The "Night Commuters" of Northern Uganda: A Population Based Cohort Study of Health, Shelter, and Security, Amongst War-Affected Itinerant Children

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2008-04-01

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The "Night Commuters" of Northern Uganda: A Population Based Cohort Study of Health, Shelter, and Security Amongst War-Affected Itinerant Children

by

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B.A. (Stanford University) 2003
M.P.H. (University of California, Berkeley) 2007

A thesis submitted in partial satisfaction of the requirements for the degree of

Master of Science

in

Health and Medical Sciences

in the

Graduate Division

of the

University of California, Berkeley

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Spring 2008
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Date 4/18/08

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Spring 2008
The “Night Commuters” of Northern Uganda: A Population Based Cohort Study of Health, Shelter, and Security Amongst War-Affected Itinerant Children

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Abstract

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Rohan Coimbotore Radhakrishna

Master of Science in Health and Medical Sciences

University of California, Berkeley

Professor Eric Stover, Chair

BACKGROUND: During northern Uganda’s 22 year civil war, thousands of children known as “night commuters” fled rebel abduction and walked each night to sleep in town shelters, a unique phenomenon that hasn’t been studied. This first comprehensive study of night commuters assesses their demographics, motivations for secondary displacement, health, housing, and security needs to promote evidence-based decision making. METHODS: A population based cohort study of war-affected people (n=1,130) in Kitgum district was conducted in July – August of 2006. A stratified random sample of night commuters (n=540) was compared with a random cluster sample of former night commuters (n=325) and non-night commuters (n=78). Structured questionnaires were administered in addition to qualitative methodologies: direct observation, key informant interviews (n=35), and focus groups (n=20). Analyses included descriptive statistics, F-statistics, Student’s t tests, logistic regression to estimate odds ratios, and \( \chi^2 \) analyses.

RESULTS: Insecurity was due to threats besides rebels: non-rebel thugs (52%), government forces (29%), and sexual violence (5%). Night commuters mentioned new
reasons for secondary displacement: lack of adequate housing (58%), attraction to shelter facilities (17%), and destruction of homes (9%). Significant differences existed between comparison groups: hut density and ownership of home (p<0.0001), health status (p<.01), latrine access and number of sick days in past month (p<0.0001), malaria within past month (p<0.02), bed net use and number of meals eaten per day (p<.01). Specific differences persisted in subsets of orphan status, sex, and age. CONCLUSION: This study revealed new push and pull factors including multiple security threats and socioeconomic reasons for secondary displacement which should be examined in other war-affected populations. New standards are needed for rapid and rigorous assessments in complex humanitarian emergencies so interventions can mitigate deleterious exposures and address the root causes affecting behavior.
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Acknowledgements

This project could not have been completed without the interest, support, and flexibility of the Night Commuter Working Group in Kitgum, northern Uganda and other organizations contributing to child protection concerns (UNICEF, Caritas, War Child Holland, Concerned Parents Association, Child Care Project, Diocese of Kitgum, Kitgum’s Department of Social Outreach, Night Commuters Association, International Rescue Committee, Oxfam, and the Norwegian Refugee Council). Their willingness to provide logistics, funding, and human resources made this project a reality. Their participation in the various steps, from survey design to creating consensus recommendations, made the project more robust, locally grounded, and credible.

Additionally, I am indebted to the 40 research assistants who executed our ambitious data collection in a short time period with several logistical challenges. Their dedication to the livelihoods of war-affected youth left me awed and inspired. In particular, I am grateful for the leadership and friendship of Okot Francis Odwong, Abic Ochan Johnson, and Godfrey Binaisa Odongkara. Apwoyo matek!

Thank you to my committee members for their support throughout this process: the trust and field orientation from Eric Stover, the emotional support and step-by-step suggestions from Ndola Prata, and the visioning and encouragement to think big of Nap Hosang. Thank you to David Lein for making statistical analyses a learning experience and enjoyable. A final thanks to my family for their constant love, support, and inspiration to do good in the world.

This thesis is dedicated to war affected youth around the world, for their boundless resiliency and hope for a better future.
**Funding**

This project was made possible by the financial support of UNICEF, Caritas, War Child Holland, the Human Rights Center at the University of California Berkeley (UCB), the Rainer Fund, and the UCSF-UCB Joint Medical Program.
Chapter 1

Introduction
Background

In northern Uganda’s 22-year civil war, Africa’s longest running armed conflict, the Lord’s Resistance Army (LRA), a spiritualist rebel group with no clear political agenda, has fought against the Ugandan People’s Defence Forces (UPDF) and terrorized the people of northern Uganda. Known for its extreme brutality, the LRA has killed and mutilated countless civilians and abducted an estimated 66,000 youth to serve as soldiers, porters, and sexual partners for its commanders.\textsuperscript{1,2} A 2004 Lancet editorial about northern Uganda noted “There are times when the measured language of a scientific paper is almost too cool for its subject.”\textsuperscript{3} Nearly two million people have been displaced in camps with little access to jobs and adequate health care.\textsuperscript{4,5} Children have been especially affected by the “disease profile of poverty”\textsuperscript{6} commonly seen in complex emergencies.\textsuperscript{7}

While rebel abduction of children into armed forces has been a common feature of several recent armed conflicts (Sri Lanka, Nepal, Angola, Mozambique, Sierra Leone, Liberia),\textsuperscript{8} the war in northern Uganda created a unique phenomenon known as “night commuting.” Night commuting refers to the thousands of children, or “night commuters,” who leave their villages and displacement camps at sunset and walk to larger towns seeking shelter for the night at bus stations, churches, hospitals, and schools.\textsuperscript{3,4,9,10} In the beginning of night commuting, children traveled to these sanctuaries to avoid possible LRA abduction.\textsuperscript{5} Over time, however, other factors related to conditions in the displacement camps were believed to fuel night commuting.\textsuperscript{9}
In the early 1990s, as the numbers of night commuters rose, local nongovernmental and community-based organizations struggled to provide amenities, including basic health care, sanitation and hygiene facilities, tents, sleeping mats, and makeshift lighting. After the number of night commuters surpassed 50,000, UNICEF arrived in 2004 and established the Night Commuter Working Group to oversee service provision and to act as an ombudsman with local authorities.\(^5\)

In early 2006, LRA attacks against civilians decreased substantially as did the number of night commuters leading local authorities to call for a phase-out of some shelters. The most vocal proponent was the Resident District Coordinator of Kitgum Province who, in July 2006, announced on the radio and in the newspapers that all night commuter shelters in Kitgum would be closed immediately. Concerned that the abrupt closure of the 13 shelters that housed over 4,500 night commuters might leave many children homeless and vulnerable, the Night Commuter Working Group sponsored a comprehensive rapid assessment. That assessment, conducted in July-August 2006 with follow up interviews in July-August 2007, forms the basis of this study.

**Objectives**

No systematic studies of the night commuters have been conducted using representative sampling, randomization, comparison groups,\(^11\) or mixed methods yet numerous policies have been implemented without an accurate evidence base.

Furthermore, previous studies in northern Uganda have focused on post-traumatic stress symptoms amongst former child soldiers without attention to other sub-populations of
war-affected children\textsuperscript{12} and their documented priorities: provision of basic social services and improved living situations.\textsuperscript{13}

This study attempts to address these shortcomings by describing the socio-demographics of night commuters, assessing their motivations for night commuting, and comparing their needs for health care, housing, and security to other children who stopped night commuting or never night commuted. It also tests four hypotheses. First, given the dynamics of a long-term complex humanitarian emergency, we suspected there were other sociocultural motivations behind night commuting besides insecurity. Second, we suspected that orphan status, sex, and age would partially affect reasons for night commuting. Third, we suspected there were other non-rebel causes of insecurity even though the Ugandan government thought that night commuters were only secondarily displaced due to rebel insecurity. Finally, we suspected that children still perceived insecurity even though the government announced that security had significantly improved and no rebel abductions had taken place in six months.
Chapter 2

Methods
Survey Site

From July to August of 2006, our team conducted a population based cohort study using a representative sample of 1,130 war-affected people in Kitgum district of northern Uganda. This study surveyed Kitgum for several reasons: it lacked previous studies due to inaccessibility for security reasons, fewer organizations worked in the district, it is remote bordering Sudan, and it was facing an immediate closure of its shelters.

Sample Selection and Comparison Groups

Group A: Night Commuters (NCs)

We created a registry of all night commuters in mid-July 2006 by conducting a complete head count at all 13 shelters in Kitgum. Then we conducted stratified random sampling based on proportional strata. First we classified all 4,416 night commuters according to age and sex creating four strata: girls, boys, women, and men. We proportionally selected the number of people to interview from each stratum within each shelter based on the shelter’s size and strata distribution as compared to the demographics of the entire night commuter population. Then we randomly selected participants from each stratum within each shelter. Previous reports noted most night commuters were between ages 9 and 16. We widened our inclusion criteria to children aged 7 to 17 based on shelter staff recommendations.

Group B: Former Night Commuters (FNCs) & Group C: Non-Night Commuters (NNCs)

The best comparison groups for the night commuters were children from the same areas who didn’t currently night commute. We used random cluster sampling in the 16
villages and 3 IDP camps where the majority of night commuters came from. Participants aged 7 to 17 were selected based on not having night commuted in the last 30 days. Former night commuters (FNCs) were defined as those who had not slept in a shelter within the past 30 days but had slept at a shelter for at least a month for some period in the past. Non-night commuters (NNCs) were defined as those who had never stayed at a night commuter shelter.

**Sample Size**

Sample size was calculated using the central limit theorem, a 95% confidence interval, a \( p \) and \( q \) of .5 indicating a conservative estimate for an unknown population, and a .05 \( \alpha \) level of precision\(^\text{14}\). We increased the sample size by 20% assuming mistakes in data collection and lost surveys. Because the night commuting population is diverse, we wanted to ensure a representative sample to capture the various sub-populations of war-affected youth: child mothers, orphans and vulnerable children, formerly abducted children, child-headed households, disabled and chronically ill children. Thus, we interviewed 540 child night commuters and 180 adult night commuters although this study only examines the children. For FNCs, we sampled 325 based on the estimated 20,000 FNCs in Kitgum. Due to lack of time and funding, we only interviewed 78 NNCs.

