV/AIDS**
- 428 Patients provided with prostheses and orthotics by Gulu Regional Orthopedic Workshop
- 196 Persons received counseling on Disability-related issues
- 279 Patients with disabilities supported with financial aid and medical care
- 88 Outreaches performed by the Community Based Rehabilitation Workers
- 20 Community Based Rehabilitation Workers trained

**Mine Action**
- 15,000 Number of people attending Mine sensitization Drama in Gulu District
- 83 Mine awareness drama performances
- 8 Training of Trainers for Key elements of Societal Leaders
- 23 Community Awareness Trainings of Teachers in Return areas
- 52 Weekly radio broadcasts on Mine Risk Awareness
- 265 Members of Gulu/Amuru landmine survivors group provided with IGAs

**Water & Sanitation**
- 20,489 people benefited from borehole motorization maintenance
- 144,750 IDPs benefited from soap distributions
- 80 Stances of community and institutional latrines built
- 14 boreholes drilled
- 68,000 Buckets distributed

**Food Security and Livelihoods**
- 33,900 Beneficiaries of Non-Food Item (NFI) kits distributed to victims of fire outbreak
- 1,256 IGAs provided under EU1/1/MAE
- 1,489 individuals received business skills training EU1/2/MAE
- 74,690 Individuals benefiting from seed and tool distribution
- 8,186 Participants in Seed Fairs
- 1,000 Goats distributed to vulnerable individuals
The Return

The historic peace talks between the LRA and the Government of Uganda taking place in Juba, South Sudan now represent the most viable road to peace that has existed since the beginning of the conflict in the 1980s. During the relative security of 2007, many of the people in the North have begun to leave the IDP camps and return to, or at least towards, their Villages of Origin. With a final agreement yet to be signed however, much of the population are still not convinced that the ultimate peace has come. Many more simply lack the infrastructure to fully move back home.

As a result of this uncertainty of security and lack of capital resources, the phenomenon of partial return has become common in Acholiland, as seen by the fact that by November of 2007 41% of the IDPs in Acholi and have moved from the mother camps, only 4% have returned to their original land. Many families are building basic living quarters near their homesteads while still maintaining huts in the camps. Some express a desire to remain near camps as they now have established businesses, or have grown accustomed to being amongst neighbors. Many more speak of a desire to return to a traditional culture that can generally only be attained through living once again on their own land.

The events of the next year, namely the results of the Juba peace talks and the course of international support, will have great impact on the choices of the population in the North. It’s possible that the nature of Acholi and may be changed forever, never returning to a landscape sparsely dotted with huts surrounded by vast tracts of farmland. This decision is to be made by the communities here though, and not by a desperate lack of choices available. While helping to provide infrastructure that has been lost over the years, such as schools and health facilities, along with basic water, sanitation and hygiene standards, the exciting new direction of the future will be chosen by the Acholi.
AVSI Sudan

Over the last two decades the suffering of those in Northern Uganda has been tragically intertwined with that of the Southern Sudanese. Until 2003 a war in Sudan between the Sudanese Peoples Liberation Army (SPLA) of South Sudan and the Khartoum government of Sudan ran concurrent to the conflict in Northern Uganda. By 1992 this war in Sudan had forced more than 20,000 Southern Sudanese to travel into Uganda seeking refuge. In 1993 AVSI became an implementing partner for UNHCR’s management of the Achiol-Pii Refugee Camp, thus beginning our involvement with the South Sudan humanitarian crisis.

Throughout the next twelve years AVSI carried out a number of projects in South Sudan, largely centered around the distribution of food and non-food items to areas that received little or no aide from existing agencies’ operations.