**Ethical Considerations and Consent**

To minimize harm to the children, we used interviewers who were licensed nurses, social workers, and child protection officers who were bilingual in English and Luo, the
local Acholi language. Although they had years of experience working with vulnerable children, the interviewers were trained in concepts from the Belmont Report, the Declaration of Helsinki, the Convention on the Rights of the Child, and other guidelines for research with IDPs. Ethical principles of anonymity, confidentiality, right to refuse participation or not answer particular questions, and explanation of potential risks and benefits were discussed with all eligible participants. Informed verbal consent was obtained from the participants in Luo as written consent was context inappropriate. Parental consent was not requested because it would have introduced bias and been logistically difficult since most children night commuted without their parents. This study was approved by all members of the Night Commuter Working Group including UNICEF and Caritas. The University of California Berkeley Committee for the Protection of Human Subjects approved use of the study data. We obtained approval for our methodology from local government officials and Acholi leaders in every IDP camp and village surveyed before beginning data collection.

Use of Qualitative Methods

The qualitative methods employed in this study included direct observation in the camps and shelters, key informant interviews (n=35), and focus group discussions (n=20). Direct observation of all 13 shelters at night during the entire study period helped achieve a fuller picture of night commuting. We also conducted spontaneous night visits to the shelters, exploratory visits to unmanaged sleeping locations, and nightly spot observations of veranda sleepers. Key informants were suggested by the Night Commuter Working Group and added through snowball sampling. We interviewed local
stakeholders, opinion leaders, and policymakers including government officials, NGO coordinators, hospital and school administrators, religious leaders, Ugandan army commanders, local police, IDP camp leaders, shelter workers, guards, and night commuter leaders.

Focus group discussions were conducted with 10-15 participants in the following groups: government officials, women leaders, youth leaders, and shelter workers. Additionally, mixed focus groups were conducted with parents of night commuters, teachers, IDP camp leaders, and night commuter leaders. Participants came from 3 IDP camps and over 25 villages in night commuting territory.

The qualitative methodologies utilized a grounded theory approach to develop hypotheses from emergent findings in the field. New questions were added throughout the process and all questions were open ended. Transcripts and notes from the key informant interviews and focus groups were organized in Microsoft Excel, coded, and then analyzed for thematic content. We developed several conceptual frames and used our qualitative findings to help develop the quantitative survey.

Data Collection Instruments

We used a pragmatic action research approach through multiple participatory sessions with the Night Commuter Working Group and members of the local Night Commuters Association to develop the key informant interview guide, focus group discussion guide, and semi-structured survey. Most questions were locally validated from other studies conducted in the region and all instruments were field pre-tested. The tools were translated from English to Luo and then back-translated from Luo to
English by a team of three bilingual teachers/translators who performed independent translations and then decided in consensus on linguistic discrepancies.

**Statistical Analysis**

Each reason for night commuting is classified as either a push or pull factor. Pull factors attract night commuters to the shelters and include shelter facilities (lighting, latrines, health care workers, etc.), shelter activities (sports, music, dance, evening education etc.), accompanying friends, and accompanying family members. Push factors drive night commuters away from their villages or IDP camps towards the town shelters and include insecurity from many sources, lack of adequate housing, destroyed huts, parents telling children to leave the home, and disease outbreak. First responses to reasons for night commuting are noted in Table 2 followed by the pooled multiple responses gathered with probing.

Predictors included orphanhood, sex, and age. A single orphan is defined as a child less than 18 years of age with either parent deceased. A double orphan has both parents deceased. To compare younger and older children we created dichotomous age categories (7-12 and 13-17) to equally divide the population based on the overall interpolated median. Other categorical variables were created based on frequency distributions for number of days sick per month and household size. A household is defined as a group of persons sharing meals from the same cooking pot consistent with other local studies. For hut density calculations we excluded households with zero huts. Other variables included continuous, nominal, and three-level Likert items which were
used for self-perceived health status and questions regarding feelings of perceived safety and the home environment (see Table 4). All health data was based on self-reporting.

Data were entered with Microsoft Access 2003. Descriptive statistics were calculated using SPSS (10.0, Chicago, IL, USA) and all other analyses utilized SAS (9.1, Cary, NC, USA). Respondents were grouped according to their night commuting status. Different groups were combined for certain analyses and are noted in the tables. For descriptive statistics we reported percentages and when appropriate, means, standard deviations, and ranges. We compared overall differences between the three groups using ANOVA F-statistics (SAS PROC GLM) and conducted multiple paired comparisons with Bonferroni corrected Student's t tests. Group t tests (SAS PROC TTEST) were used for comparing mean differences between two groups. Tests of equality of variance between groups were conducted with F statistics and if significant, we used the Satterthwaite method for computing t test variances. Significance was differentially noted: * = 0.05 <p < 0.01 and ** = p<0.01.

Logistic regression unadjusted odds ratios (ORs) with 95% confidence intervals were estimated to measure the effects of orphanhood, sex, and age on the reasons for night commuting. Finally, we conducted χ² analyses to examine the distribution between groups of dichotomous variables and trichotomous Likert items. When data for a variable was not available, which occurred infrequently, that data point was excluded from the analysis.
Chapter 3

Results
Table 1 shows that sex, mean ages, and school attendance were similar amongst the groups. Night commuters (NCs) and former night commuters (FNCs) compared to non-night commuters (NNCs) were less likely to have a mother (76%, 73%, 81%), less likely to have a father (53%, 51%, 55%), and more likely to be a total orphan (16%, 19%, 12%) although these differences weren’t statistically significant. NCs traveled an average of 2km to the shelters but sometimes up to 10km. Almost all NCs came to the shelters every night (94%) and most came to the same shelter (88%). Within the shelter compounds, NCs slept in different locations: 69% in buildings, 20% in tents, 9% on verandas, and 2% at other locations including under vehicles and in the grass.

Health and Nutrition Status (see Table 1)

NCs are significantly more likely to have adequate access to healthcare in the shelters compared to FNCs and NNCs in the villages (T=2.22, p=0.0267). Health status differed significantly between NCs vs. combined FNCs and NNCs: very good (44% vs. 38%), good (44% vs. 36%) and not good at all (13% vs. 25%), $\chi^2$ 22.47, 95% CI, p=0.002. Number of sick days in the past month also differed significantly between the groups with 20% of NCs reporting 0 sick days, 27% of FNCs, and 30% of NNCs ($\chi^2$ 23.17, 95% CI, p=0.0007). Regarding specific diseases, NCs are more likely to have suffered from malaria within the past month (71%) than NNCs (56%) (T=2.44 p=0.0151). However, NCs were less likely to have experienced diarrhea compared to FNCs and NNCs (30% vs 41%, T=3.37, p=0.001) while no significant differences existed for skin diseases. NCs were less likely than NNCs to use bednets at home (12% vs 26%, T=3.24, p=0.0012). However, NCs were significantly more likely to use bednets at the shelter compared to at
their home (18% vs 12%, T=2.78, p=0.0056). NCs were less likely to have latrine access at home than FNCs and NNCs (70% vs. 94%, T=10.36, p<0.0001). However, NCs were significantly more likely to have latrine access at the shelters compared to at their home (95% vs. 70%, T=11.55, p<0.0001). Regarding how many meals are eaten per day, there is a significant difference between the groups ($\chi^2$ 16.82, 95% CI, p=0.002) with only 6% of NCs eating 3 meals a day compared to 16% of NNCs. Furthermore, only 29% of NCs eat breakfast regularly compared to 45% of FNCs and NNCs (T=5.19, p<.0001).

**Reasons for Night Commuting (see Table 2)**

When asked only once why they night commute, 83% of NCs mentioned insecurity and 12% mentioned lack of adequate housing. However, when probed for multiple responses to the question, insecurity increased from 83% to 90% while lack of adequate housing increased drastically from 12% to 58%. Additionally, those who mentioned they were attracted to the facilities at the shelters increased from 3% to 17%. Furthermore, those who mentioned that they night commuted because their house was destroyed increased from 0.2% to 9%. When probed for multiple responses regarding the cause of insecurity that pushed people to night commute, many new findings appeared. Insecurity from thugs (known as *boo kec*) was the greatest increase from from 2% to 52%.

Additionally, 29% of respondents felt insecurity from government forces: either the Ugandan People’s Defence Force (UPDF) or the local defence units (LDU). Respondents mentioning insecurity from the UPDF and the LDU increased from 0.2% to 26% and from 0.2% to 18% respectively. Family violence (either being beaten by parents/guardians or witnessing domestic violence) motivated 5% of respondents to night
commute. Sexual violence was not mentioned at all but with probing, 27 respondents (5%) mentioned it as a motivation for night commuting.

Double orphans were significantly more likely to night commute because of two pull factors: the facilities at the shelter (OR 2.17, 95% CI 1.25 – 3.75, p=.006) and the activities at the shelter (OR 3.45, 95% CI 1.10 – 10.82, p=.034). Double orphans were not significantly more likely to night commute due to a lack of adequate housing (OR 1.19, 95% CI 0.73 – 1.93, p=.485). However, double orphans were significantly less likely to night commute because of two push factors: insecurity (OR 0.47, 95% CI 0.24 – 0.93, p=.030) and destroyed houses (OR 0.32, 95% CI 0.10 – 1.05, p=.061).

Furthermore, double orphans were significantly less likely to night commute due to insecurity from specific actors: LRA attack (OR 0.49, 95% CI 0.30 – 0.81, p=.006); Government forces (OR 0.50, 95% CI 0.28 – 0.89, p=.018).