Projects completed 2007

- **ES10**: Integrated Relief and Rehabilitation Intervention in Greater Torit, Eastern Equatoria
  - Jan. ’06 - Mar. ’07

- **BZSUD1**: Support to Primary Education in Torit County - South Sudan
  - Jan. ’06 - June ’07

- **SUDC**: Distance Support Program for South Sudan
  - Jul. ’06 - Jun. ’07

- **CAR1**: Basic Education in South Sudan - Torit County
  - Jun. ’06 - May. ’07

Projects continuing 2008

- **ES12**: Integrates relief and rehabilitation intervention in Greater Torit, Eastern Equatoria
  - Apr. ’07 - Mar. ’08

- **BSF1**: Support to Health Care, Water and Sanitation Services across Torit, Lopa (Lafon) and Ikwoty Counties, Eastern Equatoria
  - Jan. ’07 - Mar. ’08

- **S8-04**: Food Self-Reliance in Eastern Equatoria - South Sudan
  - Apr. ’04 - Mar. ’08

- **RRP**: The Recovery and Rehabilitation Project in Eastern Equatoria
  - Apr. ’06 - Mar. ’09

- **OFS1**: Water and Sanitation support Intervention in Torit County, Eastern Equatoria
  - Jan. ’07 - Mar. ’08

In 2005 this involvement in South Sudan reached the point where AVSI opened a fully-operational base in Isohe, Ikotos County, providing health, education, water and sanitation, and mine risk education programs throughout Torit, Lopa/Lafon and Ikotos Counties. Through a partnership with the Catholic Diocese of Torit (CDOT) AVSI Sudan serves as a resource for the returning refugees passing through Kitgum by working with the Kitgum Transit Center, and serves as a link between the services offered in Northern Uganda and South Sudan.

Over the course of the next year AVSI Sudan plans to open another office in Torit, expanding its operations further into the Eastern Equatoria.
2007 in review

notes from the field

Only by looking back is it clear how much has changed in Uganda over the course of 2007. Many programs have come to a close, while new projects have begun. New relationships have been made, and facilities have emerged where there were none. Disaster assistance has been provided alongside assistance to emerging Community Based Organizations. This year has certainly brought transformation, but throughout AVSI’s 24-year presence here, there’s hardly been a year that has brought this much hope. Above all, it is clear that the struggles to maintain over the last two decades will be paid back in full with the return of the people to their homes. Life in the North is beginning a new era, and has brought with it a new energy to all those with a stake in the process.

Ugandan Floods
Emergency response to a natural disaster

As the result of an unusually heavy rainy season in 2007, heavy flooding affected much of Uganda. AVSI, in partnership with UNICEF, distributed Non-Food Item (NFI) and conducted water quality testing and borehole maintenance in a number of areas throughout Acholiland. In Ogom Akuyam, a return site in Pader where flooding had caused the ground water levels to rise to a point that huts and latrines became saturated, boreholes became contaminated endangering hundreds with disease.

The assistance of NFI kits containing blankets, tarpaulins, soap, and cooking utensils was immediately provided to Ogom while water quality testing and borehole chlorination, along with community sensitizations, was provided soon thereafter. As the rains continued to fall, these shallow rivers of water flowed in-and-amongst huts and latrines, making movement and sanitation difficult due to the mud and waste. Constant health supervision and community sensitizations proved to be effective in preventing any disease outbreak. The collaboration between the community and AVSI also resulted in the relocation of latrine stances to higher ground in order to prevent this from occurring again.

Sir John Holmes Visit

Under Secretary General of UN Humanitarian Affairs Visits AVSI Sites in Northern Uganda

“The security situation in conflict-ravaged Northern Uganda has clearly improved, beyond all recognition”, John Holmes, the UN Under Secretary General for humanitarian affairs said in May. He was in Uganda to observe the nature of change in the displaced areas affected by the conflict in the northern region of the country. The situation however “is not completely safe… but the fact that people are starting to go home is very good news”.