Sex had no significant effect regarding any reasons for night commuting. Being a girl didn’t significantly increase night commuting due to insecurity (OR 1.46, 95% CI 0.83 – 2.59, p=.192) or lack of adequate housing (OR 1.09, 95% CI 0.78 – 1.54, p=.608). However, girls were more likely to night commute due to insecurity from specific actors: LRA abduction (OR 1.59, 95% CI 0.97 – 2.59, p=.066) and LDU forces (OR 1.49, 95% CI 0.95 – 2.33, p=.085) were not statistically significant while UPDF forces (OR 1.65, 95% CI 1.12 – 2.45, p=.012) and sexual violence (OR 5.71, 95% CI 1.95 – 16.73, p=.002) were statistically significant.

Regarding age, older children (age 13-17) were more likely to night commute than younger children (age 7-12) due to attraction to facilities (OR 1.70, 95% CI 1.06 – 2.74,
p = .028). However, age had no other significant effect regarding reasons for night commuting. While older children were less likely to fear insecurity from LRA abduction than younger children (OR .62, 95% CI 0.37 – 1.04, p = .073), this was not statistically significant.

**Housing Situation (see Table 3)**

There was no significant difference in number of household members between the 3 groups (F = 1.50, p = .2234). However, there was a significant difference between the groups regarding number of huts (F = 52.67, p < .0001) and hut density (# household members / # huts, F = 33.05, p < .0001). Paired mean comparisons between groups revealed that NCs (mean 5.74, SD 2.78) had a significantly greater hut density than FNCs (mean 4.29, SD 2.52, p < .0001) and NNCs (mean 4.21, SD 2.54, p < .0001). Ownership of home also differed significantly between the groups (39% of NCs, 64% of FNCs, 63% of NNCs, χ² 68.65, p < .0001).

**Perceived Safety and Home Environment (see Table 4)**

NCs differed significantly regarding feeling of safety sleeping at home vs. at the shelter (χ² 26.71, p = 0.0001) with 76% feeling not at all safe sleeping at home and only 3% feeling not at all safe sleeping at the shelter. NCs also differed significantly from FNCs (χ² 407.59, p < 0.0001) and NNCs (χ² 220.12, p < 0.0001) regarding feeling of safety sleeping at home with 7% of NCs feeling very comfortable sleeping at home compared to 63% FNCs and 70% NNCs.
Chapter 4

Discussion
Conclusions and Recommendations

While the government stated that night commuters were only seconclarily displaced due to rebel insecurity, this study revealed that the push and pull factors were complex and changed over time towards more sociodemographic factors associated with long term displacement. Household congestion, lack of hut ownership, and destroyed huts were major causes of night commuting suggesting an urgent need for land advocacy and shelter projects. Even 1.5 huts for a household made a difference regarding hut density that pushed many children towards night commuting. Hut destruction, mostly due to building of roads through inhabited areas, revealed a phenomenon worthy of further investigation in other complex emergencies: development project induced displacement masked by conflict induced displacement. Pull factors, including attractive facilities and activities at the night commuter shelters, created new reasons for night commuting suggesting that interventions should aim at the root causes of push and pull factors and attempt to reverse them. An example of reversing a pull factor is providing lighted areas for night-time reading in the communities instead of in the town shelters.

Respondents cited non-rebel causes of insecurity as major reasons for their night commuting. The findings of substantial insecurity from thugs and government forces necessitates a revamping of the post-conflict security strategy. In long-term displacement situations, insecurity from rebels can co-exist or be followed by other forms of insecurity. Over focusing on the primary aggressor can overshadow other legitimate insecurities and distract from pressing child protection concerns. Survey findings regarding insecurity from the UPDF and LDU confirmed our qualitative findings and previous studies.9,27
Additionally, although rebel attacks had significantly decreased, night commuters still felt much safer at the shelters than at home. This disparity between the government’s perceived security and the children’s perceived insecurity suggests a need for civil-military confidence building measures and more outreach and sensitization on security.

Access to health services was better for night commuters in the town than in the villages or camps confirming previous studies showing this trend in the general population. In Kitgum, 91% of the population live beyond a 5 km radius from the nearest health center. However, night commuters gained better access through their daily movement which may have been reflected in their attraction to the facilities at the shelter. Additionally, night commuters had better access to latrines at the shelters than they did at home which could be linked to their lower rates of diarrhea compared to non-night commuters. Even though night commuters had fewer healthy days per month, they had better perceived health status. However, they ate fewer meals, missed breakfast more often, and even though their bed net use increased while at the shelters, they still contracted malaria more often, all possibly due to their daily movement around dusk and dawn.

This study also showed that war-affected youth in northern Uganda are much more likely to be orphaned than children in other parts of Uganda. Nationally, 11% of children have no father, 5% have no mother, and 3% of orphans have lost both parents. Our study showed paternal orphan, maternal orphan, and double orphan rates to be respectively 4, 4, and 10 times greater for war-affected youth in Kitgum. Complex cultural dynamics affecting orphan care in northern Uganda necessitate including local knowledge in designing interventions. A study in nearby Lira district showed that the
majority of orphans are being cared for through “crisis fostering” rather than traditional forms of orphan care. Even though our study found that double orphans are less likely to feel insecure from the LRA or government forces, their lack of social support and remaining child protection threats along with their great numbers in northern Uganda, warrants a case management approach to find secure care environments for orphans until the Acholi cultural safety net is rebuilt.

We noted specific findings for girls and older children. Girls were more likely to fear sexual violence and insecurity from the UPDF than boys, a finding consistent with other studies showing that girls are uniquely vulnerable at night. Older children, when compared to younger children, were more likely to night commute due to the facilities at the shelters. Many reported electric lighting for night-time studying as a pull factor providing more evidence that night-time lighting in the communities instead of in the town shelters is needed so children can stay with their families and learn cultural values from elders yet still study at night.

**Strengths of the Study**

Our methods and results have important public health implications for research conducted in complex humanitarian emergencies. First, we learned that a diversity of qualitative methods and a diversity of respondents helped to construct a locally and temporally relevant quantitative survey—an important feature for dynamic and evolving contexts like transitional war-zones. Additionally, our data revealed that probing for multiple responses is essential to uncover multicausality for displacement and insecurity. Too many studies reiterate a simplistic understanding of secondary displacement by not
asking locally relevant questions and not asking the key questions multiple times. Part of the LRA's strategy was to instill widespread terror in the population and children were socialized to say their insecurity was from the LRA, however with probing other significant security threats were uncovered and helped guide interventions. Although sexual violence was most likely still under-reported (5%), it was only revealed through open ended probing.

Limitations

This study has several limitations. First, it only examined night commuting in Kitgum district even though night commuting was also taking place in Gulu district. Additionally, recall bias could have influenced certain questions such as number of days sick in the past month. Furthermore, false reporting could have occurred if children associated the interviewers with humanitarian organizations. Since most children were very vulnerable with poor socioeconomic conditions, some may have over-reported their dire circumstances in hopes of receiving assistance. Although we emphasized in the informed consent process that this was a study being conducted by an independent research team and that there was no direct benefit from participating, the mere association with humanitarian groups could have induced bias. Conversely, there is the potential for social desirability bias as children may have tried to impress the interviewers by appearing better off than they actually were. Another limitation was that health information was based on self-reporting and not diagnostics or clinical observation. Finally, although the study was enriched with qualitative methods, time restrictions prevented a more ethnographic exploration of night commuting.
Generalizability

There are 40 countries with ongoing armed conflict, 29 of which are humanitarian emergencies affecting children. It is likely that several conflict settings have specialized sub-populations which are understudied and therefore inadequately served. When population dynamics rapidly change, responses need to also be dynamic. When displacement occurs for long periods of time, attention must be given to secondary and tertiary reasons for insecurity (e.g. crime from the vacuum of law and order or from government forces) as well as socio-demographic causes of secondary or tertiary displacement (e.g. inadequate living conditions, poor access to health care). While the case of night commuters was unique to northern Uganda, the lack of minimum standards to study such populations continues to be a problem for humanitarian organizations which are left to create ad hoc studies difficult to compare with their counterparts. For unknown phenomena and emergent sub-populations, like night commuters, qualitative methods can promote more nuanced understanding and help in designing quantitative methods. Additionally, multiple responses and probing should be used to go beyond the common understanding of displacement and security. Field staff conducting interviews in complex emergencies should get additional training in qualitative methods and interview techniques like probing.

There is a broader need for developing minimum standards in population-based research for displaced populations during complex humanitarian emergencies to promote more robust research, more representative sampling, and more locally informed decision-making. Although minimum standards for disaster response have been adopted and the rights of IDPs have been articulated in non-binding legal principles on internal
displacement which draw on extant humanitarian and human rights law, there is a
dearth of research guidelines for complex humanitarian emergencies which creates
significant ethical, logistical, and time challenges. Rapid needs assessments and program
evaluations are not always germane to emergent and dynamic populations like night
commuters. The gap between time-consuming rigorous academic studies and rapid
unscientific humanitarian investigations should be bridged by the creation of minimum
standards for research amongst IDPs in complex humanitarian emergencies through an
international collaborative process.
BACKGROUND PAPER

Overview

This background paper provides a critical analysis of the governmental and humanitarian response to the night commuter situation in northern Uganda by examining the history of the conflict, the landscape of health care in northern Uganda, violence as a public health concern, the epidemiology of war-affected provinces, and an ecological approach as an alternative to the status quo. It then applies the ecological approach to up-to-date information from local sources and the gray literature to make recommendations to stakeholders.

Map of Uganda
Background Statistics on Uganda

Total population: 26 million

GDP per capita (Intl $, 2002): 1,038

Life expectancy at birth m/f (years): 47.0/50.0

Healthy life expectancy at birth m/f (2002): 41.7/43.7

Child mortality m/f (per 1000): 146/133

Adult mortality m/f (per 1000): 533/459

Total health expenditure per capita (Intl $, 2002): 77

Total health expenditure as % of GDP (2002): 7.4

Note: Figures are for 2003 unless indicated.