Holmes visited Namokora IDP camp and Labworomor, a return site where people have begun to move. AVSI, being the lead agency providing humanitarian aid in Namokora, was the NGO to guide the UN Humanitarian chief. “Holmes showed great interest in the services offered to the population both in the IDP camp and in the new site”, Filippo Ortolani, then acting AVSI Emergency Coordinator in Kitgum and Pader Districts explained. “In Labworomor, he visited the borehole AVSI drilled thanks to USAID funds, while in Namokora he was able to see the new motorization of the borehole and the activities in the health centre where AVSI supports HIV/AIDS activities through EU funding.”

“There is a lot of infrastructure to be put in and there’s a lot of services (the IDPs) need”, Holmes stated. “They still need to feel safe and know that the LRA (Lord’s Resistance Army) has gone away”.

Holmes was impressed by AVSI presence in Northern Uganda and in several occasions he stressed the importance of NGOs as invaluable partners in the transition from humanitarian assistance to recovery and development aid.
The largest and most prevalent impact of abduction appears to have been upon education—abducted youth miss out on schooling, largely due to their time away. The education of women who return from the LRA with children is even more severely affected than men. Unlike other returnees these young mothers almost never go back to school upon return, in large part because of child care responsibilities.

### SWAY

**Survey of War-Affected Youth Continues**

In 2007 AVSI again partnered with SWAY as they continued research designed to promote evidence-based programming for youth in Northern Uganda. Combining in-depth ethnographic work with large-scale surveys, the SWAY project provides decision makers with the information to best implement policies and prioritize funding for new programs and assistance targeting the needs of the region. Ultimately, the evidence points to an expansion of programs that are more targeted to youth with the most serious educational, economic, psychosocial, and health challenges. Such programs would not need to specifically target former abductees, but could target beneficiaries based on self-selecting criteria and easily identifiable needs.

### Key Findings:

For the majority of returning youth, the most pressing needs are education and livelihoods support. Current programs have provided only modest support in these areas for all youth, including but not limited to the formerly abducted.

- The largest and most prevalent impact of abduction appears to have been upon education—abducted youth miss out on schooling, largely due to their time away. The education of women who return from the LRA with children is even more severely affected than men. Unlike other returnees these young mothers almost never go back to school upon return, in large part because of child care responsibilities.

- Health services and psychosocial support for the most severely affected youth have been grossly inadequate leaving a core group of highly-affected youth without the attention they require. For these acutely-affected youth, treatment is among their most pressing concerns.

- There seems to be a substantial economic gap, especially with males, between returnees and their non-abducted peers. As a consequence of lost education and work experience, male abductees are also less than half as likely to be engaged in a skilled trade or a business as their non-abducted male peers.

- Large numbers of youth report difficulties with their families and communities when they first return home from abduction, yet for most these problems lessen over time. Relatively few youth report conflicts within families and communities today, although for these youth such conflicts are extremely important and painful.

- Formerly abducted youth do not exhibit higher tendencies for violent behavior than their non-abducted counterparts and the likelihood of formerly abducted youth rejoining armed conflict seems to be extremely low. Rather, formerly abducted males are actually more likely to be active and productive citizens and leaders.

- The proportion of abducted youth that have been served by the formal reception and reinsertion services has likely been overestimated. In fact, the majority of abductees did not pass through a reception center and only a third of eligible youth have reported to the Amnesty Commission. This implies that the actual number of abducted may be somewhere around 68,000 as opposed to the original UN estimates of 20-25,000.

- Ugandan youth and their families have proven tremendously resilient. For instance, many abducted youth, especially young men, currently report relatively low numbers and frequency of distress symptoms, in spite of the tremendous amounts of violence most experienced.

- A central finding of SWAY is that all youth are struggling and suffering due to war and displacement, and that abduction itself, or specific abduction experiences, are poor predictors of vulnerability or types of need relative to other measures available. The criteria for reinsertion packages and other forms of NGO assistance likely serve important political, development, and reintegration functions. Nevertheless, we should be conscious that these packages do not typically target the most vulnerable and underprivileged youth. Moreover, targeting based primarily on abduction runs the risk of stigmatization. While the impacts of abduction are real and cannot be ignored, a number of the reintegration gaps are small in comparison to the overall impacts of war on all youth.

For more information of the findings of SWAY, please visit [www.sway-uganda.org](http://www.sway-uganda.org)
Irene’s Eyes Book Openings
Sharing the stories with the communities that inspired them

“Even within the illness, there is still beauty in life.” This is the message which came out clearly during the launchings of Irene’s Eyes to the Ugandan public in the Kampaala, and later in Kitgum. Published by AVSI, the book is a journey into the mystery of AIDS in Uganda, Nigeria, Rwanda and Romania. Showing the AVSI approach towards the disease.

More than 100 people were present at the Kampala launch, including guest speakers such as the Ugandan Minister of Finance Hon. Fred Omunch and the Director of Straight 4Talk Cathy Watson. Almost 500 arrived at the Kitgum event. “The launch of Irene’s Eyes is intended to be an invitation to read the book.” Filippo Ciantia, AVSI Representative in Uganda explained. “An invitation to look at AIDS in a different way, starting from the experiences we have witnessed, from true and real stories, rather than only from projects or statistics”.

Uganda is often cited at international level as a success story in the fight against HIV/AIDS, whose prevalence decreased from 21% to 6% within 14 years. Uganda is also home to different activities and works born within AVSI and still present and operating on the ground today. Education, experience and encounters; these key words repeated during the book launch summarize what Irene’s Eyes wishes to communicate. That is what has happened in Uganda where, through the encounter with experiences of education, HIV/AIDS has been faced and fought. Thanks to the most powerful vaccine ever: the beauty of life.
Our Valuable Children

In 2007, AVSI reached the midway point of this significant program through which AVSI and over a hundred community-based organizations and associations provide care and education for more than 12,000 children orphaned and made vulnerable by HIV/AIDS in three countries of East Africa—Uganda, Rwanda and Kenya. This program reflects a growing commitment of the US Government to support the work of locally based, community-level organizations including faith-based organizations, as partners in the battle against HIV/AIDS. For AVSI, the collaboration with USAID under PEPFAR has enabled a significant scaling-up of existing programs to support the health, education and overall well-being of children in poverty in Africa and has also provided the opportunity to learn about and share the method of work with a larger audience. AVSI has begun to reap many indirect benefits of this program including opportunities to improve the quality of its assistance in other countries of the region, including Burundi, Sudan, the Democratic Republic of Congo, Nigeria, Sierra Leone and Mozambique.

In Africa, a high percentage of orphans still live in a family setting, but many of these families face significant pressure to provide for the material and emotional needs of all members of the expanded household. This situation is worsened when the family is composed of adults who are HIV/AIDS infected and find themselves periodically incapacitated to work to sustain their families.

The OVC program focuses on individual children within the context of their family and larger community. Each child within AVSI’s OVC program—in Rwanda, Kenya, and Uganda—receives an individualized package of services ranging from direct services to indirect services whose benefit extends to the entire family or community. For each child enrolled in the program AVSI makes an intervention plan with specific proposed activities linked by two main aims: the education of the child and the promotion of the child’s and family’s self-reliance. To reach these goals, a multi-sectoral approach is needed that takes into consideration the specific needs of the child and/or the family which are assessed at the moment of enrollment and followed up on a regular basis through visits, either at home, at school or in the office.

The three services that AVSI considers essential for all children are education, health and psychosocial well-being. Other services are then provided according to the specific needs encountered. In cases of severe economic vulnerability, AVSI coordinates income generating activities and skills based training for the parents or older siblings of the sponsored child.

The OVC program has a second complementary objective: to increase the capacity of parents, guardians and communities to care for their orphans and vulnerable children. Family and community capacity to care for their children, especially the most vulnerable, implies a number of factors that go beyond financial resources, and that can be affected by the HIV/AIDS epidemic. Looking at the family, capacity to care for vulnerable children implies first and foremost the recognition and acceptance of personal and collective responsibility for the well-being and growth of each child.