History of the Conflict in Northern Uganda-A Devastated Health Landscape

In northern Uganda’s 22-year civil war, Africa’s longest running armed conflict, the Lord’s Resistance Army (LRA), a spiritualist rebel group with no clear political agenda, has fought against the Ugandan People’s Defence Forces (UPDF) and terrorized the people of northern Uganda. Known for its extreme brutality, the LRA has killed and mutilated countless civilians and abducted an estimated 66,000 youth to serve as soldiers, porters, and sexual partners for its commanders.¹ ² Nearly two million people have been displaced in camps with little access to jobs and adequate health care.⁴ ⁵ While Uganda has been heralded as a success for dropping the prevalence rate of HIV/AIDS from 18% to 6%, the health status of Northern Uganda is often ignored, especially the health of war
affected youth. Children have been especially affected by the “disease profile of poverty” commonly seen in complex emergencies.$^6,7$

Peace talks between the Ugandan government and the LRA rebels were reinitiated in summer of 2006. These talks being brokered in Juba, Southern Sudan have failed to reach a final agreement with war crime charges by the International Criminal Court complicating government promised amnesty for rebel leaders. After two years of negotiations, nothing is certain, yet the current defunct health care system remains.

Linguistic, sociocultural, and historical differences in addition to partial government neglect means that northern Uganda is too often isolated and left to fend for itself. Even the UPDF deployed to defend civilians has been shown themselves to commit acts of violence against civilians.$^{27}$ However, the most abhorrent acts are consistently committed by the LRA. The health and psychosocial needs of war-affected children are unique, difficult to measure, and not well documented. Targeted health interventions as well as donor funding depend on more accurate information of the specific and nuanced health needs of war-affected children in the North.

Many of the more detailed analyses of the current situation regarding the health status of war-affected children in Northern Uganda are conducted by NGO’s and aid organizations on the ground since the health of Northern Uganda has basically been abandoned by the government. These NGO’s include well-known international aid organizations and local grassroots groups started by women, concerned parents, and community members. While studies that measure the health status of people in IDP camps are common, they vary immensely in terms of longevity of study and methodology. Between NGO’s, independent contractors, the UN, and the WHO,
epidemiological data is questionable, especially with the possible influence of the invisible hand of the Government of Uganda that is suspected to underestimate the severity of morbidity and mortality rates in the North.

Various surveys have been conducted at the IDP camps most recently noting a complex humanitarian emergency given the very high Crude Mortality Rate (1.54 deaths per 10,000 per day) and Under 5 Mortality Rate (3.18 under 5 deaths per 10,000 under 5 per day) totaling an excess mortality of 25,694 between January and July of last year.²³ Basic needs such as water, food, and bed nets are still in need while malaria, AIDS, and violence are the top three killers.

Although much of Northern Uganda is caught in this complex web of vulnerability, the districts of Lira, Pader, Gulu and Kitgum are the most affected. Resources and international NGO’s have made a life-saving presence in northern Uganda, in particular in Gulu. However, the situation in Kitgum remains largely unaddressed and fewer organizations are working on the health status of war-affected children in Kitgum which is closer to the Sudanese border.⁵

Reintegration of war-affected children, especially former child soldiers who were abducted, is particularly difficult given stigmatization and the general fraying of the social fabric. Even if rehabilitation centers can find the relatives of the returnee children, sometimes they are not wanted because of stigma in the community or poverty and a lack of resources to care for the child.³⁵ While minimal outreach has occurred to children once they return to their homes, there is little data regarding health needs, health access, and changes in psychosocial status. Tracking of children once they have returned to their families (or not) to gather follow-up data is of great interest especially since the children
are in the reception centers/rehab centers for only a few months and marry war affected youth do not even pass through the centers.

Furthermore, there is a great diversity in the new livelihoods of war-affected children. It is unclear who exactly goes to the rehabilitation centers, who doesn’t, why they do or don’t go, where they are going now that the rehabilitation centers are less full, and what the situation of orphans is who’s parents have been killed. These subgroups may have unique experiences of health care needs, health access, and psychosocial development.

Studies focusing on the psychosocial needs of war-affected children usually focus on post-traumatic stress disorder (PTSD) of former child soldiers which neglects other sub-populations of children. While these studies can reveal interesting findings (i.e. the presence of a mother is a protective factor against PTSD in war-affected girls but not in boys) they don’t address the depths of psychosocial transgression. Additionally, even researchers recognize the risk of transcultural errors in using psychological measures in vastly different cultural contexts. A greater focus on monitoring and treating the psychosocial development of war-affected children is needed. Solutions should not be relegated to the biomedical paradigm, but offer greater promise with efforts to establish a more stable psychosocial equilibration and normalcy which can happen in group environments such as school. However, researchers should be wary of imposing assumptions of psychosocial needs and using Western psychological-testing without caution or measure. Isolation of “child soldiers” in separate schools for “rehabilitation purposes” have had a negative effect on children by further damaging their identity, stigmatizing them, and separating them from society. Western psychiatry dominated by the individual trauma model may not be appropriate and may even be harmful if blindly
imposed without regard for local sociocultural realities. Studies should be conducted to
test the cultural appropriateness of the indicators being measured and the tests being used.
All this justifies the need for further baseline data on the psychosocial status of war
affected children.

While psychosocial therapy does occur at most of the dozen rehabilitation centers,
health status has not been clearly documented, collated, or reported. Group counseling,
education, art therapy and communal organizing at the level of Youth Groups and
Women's Groups are present yet their effect on psychosocial rehabilitation has not been
measured. Having baseline data would open the possibility of evaluating the impact of
such interventions.

Given the volatile situation in northern Uganda research is hard to find, harder to
conduct, and thus especially important to do. The vulnerability of being displaced, often a
survivor of or witness to violence, experiencing omnipresent fear, and stigma for being
associated with kidnappers has serious psychosocial ramifications. Yet it is difficult to
prioritize health needs when basic services are still lacking and infectious diseases,
malnutrition, and continuing violence plague northern Uganda. Innovative methodologies
in cross-cultural evaluation of health needs with an awareness of the diversity of
subgroups amongst war-affected children are warranted. In addition to the typical
morbidity and mortality studies conducted in IDP camps, needs assessments and
evaluations of status quo interventions at local health facilities and rehabilitation centers
are needed with a focus on follow-up and tracking children as they change environments.
History of Night Commuting

While rebel abduction of children into armed forces has been a common feature of several recent armed conflicts (Sri Lanka, Nepal, Angola, Mozambique, Sierra Leone, Liberia), the war in northern Uganda created a unique phenomenon known as “night commuting.” Night commuting refers to the thousands of children, or “night commuters,” who leave their villages and displacement camps at sunset and walk to larger towns seeking shelter for the night at bus stations, churches, hospitals, and schools. In the beginning of night commuting, children traveled to these sanctuaries to avoid possible LRA abduction. Over time, however, other factors related to conditions in the displacement camps were believed to fuel night commuting.

In the early 1990s, as the numbers of night commuters rose, local nongovernmental and community-based organizations struggled to provide amenities, including basic health care, sanitation and hygiene facilities, tents, sleeping mats, and makeshift lighting. While some of the hospitals that served as safe-havens for these children did provide medical care such as the MSF Lacor Hospital in Gulu and St. Joseph’s Hospital in Kitgum, other locations provided no medical care. Overall, the documentation of their health status is uncertain. With poor access to health care, the number of night commuters surpassed 50,000 and only in 2004, UNICEF arrived in and established the Night Commuter Working Group to oversee service provision and to act as an ombudsman with local authorities.

In early 2006, LRA attacks against civilians decreased substantially as did the number of night commuters leading local authorities to call for a phase-out of some shelters. The most vocal proponent was the Resident District Coordinator of Kitgum Province who, in
July 2006, announced on the radio and in the newspapers that all night commuter shelters in Kitgum would be closed immediately. Concerned that the abrupt closure of the 13 shelters that housed over 4,500 night commuters might leave many children homeless and vulnerable, the Night Commuter Working Group sponsored a comprehensive rapid assessment.

![Night Commuters Population From August 2004 to July 2006](image)

Although security has improved, new push and pull factors have emerged which are rooted in issues of poverty, livelihood status, land availability and hut space, cultural factors, and the attraction of facilities in centralized locations and town centers (see Table 5). To better understand the health impacts of displacement in war-affected northern Uganda, it is important to understand the structure of health care in Uganda.
Uganda’s Health Care System

"The head won’t get far without its feet" – Eastern Central African proverb

After years of a decentralized health policy, the Ugandan Ministry of Health (MOH) introduced the Sector Wide Approach or SWAP process. This shift of power back to the ministry has been characterized by conditional funding, the right to veto donor-district interactions, and central planning arrangements. This change in role can be summarized as moving “from promotive and facilitative to prescriptive” marking a new era of vertical health care planning.40

The new SWAP process is problematic for several reasons. First, it curtailed the progress of decentralization since SWAP made a drastic reversal while decentralization was still in its infancy. Second, the new SWAP process meant that those responsible for delivering health services, the local districts, were left out of the picture regarding health care planning. This disconnect with health delivery at the district brings with it the host of problems associated with vertical planning. At the national level the MOH has adopted a Health Sector Strategic Plan lasting for five years (2000-2005) where the MOH approves district annual work plans that fall in line with the national strategy. As an example, local districts have their hands tied for the construction of public health facilities since they rely on approval from the MOH. Although they could use district funds to construct a facility, there is no guarantee of future operating costs since the MOH wouldn’t grant future approvals thus districts are left to await edicts from above regarding facility construction. Finally, in the case of northern Uganda, since the region is already neglected by the government, northern districts will have less ability to advocate for their unique needs that may not fit within the guidelines of the National Health Sector
Strategic Plan. As in many countries with failed governmental health care, the private sector makes major contributions to health care delivery. However, the health concerns go beyond lack of access to care due to changes in health policy. Most people from Northern Uganda say they are somehow traumatized speaking to the immense impact of violence on an individual’s health but also on the collective conscience of a people which has created a cyclical burden of disease. Population-based studies reveal extreme levels of violence experienced by the general population.41 To better understand the burden of violence on the people of northern Uganda and the public health system, it is important to examine violence as a public health concern.