While the acronym OVC officially stands for Orphans and Vulnerable Children, it has over time come to mean Our Valuable Children to those within the program. This has become somewhat of a motto to AVSI, reflecting a method of working which starts from the infinite value of the child and her/his place within a community, rather than his/her vulnerability in isolation. This affirmation of the positive allows for an education towards the fullest potential of the individual and community to take place.

Washington D.C. Event

In Honor of World AIDS Day 2007, AVSI hosted a seminar in Washington D.C. in November to present and discuss the OVC program. The interactive forum gave the floor to program implementers engaged in the day-to-day management and evaluation of an OVC program to discuss the challenges, successes and lessons learned with peers, technical experts and other leaders of the US Government’s effort to respond to the needs of OVC.

The seminar consisted of three sessions, each addressing an aspect of future planning in the area of Orphans and Vulnerable Children: Planning for and achieving sustainability of program impact, ensuring quality care is delivered to the most vulnerable individuals, and understanding and incorporating capacity building into local partner organizations were all discussed.

The most important criteria which unite the AVSI-support are:
1. Participation of adults or youth in the decision of an IGA of which they are interest, adequate skills, and commitment.
2. Realistic undertaking of the market and potential for sustained activity.
3. Capacity of local CBO to provide follow-up support.

For more information on the OVC program, the AVSI-published book Our Valuable Children: Twelve Stories of Hope is available online at: http://www.avsi-usa.org/stories of hope.pdf
GROW
Gulu Regional Hospital Orthopaedic Workshop

Since 1989, AVSI has been working in the field of disability and rehabilitation in partnership with the Ugandan Ministry of Health. In 1997, AVSI constructed the Gulu Regional Orthopaedic Workshop (GROW), the only workshop of its kind in all of Northern Uganda. Today GROW is the largest Orthopedic Workshop in terms of production of prosthetics and orthotics in all of East Africa. Fully supported by AVSI and functioning within Gulu Regional Hospital, the workshop and associated departments offer a comprehensive program of medical rehabilitation at no cost to patients. Mine and war-related trauma survivors are measured and fit for prosthetic limbs or orthopedic appliances, given physiotherapy training to adapt to their new appliances, and provided counseling to cope with the psychological effects of their experience. Patients are fully accommodated for the duration of their treatment and their transportation to and from the hospital are catered for.

Beyond the medical rehabilitation achieved at the workshop, AVSI endeavors to care for survivors long after their physical wounds have healed. On leaving the workshop, patients are assisted with reintegration according to individual needs, through vocational training, income-generating activities, or assistance in going back to school. Furthermore, AVSI both identifies patients in need and monitors progress of previous patients directly from the field. Monthly outreach programs allow social workers and medical personnel to track patients in their homes, where necessary adjustments or other support can be provided. AVSI’s program of community-based rehabilitation has also improved access to services, raised awareness of disability issues in the community, and enhanced assistance to persons with disabilities, while prevention activities in the form of Mine Risk Education are promoting safe behavior among the most affected communities in the region.

Pottery Workshop
Gulu Landmine Survivors Group Tiles and Bricks Production Workshop established in Gulu

A number of landmine survivors, forced to rely on others for help, develop a feeling of hopelessness about their disability. Communities often neglect and isolate them; compounding a sense of desperation and leading some patients to turn to heavy drinking or other self-destructive means of relieving tension and sadness. To give to these persons a sense of productivity and a healthy way to channel their energy the AVSI Mine Action Programme has focused on the development of IGAs to groups of landmine survivors. Landmine survivors are counseled on their rights (National Policy on Disability) stimulated and supported to form associations in order better promote their needs.