Violence as a Public Health Concern

Violence was declared a major and increasing global public health problem in 1996 when the World Health Assembly adopted Resolution WHA49:25 defining it as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”42 Because intentional violence is diverse and its facets are often interrelated, the broad WHO definition captured many elements of violence and began to make the case for violence as a serious public health issue.

The WHO then published the first World Report on Violence and Health six years later. While the report was groundbreaking for several reasons, its uniqueness to mass communal violence such as in northern Uganda lies in the report’s emphasis on the interconnectivity of forms of violence. The report describes the ways in which victims of
one form of violence may become perpetrators of another form. This sets the stage for uprooting violence to prevent cycles of it from occurring in the future. In the report, violence is very clearly approached from a public health perspective beginning to open the door for policymakers to think of the high direct and indirect economic costs of violence. Beyond violence and its direct side effects lies the displacement caused by massive violence which compounds the government's neglect of the north.

**Epidemiology of War Affected Northern Ugandan Provinces**

It must be noted that the majority of population based surveys including DHS surveys rarely break down their statistics according to provinces for indicators and variables, thus there is a neglect in reporting, analysis, and recommendations when it comes to health disparities between the more developed south and the less developed north. While comparative statistics are often shown between Uganda and other Sub-Saharan African countries, rarely are there comparisons between the war-affected provinces in the north and the more stable southern provinces of Uganda.

However, when the statistics are shown between the north and south, significant disparities are unveiled. The Health Management Information System (HMIS) and Morbidity and Mortality surveys by the Resource Center of the Ministry of Health and partner agencies released a statistical abstract in 2002 that offers more health specific information and delineates between the provinces. The general trend is that the government has relinquished major health responsibilities in the north relying on the humanitarian community to provide many urgent services. The extent to which the government involves itself in the health of northern Uganda once a true peace agreement
is reached will be a litmus test to see their fulfillment of health delivery for their citizens in the north.

DHS data from 2002 reveals that health facilities are fewer and more often non-functional in the northern provinces compared to Kampala and the southern provinces. The majority of the war-affected north is rural, with low education, and low income. Under-five mortality is the lowest in the country.

**Under-five Mortality by Selected Background Characteristics**

Source: DHS 2002, Note: rates are for the 10-yr. period preceding the survey
In every category of under-five mortality, the North has the highest numbers

<table>
<thead>
<tr>
<th>Socioeconomic Characteristic</th>
<th>Neonatal Mortality (NN)</th>
<th>Postneonatal Mortality (PNN)</th>
<th>Infant Mortality (0-1yr)</th>
<th>Child Mortality (0-5yr)</th>
<th>Under-five Mortality (0-5yr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Urban</td>
<td>22.5</td>
<td>32.0</td>
<td>54.5</td>
<td>48.7</td>
<td>100.6</td>
</tr>
<tr>
<td>Rural</td>
<td>36.3</td>
<td>57.4</td>
<td>93.7</td>
<td>77.0</td>
<td>163.4</td>
</tr>
<tr>
<td>Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>29.8</td>
<td>42.2</td>
<td>71.9</td>
<td>68.1</td>
<td>135.1</td>
</tr>
<tr>
<td>Eastern</td>
<td>29.5</td>
<td>59.8</td>
<td>109.3</td>
<td>63.7</td>
<td>147.3</td>
</tr>
<tr>
<td>Northern</td>
<td>42.2</td>
<td>63.7</td>
<td>105.9</td>
<td>80.6</td>
<td>178.0</td>
</tr>
<tr>
<td>Western</td>
<td>41.5</td>
<td>56.3</td>
<td>97.8</td>
<td>87.0</td>
<td>170.3</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No education</td>
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<td>67.1</td>
<td>106.3</td>
<td>89.6</td>
<td>146.5</td>
</tr>
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<td>Primary</td>
<td>54.9</td>
<td>53.5</td>
<td>88.4</td>
<td>72.3</td>
<td>154.3</td>
</tr>
<tr>
<td>Secondary+</td>
<td>24.5</td>
<td>28.1</td>
<td>52.6</td>
<td>42.7</td>
<td>93.0</td>
</tr>
<tr>
<td>Wealth Index Quintile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest</td>
<td>40.1</td>
<td>65.6</td>
<td>105.7</td>
<td>39.3</td>
<td>151.8</td>
</tr>
<tr>
<td>Lower middle</td>
<td>32.7</td>
<td>65.6</td>
<td>98.3</td>
<td>82.9</td>
<td>173.0</td>
</tr>
<tr>
<td>Middle</td>
<td>38.3</td>
<td>56.3</td>
<td>94.5</td>
<td>76.2</td>
<td>143.5</td>
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<tr>
<td>Upper middle</td>
<td>34.6</td>
<td>46.4</td>
<td>81.0</td>
<td>60.0</td>
<td>136.2</td>
</tr>
<tr>
<td>Highest</td>
<td>26.2</td>
<td>34.0</td>
<td>60.2</td>
<td>49.2</td>
<td>106.4</td>
</tr>
<tr>
<td>Total</td>
<td>34.8</td>
<td>54.6</td>
<td>89.4</td>
<td>73.7</td>
<td>156.5</td>
</tr>
</tbody>
</table>

Source: DHS 2002

In Kitgum the government records reveal one of the lowest immunization rates in the country at 47%. Most health statistics (nutrition, specific diseases) are notably lower in the northern Region when data is available. While on average 49% of Ugandans are within a 5 kilometer walking distance of health services, government records reveal that this is true for only 8.9% of Ugandans from the region of Kitgum—significantly lower than the rest of the country. While total fertility rate (TFR) in Uganda is high compared to most of Africa at 6.9, the northern Provinces combined have a TFR of 7.9.43

The Flawed Response of the Status Quo

The overarching theme of the status quo’s flawed response is the myopic focus on “a successful Uganda” with a neglect of the north. While the health of the north is largely in the hands of the humanitarian community, when the war ends and humanitarian agencies transition out of the region, there will be poor health infrastructure in place. Beyond
health facilities is the issue of human resources. The question remains: whose responsibility is it to help rehabilitate northern Uganda? Should it lie primarily with the Ugandan Government, Ugandan NGO’s, the international community, or communities themselves? Furthermore there is a lack of training for mental health workers involved in psychological rehabilitation. Additionally, too often outside practitioners are brought in instead of utilizing local workers who are more familiar with post-war rehabilitation.

Towards An Ecological Approach that Avoids the Ecological Fallacy

In a volatile situation like northern Uganda that has been existing in a dual world of acute emergency and prolonged conflict for 22 years, the importance of an ecological approach is particularly necessary. “An ecological paradigm maintains that strategic interventions or planned change in one part of a system affect all parts in reverberating pathways. Thus, public health interventions... have human rights implications... conflict resolution exercises affect the health status of communities.”44 Because displacement has such diverse impacts on health, post-war reconstruction must be sensitive to the nexuses between various interventions. Otherwise, well-intentioned programs or reforms that are myopic in nature can backfire on linked indicators. Conversely, when attempting to improve the public health of a population, interventions must be made in areas that initially may not appear obviously linked to health. Indeed “more community-based approaches need to be developed to meet the needs of vulnerable children and to address more adequately what may be the symptoms of the profound social disintegration.”44

This paper advocates such an approach in the upcoming sections that highlights 10
anticipated problems from abruptly closing the night commuter shelters followed by a section with recommendations for the various stakeholders.

It is logical that “the ecologies of children’s lives—parents, families, peer groups, schools, religious communities, and other community-based institutions—influence how war-related experiences affect children’s developmental outcomes.” Therefore when improved health outcomes are the goal for war-affected youth, interventions must be made at multiple levels that influence a child’s development. Literature from child and adolescent development should inform interventions designed to improve child wellbeing however cultural factors must carefully be considered.

While a macroscopic lens is crucial when viewing the health of war-affected youth and generalizations must often be made for the sake of logistical efficiency, an individual approach that considers the unique situation of a child must not be lost. Ecological fallacy is a term used in public health and other disciplines to assert that one can not necessarily make conclusions about individuals based on aggregate data. This applies to the process of post-war rehabilitation since individuals and children differ considerably in their healing processes. Nevertheless, best practices and lessons can be learned and implemented with cautious monitoring and sensitivity to local beliefs. For example, while there is near consensus that new locales of resocialization such as schools are needed for war-affected youth, within Acholi culture and for certain individuals there should be some attention given to traditional healing ceremonies to increase community integration, decrease stigma, and begin the rehabilitation process.

Stover and Weinstein put forth an ecological model for violence interventions at multiple levels acknowledging that recovery from violence does not only occur at the
state level, or in the courts, but must include members of communities and
neighborhoods, as well as state actors, to achieve success. Gilligan goes further by
identifying four levels of social reconstruction:

1. Individual level – provision of psychological interventions to address those affected by trauma
2. Community level – although significantly changed, pre-war social relationship networks must be re-established
3. Societal level – cultivation of relationships grounded in common interests, spirit of cooperation and fostering
civic initiatives
4. State level – the “rights of all” are established through the rule of law

Regarding the health status of night commuters applying Gilligan’s social
reconstruction framework to health would necessitate working with local NGO’s to do
needs assessment of health and psychological needs which should include the voice of
youth. To address the individual level, organizations should recruit and train more local
workers (barefoot mental health workers) who are also trained in secondary trauma
release. At the community level, although it may be difficult to achieve a pre-war level of
health care commitment since there has been more than two decades of devastation,
government accountability is necessary for an adequate financing of basic health services
which could include subsidizing privately delivered health care.

At the societal level issues of justice and reconciliation that incorporate local concepts
of justice must be carefully handled which is highlighted in the case of northern Uganda
given the diverse beliefs of justice and the limelight attention since it is the first true
indictment by the International Criminal Court. At the state level, commitments to the
relevant international human rights treaties signed by the Ugandan Government (e.g.
Convention on the Rights of the Child with its Optional Protocols) should be monitored
and enforced.
The following anticipated problems draw from the “gray literature” of local NGO reports and on-the-ground findings to provide a background to the impact of abruptly closing the night commuter shelters. It utilizes the ecological approach by recognizing how the following 10 factors are inextricably linked to health.

**Ten Anticipated Problems Upon Abruptly Closing Shelters**

> 1) No Space or Accommodation:

- Many people don’t have enough space in homes. Several families have 7-12 members in their household with only 1-2 huts.

- Land is usually not available to build huts.

- If land is available, people are often too poor to rent the land.

- Even if land is available, there are not dry grasses for thatches in wet season.

- Dozens have had their homes destroyed by the government for Town Council road construction. Others have lost their huts to fires.

- Reports reveal that some night commuters who have been sent home are moving to unmanaged locations like abandoned classrooms, some are back on the verandas, and some are simply sleeping outside due to space issues.

> 2) Privacy/Cultural Sleeping Practices

- Children are reluctant to sleep at home because of the interaction between cultural sleeping practices and the lack of huts. Typically in Acholi culture there are 3 huts: parents sleep in 1 hut, children in another, and the third for storage/cooking/visitors.
Parents feel they have no privacy when children are sent back home since they have no place for them to sleep except to all be in 1 hut.

Reports reveal that this is leading to family breakdowns, children being forced to sleep outside, and parents even sleeping outside. This could be avoided with more preparation and trained social workers identifying dysfunctional families and unsafe homes.

3) Lack of Properly Identifying and Addressing Vulnerable Sub-Populations

Several uniquely vulnerable sub-populations are known to need special attention in addressing their psychosocial needs and in facilitating a return home once shelters close. A standardized vulnerability assessment guide drawing on OVC (orphans and vulnerable children) assessment tools from the humanitarian community is being developed and should be used to identify such persons before closures take place. Special vulnerable adult groups should not be ignored since between 5% and 20% of night commuters are adults at certain shelters.

Reports reveal that vulnerable sub-populations do exist amongst night commuters (orphans, child-headed households, those facing violence in the home, formerly abducted persons, people with disabilities etc.). Although the exact population is not known, it is estimated by UNICEF that 10-20% of night commuters are not in a position to safely return. These populations should be identified, assessed, and followed-up on by social workers using a case management approach.

4) Difficulty Adjusting to Home Environment

Many night commuters haven’t regularly slept at home for years. They have grown accustomed to different habits, time schedules, and activities. Shelter staff, night commuters themselves, and parents are afraid that after being in the city engaging in different lifestyles than the village and not having the presence of their parents and elders in their lives, they will undergo difficulties in culturally assimilating to their home environment.

A transitioned and facilitated return home rather than an abrupt one would allow people to adjust to difficult environments or places associated with trauma.

5) Retraumatization

People can remember traumatizing experiences from the past while at home during the night related to fear and insecurity from previous abductions and violence. Returning to sleep at home can revitalize past traumas that may not have been processed.

Reports reveal that many night commuters have experienced severe primary and secondary trauma. Nevertheless since returning home is an ultimate goal, psychosocial counseling should be provided for those that may need some time to mentally and physically prepare to return home.
6) Perceived Insecurity:
- Although objective measures of security have greatly improved, subjective perceptions of insecurity differ greatly amongst individuals and many people will feel less safe sleeping at home. Even if people might commute for other reasons (space, facilities, activities) they have the added benefit of feeling safer in a secure environment which will be lost once they leave shelters. While sensitization on security improvements can build some confidence, it is not yet possible to assure night commuters that they have no worries about LRA attacks or violence/crimes from thugs/thieves who are capitalizing on the fear of civilians to steal using violent crime. While awaiting a peace agreement, the government should do more to stop thugs in several areas.

- Reports reveal that a distinction must be made between actual security threats and perceived internalized insecurity. This distinction should be kept in mind when doing sensitization of communities and counseling of night commuters.

7) Impact on Education:
- Many youth benefit from night commuting by having light in the evening time for extra studying. Forums are also created in night commuter shelters for group study and discussions.

- Reports reveal that youth and parents are very concerned about the impact of losing night lighting on the education of youth.

- However, night commuting may overall have a negative effect on education since school performance can be impacted by commuters arriving late and missing breakfast due to the transit. Creating communal learning environments at night where youth have access to lighting based in the communities is a viable alternative.

8) Confusion:
- Without a clear message shared with the parents and community, people will not understand if the closure is coming from the government, the host institution administrators where shelters are, the NGO’s funding the shelters, or the community based organizations (CBO’s) staffing the shelters.

- Reports reveal that parents and communities have differing understandings on the reasons WHY the shelters are being closed leading to animosity towards different stakeholders.

- Such confusion calls for a coordinated message from the NGO’s, shelter staff, and government on why shelters are closing now in such an abrupt manner and what plans and interventions will be in place.

9) Rejection From Families and From Shelters
- Reports reveal that several night commuters are being rejected from their families for various reasons. The trend of the non-biological and adolescents being the first to be kicked out of the home is being reported. Orphans whose guardians no longer have
space or resources have been turned away. Some youth whose parents want privacy aren’t accepting young adolescents to sleep at home. Other populations who are likely candidates for rejection should be identified and further investigated.

- Reports also reveal that night commuters feel abandoned or rejected because they are so abruptly being forced to leave. More advanced notice and prolonged sensitization is warranted.

► 10) Putting Youth At Risk:
- Many parents and key informants report the danger of an increase in youth idleness at night, drug abuse, crimes such as petty thefts, loitering, and youth engaging in risky sexual behavior including prostitution if they are no longer in a controlled shelter environment. Although originally shelters were less controlled and had reported incidences of such behavior, shelter management and oversight has drastically changed since it first began and currently a youth is more at risk outside the shelter than inside the shelter.

**Quantitative and Cost Considerations**

An ecological approach, although seemingly diffuse, can provide a solid interwoven solution to promoting health and rehabilitation for the children of northern Uganda that in the long-run can be more cost-efficient by focusing on prevention, addressing cycles of trauma/violence, and dealing with the root causes of war-induced health problems.

However, there are some clear quantitative and cost reforms that must be made. First, the government is not earmarking its own stated ideal amounts. As calculated by the government, their per capita spending on health is $18 US dollars short of their suggested amount. Furthermore, the disparities in per capita spending in the south compared to the north must be addressed since the relative burden of disease (e.g. HIV prevalence rates in the war-affected North are up to double that of the South) is much greater in the North.

Another problem documented in Uganda is that allocation of resources doesn’t equal the projected amount. Even with increases in health care budgets for local districts the actual monies allocated are far from the budget originally agreed upon. Thus the health spending per capita shortcoming is likely greater than just the $18 per capita.
Any funding of interventions in such a post-war environment must be committed to sustainability with built-in mechanisms for monitoring and evaluation. For example, the McArthur Foundation has developed a Trust Fund to promote a variety of activities focusing on education for war-affected youth. The benefit of earned interest in the trust fund is unique and will allow such an intervention to grow over time.

Recommendations for Stakeholders

The following recommendations for various stakeholders draws from contextual issues uncovered in local reports and on-the-ground findings. The recommendations begin with a description of underlining problems followed by suggestions to improve the specific problems. Rather than focusing on “what’s going well” which stakeholders are more likely to recognize, this section focuses on critical observations with corresponding recommendations.

Although these recommendations are specific for the night commuting situation in Kitgum Town, they can also be applied to Gulu Town. Furthermore, the spirit behind the recommendations and their content-based suggestions can be applied in other contexts. There are 40 countries with ongoing armed conflict, 29 of which are humanitarian emergencies affecting children. The broader notion of using an ecological paradigm with evidence-based interventions is applicable not only in other war-affected areas with displaced children (e.g. DRC-Congo) or areas with former child soldiers (Sierra Leone, Sri Lanka, Nepal, etc.), but more generally in areas struggling to promote post-war health rehabilitation.
1) RECOMMENDATIONS FOR: NIGHT COMMUTER WORKING GROUP

- **Lack of Standardization:**
  Each organization is working from a different perspective under a different timeline sharing different messages with night commuters. Even within organizations, different shelters give different messages. Standardized assessment tools, training sessions, and messages to the communities are needed.

- **Inadequate Coordination:**
  Stronger facilitation geared towards accountability and follow-up for proposed action points is needed.

- **Monitoring and Evaluation Shortcomings:**
  Standardized M n E tools should be agreed upon and required from each shelter organization. Although flexibility and uniqueness in M n E approaches should be supported, a common base would be of great advantage.

- **Insufficient Participation from Night Commuters:**
  After NGO’s took over responsibility of centers in spring of 2004, the Night Commuters Association (NCA) which was formalized in 2004 became less involved. As a result of not interacting with other stakeholders, they have not been adequately involved in informing decision-making and assisting in the implementation. Now that they have been re-engaged, their voice should continue to be heard and included at the table.
Additionally, efforts should be made to extend to night commuters beyond working exclusively through the NCA.

- **Vertical Decision-Making:**
Shelter workers and field worker should be encouraged to participate more in meetings and comment on policies since their on-the-ground contributions are very informative.

- **Insufficient Documentation, Sharing of Best Practices, and Harmonization:**
Internal information (small studies conducted, reports from staff etc...) should be shared more freely between members. Gaps identified should be addressed through harmonization of strategies. Best practices in shelter management and now in community outreach should be highlighted, documented, and shared as they emerge.

- **Lack of Sustained Field Presence:**
Although transport and security has made it difficult to spend considerable time in communities, organizations should make a stronger effort to have a deeper presence in the communities. Especially during the upcoming period of community outreach and sensitization while trying to phase out night commuting, it is important that NGO and CBO workers strengthen the trust of community members by showing a commitment to understanding their conditions and addressing them through being more intimately involved in the community.
2) RECOMMENDATIONS FOR: UGANDAN GOVERNMENT

- Inconsistent Messages Leading to Confusion:

Various leaders at the local, regional, and national government level have drastically differing views on night commuting. Even within the Security Committee in Kitgum town there are highly differing views. A uniform message about shelter closure that is evidence-based and informed by consensus amongst the stakeholders if possible would minimize backlash, confusion, and would promote a smooth transition away from night commuting. Radio messages, policy positions, and interventions should be coordinated. Currently, many night commuters don’t know if the government is closing down the shelters, if the NGO’s have run out of funding, or if the host institutions (hospitals and schools) are kicking them out.