During the last 4 years AVSI has supported the formation of the Gulu/Amuru Landmine Survivors Group (GLSG) with important results as the realisation of adult literacy courses, computer training, and data collection on landmine victims. Most recently, GLSG has led to the construction of the Pottery, Bricks and Tiles Production Workshop. The inauguration of the Pottery Workshop on the 4th October was one of the highlights of AVSI Mine Action Programme during 2007. As soon as the production of tiles and bricks will be fully operational, the landmine survivors will be the one of the only producers of these construction materials in the Acholi and Lango sub-region. The production of this workshop is already being commercialised and the profit shared by the 282 members of the group. Trainings on accountability and business were also provided during 2007.

Meeting Point KITGUM

“Everything started in Kitgum, out of the friendship between AVSI volunteers, and friends and relatives of people infected by HIV,” Ketty explains. “That is how Meeting Point began: supporting 12 patients and 13 orphans. Today, the number of patients is more than 2,400 and the orphans supported at school are 447.”

During the 1980s, Ketty Opoka lived in the Acholi region of northern Uganda where she sought to raise her four children alone and safeguard them from the growing threat of rebel abduction and violence. During this time, she encountered the virus that by the end of the twentieth century would become one of Africa’s greatest challenges.

As Ketty watched AIDS gradually take hold in the bodies of several close friends and colleagues, she resolved to dedicate her life to supporting people living with HIV. At first informally, then through the creation of a community-based AIDS support organization, Ketty has spent her days visiting the sick, helping them access medical services and material support, and supporting their children to continue their studies.

Under her leadership, Meeting Point started in 1994 and has worked to overcome the immense obstacles of regional violence, meager funds, and stigmaization. They now serve over 2000 HIV positive clients, 500 AIDS orphans, and 400 guardians of these orphans. They provide home-based medical and psycho-social care, prevention programs, income generation projects, and support to AIDS orphans.

For years, Meeting Point operated in an overcrowded office in the middle of town, where clients lined up outside in the street waiting to enter the crowded quarters. Last year, through much determination and hard work, they were able to purchase land on the outskirts of town in a much less crowded area. They raised funds to cover the costs and finished building early this year. The office space was used for registration, counseling, and distribution of food and supplies. The community center also allowed space for support groups and theater practice for the educational drama group.

September brought devastat-
We would like to thank the following partners for their support:


“These extraordinary events of heroic human nobility teach us that ransom is born in the person who knows how to stand in the situation, facing challenges with reason and affection.”

Filippo Ciantia
AVSI Foundation is an international not-for-profit, non-governmental organization (NGO) founded in Italy in 1972. AVSI promotes cultural, social and economical development according to the Catholic Social Teaching, especially among the most disadvantaged in the developing nations and countries. AVSI is recognized as a NGO for international cooperation by the Italian Government and the European Union, and is registered as a Private and Voluntary Organization (PVO) with USAID (No 10013, July 22 1991) and holds General Consultative status with the UN Economic and Social Council (ECOSOC) and the UN Children’s Fund (UNICEF) in New York, and the UN Industrial Development Organization (UNIDO) in Vienna. AVSI is recognized on the NGOs Special List of the International Labor Organization (ILO) in Geneva. AVSI acts as an international network linking 27 associated NGOs, most of which are base in non-Western countries. AVSI is also affiliated with CdO, an Italian-based, not-for-profit association of over 15,000 associations and businesses.

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AVSI Outline

Many NGOs that were originally partners of AVSI in project implementation have in time developed to become collaborating members of our operational network. Sharing similar ideals, concepts, and approaches, our network now consists of 27 NGOs spread throughout 14 countries. In addition to these international partners, close relations with local partners in each of our areas of operation ensure proper support to beneficiaries. These partners include government, educational, community and faith-based organizations, along with local NGOs and .

the AVSI Network

AVSI Uganda

Kitgum
Pader
Gulu
Lira
Kampala
Kampala

annual report 2007