- Limited Focus on Social Welfare and Child Protection:

Fingers point in different directions when asked the question “Whose responsibility is the well-being and safe return of night commuters?” The government should work more closely with NGO’s and local leaders so that each party uses their expertise in addressing the various root causes of night commuting. The results show that although night commuting may have started as a security problem, it has become an issue of social welfare and child protection. Thus the appropriate government body with the mandate to inform decisions and act locally on issues of social welfare and child protection should act strongly on this timely issue.
• **Inconsistent Policies Relating to Human Rights:**

The right to safety and sanctuary in addition to the right to freedom of movement is recognized in the Ugandan National IDP Policy and various international declarations. However, the application and recognition of these rights can waver from issue to issue. The right to voluntary resettlement, often present in discussions of population movement during resettlement from IDP camps, should be equally applied to night commuting. Policies which draw on existing human rights frameworks should be consistent and the rights of night commuters who represent "displacement within displacement" should be equally considered.

• **Discounting Perceived Insecurity:**

Although a fact-based security report of recent incidents may reveal that the situation in northern Uganda and Kitgum specifically is safer, it is not yet possible for the government to promise displaced and traumatized people that there is no threat and they are fully safe to return home, especially when the peace talks are not completed. Although the general security landscape has greatly improved, fear associated with primary or secondary trauma in the hearts and minds of the displaced is strong enough to deter some people from returning home. The government should recognize the distinction between improved external security and unaddressed internal perceptions of insecurity. This could help in guiding interventions aimed at confidence building, sensitization, and psychosocial support.
• **Narrow Understanding of the Root Causes of Night Commuting:**

While insecurity and fear of abduction may have been the genesis of the night commuting phenomenon in 1997 and the driving force in 2004 when numbers peaked around 20,000 in Kitgum, numerous other livelihood (land, space, poverty), social (attraction to the facilities like light for reading and activities at the shelters), family (negligence, violence in the home, absence of caretakers), and cultural factors (privacy of parents in a hut) contribute to present-day night commuting. The multiplicity of factors contributing to night commuting must be carefully understood and addressed, otherwise hasty action based only on improved security could miss the current root causes of night commuting and lead to side effects like people rejected from their homes, increased vulnerabilities, and child protection problems.

➤ **3) RECOMMENDATIONS FOR: UGANDAN SECURITY FORCES**

• **Contradictory Positions- UPDF Night Patrols Encouraging Night Commuting**

While some members of the Security Committee of Kitgum favor an immediate closure of shelters, patrol of the UPDF continue to encourage people to night commute since it makes their patrols easier when villages are less populated and sometimes even empty. The logic behind why patrols would benefit from night commuting was confirmed by security officials. Confusion will continue if the government says one thing on the radio and its security forces push the opposite. Beyond having briefings for patrol so they are aware of how any closure plans would affect population movements and thus their jobs, commanding officers within the various security forces should be informed together of any reforms and there should be a consistent policy on how to handle night commuters.
Many night commuters have reported that they were encouraged to night commute by the UPDF. Specific locations with contradictory messages should be identified and managed.

**Improve Security Enforcement:**

While LRA attacks have been minimal to none, the phenomena of *boo kec* (thugs/thieves) capitalizing on people's fears has emerged as a significant reason why people night commute. Security should be scaled up to address the issue of *boo kec* so people are safer and feel safer to return home. Specific recommendations include increasing the training and salaries of local defense units (LDU) and the deployment of police to better enforce rule of law.

**Understanding the Difference Between External Security and an Individual's Perceived Security:** Security forces need additional training in psychosocial trauma so they improve their skills in working with traumatized individuals. This will better allow security personnel to join campaigns of sensitization and confidence building with communities.

**Engage in More Civil-Military Dialogues:**

The best way to build confidence is to meet people directly at their level in their communities and engage them on issues that affect them including issues of controversy between civil society and security forces (inadequate patrol in certain areas, failure to address *boo kec*, illegitimate treatment of civilians by security forces etc...)

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4) RECOMMENDATIONS FOR: NIGHT COMMUTER LEADERS

The Night Commuters Association (NCA) represented by leaders within the night commuting population advocate for a more gradual and participatory closure and are key allies in a successful message dispersal amongst the community.

• Redefine Relationship With Social Workers:
Make a strong effort to overcome historic differences between night commuter leaders and social workers by placing an emphasis on teamwork. Focus on the unique skills and expertise of each party emphasizing the harmonization of strategies.

• Rebuild Leadership Structure:
After the NGO’s took responsibility for the shelters in spring of 2004, the Night Commuters Association took a less active role in discussions around night commuting. Since many changes are taking place, the pre-existing leadership structure of night commuter leaders should be reinvigorated and reorganized to deal with upcoming challenges of integrating night commuters into their homes and villages.

• Offer More Feedback to Policymakers:
Feedback to policymakers should include various voices from within the night commuters, not just the few voices of dominant leaders. Effort should be put into creating spaces where night commuters can share their perspectives and beliefs on policies that affect them.
5) RECOMMENDATIONS FOR: LOCAL COMMUNITIES

• **Use Community Mechanisms to Welcome People:**
Engage local leaders, women leaders, youth leaders, LC’s (local council leader), elders, and religious leaders to welcome people home and help create a warm environment of communalism that would invite people into their villages and help overcome stigmatization and separation based on life experiences.

• **Create Child Protection Committees:** Community based leadership structures in place should organize around the issue of child protection to ensure the protection of returned children and responsible parenting. Such committees have already been created in Akwang and Labuje camp as well as other locations. New child protection committees in peri-urban Kitgum Town should be created, especially where villages have high densities of night commuters or recently returned night commuters. An emphasis should be placed on youth taking a lead in the creation and maintenance of this local body and a serious first agenda item should be how to ensure responsible caretaking.

6) RECOMMENDATIONS FOR: HUMANITARIAN COMMUNITY

• **Need for More Evidence-Based Interventions:**
There is a need for more evidence based research in guiding humanitarian interventions for complex social phenomena like night commuting. Stronger coordination and standardization of assessment and evaluation approaches is also warranted.
• **Preventing Division:**

A continued focus on preventing divisions in communities should be maintained. In the case of night commuting, when a population that has been considered "vulnerable" for so long is now sent home to an environment with other vulnerable individuals, conflict can arise between populations, especially during periods of targeted assistance and distributions.

**Conclusions**

In 1986, the international health community agreed upon some fundamental conditions and resources needed for health at the First International Conference on Health Promotion. These prerequisites include: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity-few things that the youth of northern Uganda have. The WHO went further to make a call for people to control their social determinants of health:

*Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring health opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making health choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This applies equally to both men and women.*

- Ottawa Charter for Health Promotion

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Living in fear and displacement for 22 years weakens one's control of the things that determine health such as the aforementioned prerequisites. However, rather than focusing on all the things that the Acholi of northern Uganda don’t have, it is important to focus on the presence of health promoting factors including resiliency, culture, and retained social bonds. This concept of “salutogenesis” (examining factors that promote health and well-being rather than factors that cause disease) is important in rebuilding a world for such children who have grown up in a war-zone. The Acholi must achieve the fundamental conditions and resources needed for health promotion as mentioned by the WHO. The following concluding perspectives could help the Acholi move closer to promoting their own health.

Night commuting is a complex social phenomenon that includes many push and pull factors. Each one must carefully be considered and interventions should target specific push and pull factors. Furthermore, regional differences in night commuting must be recognized and addressed. Different geographical locations have different push factors and different shelters have different pull factors. Identifying the specific push and pull factors for village clusters and particular shelters will help in creating targeted interventions that communities can be involved in.

Amongst the epidemiological profile of the war-affected north, lack of access to adequate land and housing is of major concern. Congestion is a public health threat with contributions to poor hygiene, outbreaks, and familial problems including domestic violence. Many people don’t have space to build huts, money to rent the space even if the land were available, nor the materials to construct a roof thus a targeted distribution of some alternative roofing source (e.g. tarpaulins) is suggested if the vast majority of
people do return home soon. The relationship between housing and health is just one example of the importance of utilizing an ecological approach.

An ecological framework is essential for understanding and addressing the health effects of war, violence, and displacement in northern Uganda. Seeing stakeholders and elements of society as interlinked will help promote social reconstruction. While this general approach can be applied to post-conflict environments, an emphasis should be placed on avoiding the ecological fallacy by understanding local cultural values and having a body of trained health workers (including mental health workers) who are able to work with unique individual needs.

Sensitization and community outreach must be a shared process that includes the night commuter leaders and well-trained social workers. This will be the key between night commuters transitioning from shelter life to village life. Overall, night commuters and especially youth should be included in the planning, implementation, monitoring, and evaluation of any interventions affecting them. This will increase the efficacy, credibility, and success of interventions since they will be informed by the views of the beneficiaries.
References


50. WHO WHO. Ottawa Charter for Health Promotion. First International Conference on Health Promotion; 1986; Ottawa, Canada; 1986.

### Table 1. Sociodemographic Variables

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**Note:** *p < .05
Table 2. Push and Pull Factors: Reasons for Night Commuting and Insecurity

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**Push**
- No Insecurity
- Lack of Adequate Housing
- House Destroyed
- Parent Sold Them To
- To Accompany Friends
- To Accompany Family
- Pushed In to Activities
- Pushed Because of Alcohol
- Pushed Because of Attack
- Pushed Because of Violence
- Pushed Because of DV
- Pushed Because of Sexual Violence

**Pull**
- Lack of Adequate Housing
- House Destroyed
- Parent Sold Them To
- To Accompany Friends
- To Accompany Family
- Pushed In to Activities
- Pushed Because of Alcohol
- Pushed Because of Attack
- Pushed Because of Violence
- Pushed Because of DV
- Pushed Because of Sexual Violence

*Note: All push and pull factors are indicated with their respective OR values and 95% CI.*

**Table Details:**
- The table presents the odds ratios (OR) and 95% confidence intervals (CI) for various push and pull factors related to night commuting and insecurity.
- The significance levels are indicated with * (p < 0.05) and ** (p < 0.01).
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<tr>
<td># Huts per Household</td>
<td>482</td>
<td>312</td>
<td>76</td>
<td>388</td>
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<tr>
<td>Mean (median) (SD) (range)</td>
<td>1.36 (1) (0.95) (0-8)</td>
<td>2.1 (2) (1.2) (0-10)</td>
<td>2.0 (2) (1.1) (0-5)</td>
<td>2.1 (2) (1.2) (0-10)</td>
<td>All 3 Groups</td>
<td>F=52.67</td>
<td>&lt;.0001**</td>
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<tr>
<td>Average # People per Hut</td>
<td>482</td>
<td>325</td>
<td>76</td>
<td>401</td>
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<tr>
<td>Aggregate mean (SD)</td>
<td>5.74 (2.78)</td>
<td>4.29 (2.52)</td>
<td>4.21 (2.54)</td>
<td>4.27 (2.52)</td>
<td>All 3 Groups</td>
<td>F=23.05</td>
<td>&lt;.0001**</td>
</tr>
<tr>
<td>Ownership of Home</td>
<td>516</td>
<td>320</td>
<td>76</td>
<td>396</td>
<td>All 3 Groups</td>
<td>$\chi^2=68.65$</td>
<td>&lt;.0001**</td>
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<td>Own</td>
<td>202</td>
<td>39.1%</td>
<td>204</td>
<td>63.8%</td>
<td>48</td>
<td>63.3%</td>
<td>252</td>
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<tr>
<td>Rent</td>
<td>237</td>
<td>45.9%</td>
<td>105</td>
<td>32.8%</td>
<td>27</td>
<td>35.5%</td>
<td>132</td>
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<tr>
<td>Free</td>
<td>77</td>
<td>14.9%</td>
<td>11</td>
<td>3.4%</td>
<td>1</td>
<td>1.3%</td>
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* = .01 < p < .05

** = p < .01
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<th>FNCs</th>
<th>NNCs</th>
<th>FNCs + NNCs</th>
<th>Comparison</th>
<th>Test Statistic</th>
<th>P-value</th>
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<td>Former Night Commuters</td>
<td>Non Night Commuters</td>
<td>Combined Control Group</td>
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<td>n=</td>
<td>No.</td>
<td>%</td>
<td>n=</td>
<td>No.</td>
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<td>Feeling of safety sleeping at home</td>
<td>527</td>
<td>222</td>
<td>77</td>
<td>399</td>
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<td>Very safe</td>
<td>38</td>
<td>7.2%</td>
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<td>203</td>
<td>63.0%</td>
<td>n/a</td>
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<td>Somewhat safe</td>
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<td>27.6%</td>
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<td>Not at all safe</td>
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<td>30</td>
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<td>Feeling of safety sleeping at shelter</td>
<td>526</td>
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<td>n/a</td>
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<td>Very safe</td>
<td>330</td>
<td>64.4%</td>
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<td>n/a</td>
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<td>n/a</td>
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<td>Somewhat safe</td>
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<td>n/a</td>
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<tr>
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<td>2.7%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<td>Comfortability with Family</td>
<td>537</td>
<td>321</td>
<td>77</td>
<td>398</td>
<td></td>
<td></td>
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<tr>
<td>Very Comfortable</td>
<td>238</td>
<td>44.3%</td>
<td>118</td>
<td>36.8%</td>
<td>29</td>
<td>37.7%</td>
<td>147</td>
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<tr>
<td>Somewhat Comfortable</td>
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<td>38.2%</td>
<td>147</td>
<td>45.8%</td>
<td>37</td>
<td>48.1%</td>
<td>184</td>
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<td>Not at All Comfortable</td>
<td>94</td>
<td>17.5%</td>
<td>56</td>
<td>17.4%</td>
<td>11</td>
<td>14.3%</td>
<td>67</td>
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<td>Quarrels Within Family</td>
<td>536</td>
<td>319</td>
<td>77</td>
<td>396</td>
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<td>Often</td>
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<td>8.3%</td>
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<td>2.6%</td>
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<td>Sometimes</td>
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<td>63.2%</td>
<td>190</td>
<td>59.6%</td>
<td>50</td>
<td>64.9%</td>
<td>240</td>
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<tr>
<td>Never</td>
<td>143</td>
<td>26.7%</td>
<td>102</td>
<td>32.0%</td>
<td>25</td>
<td>32.5%</td>
<td>127</td>
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<tr>
<td>Caring Nature of Family</td>
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<td>321</td>
<td>75</td>
<td>396</td>
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<tr>
<td>Very</td>
<td>210</td>
<td>39.5%</td>
<td>111</td>
<td>34.6%</td>
<td>31</td>
<td>41.3%</td>
<td>142</td>
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<td>Somewhat</td>
<td>245</td>
<td>46.1%</td>
<td>144</td>
<td>44.9%</td>
<td>36</td>
<td>48.0%</td>
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<td>14.5%</td>
<td>66</td>
<td>20.6%</td>
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<td>10.7%</td>
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* = p < 0.05
** = p < 0.01
Table 5. Push and Pull Factors Unique to Shelters and Areas of Kitgum

It has recently been discovered that there are many unique reasons why people night commute from particular areas for particular reasons. These background reasons are helpful in identifying specific causes so interventions can target the special push and pull factors that ultimately drive a night commuter to a shelter. The following table highlights the 13 shelters in Kitgum town and offers interventions for specific push and full factors.

<table>
<thead>
<tr>
<th>#</th>
<th>NC Center Name</th>
<th>Managing Organization</th>
<th>Unique Push Factors</th>
<th>Unique Pull Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>St. Joseph Hospital</td>
<td>CPA</td>
<td>▶ 1. Town Council Road Construction destroyed dozens of homes (Villages of Lemoro South and East in June/July 2006. ▶ 2. Historically unsafe areas outside Labuje IDP camp.</td>
<td>▶ 1. AVSI Library and lights for reading. ▶ 2. Unlimited water source for bathing.</td>
</tr>
<tr>
<td>2</td>
<td>Kitgum Boys School</td>
<td>CPA</td>
<td>▶ 1. Historically unsafe areas outside Labuje IDP camp. ▶ 2. Congestion in Labuje camp with little space for huts.</td>
<td>▶ see intervention #2 above. ▶ 5. Land advocacy and consider targeted distribution of tarpaulins.</td>
</tr>
<tr>
<td>3</td>
<td>Kitgum Girls School</td>
<td>CPA</td>
<td>▶ 1. Historically unsafe areas outside Labuje IDP camp.</td>
<td>▶ see intervention #2 above</td>
</tr>
<tr>
<td>4</td>
<td>Government Hospital</td>
<td>Caritas</td>
<td>▶ 1. Congestion in Westland Village (lack of space accommodation)</td>
<td>▶ 6. Promote Child Friendly Spaces in villages ▶ consider intervention #5 ▶ see intervention #3</td>
</tr>
<tr>
<td>5</td>
<td>Giulio Pastore</td>
<td>Caritas</td>
<td>▶ 1. UPDF around Gangdyang barracks encourage people to night commute.</td>
<td>▶ 7. Security advocacy and sensitization of patrols to not send a mixed message out of convenience for their work.</td>
</tr>
<tr>
<td>6</td>
<td>Kitgum Public School</td>
<td>Caritas</td>
<td>▶ 1. Fear of Boo kec (thugs) in Lulojo village and distant areas.</td>
<td>▶ 8. Ensure security forces take major steps to address Boo kec: increase LDU trainings and salaries. ▶ see intervention #3</td>
</tr>
<tr>
<td>7</td>
<td>Works Local</td>
<td>CPA</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Water Dept.</td>
<td>CPA</td>
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</tr>
<tr>
<td>9</td>
<td>Prison &amp; Centenary</td>
<td>CPA</td>
<td>▶ 1. Fear of Boo kec (thugs) in Lulojo village and distant areas.</td>
<td>▶ see intervention #8</td>
</tr>
<tr>
<td>10</td>
<td>Town Parish Church</td>
<td>Mothers Union</td>
<td>▶ 1. UPDF around Gangdyang barracks encourage people to night commute.</td>
<td>▶ see intervention #7 ▶ 9. Work with religious leaders to provide evening fellowship in the community, not in the shelters which encourages</td>
</tr>
<tr>
<td>#</td>
<td>Institution</td>
<td>Organization</td>
<td>Impact</td>
<td>Intervention Details</td>
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<td>----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Kitgum High School</td>
<td>Mothers Union</td>
<td>Number of night commuters has gone up in the past months reaching over 600.</td>
<td>People to sleep away from their families.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>▶ 1. Desolate Villages</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>▶ 2. Encouragement by UPDF to night commute.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>▶ 1. Shelter is closer to land for digging compared to Akwang IDP camp.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>▶ see interventions #2 and #7</td>
</tr>
<tr>
<td>2</td>
<td>Y.Y. Okot School</td>
<td>Mothers Union</td>
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<td></td>
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<td></td>
<td></td>
<td>▶ 10. Increase Patrols in any neglected Insecure Areas.</td>
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<td>▶ see intervention #2</td>
</tr>
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<td>3</td>
<td>Child Care Project</td>
<td>Diocese of Kitgum-Child Care Project</td>
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<td></td>
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<td></td>
<td></td>
<td>▶ 1. Religious fellowship and social activities</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>▶ 2. Specialization in children and orphans</td>
</tr>
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<td>▶ see interventions #9 and #3, move some fellowship and social activities to the villages.</td>
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<tr>
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<td>▶ 11. Refocus social workers on using child-focused approaches in the villages moving towards reintegration in the community.</td>
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</table>