The ‘marketplace of post-conflict assistance’ in Northern Uganda and beyond

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Abstract

In this article, we put forward the framework of the ‘marketplace of post-conflict assistance’ as a conceptual, analytical and heuristic tool to better understand the holistic dynamics that take place in humanitarian and post-conflict contexts, where a variety of different actors offer various forms of services and assistance. With this conceptual framework, we seek to emphasize the relational and interactional dynamics between providers of services and intended beneficiaries in contexts where there are often a variety of different ways to conceptualize and manage problems stemming from years of armed conflict. We show this through one in-depth case study of a family who have struggled for years with mental illness/spiritual problems in the years during and after the armed conflict in Northern Uganda. By framing the post-conflict space through the marketplace metaphor, it becomes possible to gain a more holistic and dynamic understanding of the ways in which people try out different options to manage issues related to years of armed conflict and seek healing. Importantly, this framework also recognizes the agency that people exercise in doing so, and how communities and service-providers in humanitarian, developmental and post-conflict contexts relate to each other.

Keywords: agency, anthropology, development, healing pluralism, humanitarianism, post-conflict, Uganda

INTRODUCTION

I (Schulz) still vividly remember the abundance of NGO and UN signposts I encountered on my first walk across Gulu town when I arrived in Northern Uganda in the summer of 2011. ‘Guess who is running this town?’ I naively assumed and then shared on my Facebook account, together with a picture of one of the central roundabouts in town that was plastered with these signposts (see Figure 1 below). At that point, hundreds of non-governmental organizations operated across the region (Büscher et al., 2018), mostly focused on development and peacebuilding efforts, a couple of

1 In sharing our individual experiences here in this introduction, we start by using ‘I’ for each of us, and then resort to ‘we’ in relation to the observations and arguments we put forward collectively throughout the remainder of this article.

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years after the more than two decades long armed conflict between the Lord’s Resistance Army (LRA) rebel group and the Government of Uganda came to a halt. In 2015, when I (Williams) first arrived in the region to study practices around mental illness, I expected to examine what I (equally naively) thought were two separate approaches to mental illness after conflict: traditional cleansing rituals and mental health interventions by NGOs. I was drawn toward the tensions in explanations and management that I expected these ‘two systems’ to represent – the traditional and the modern, the old and the new.

Later, in 2016, both of us were conducting research in Northern Uganda again, and in this process closely got to know a family that, in an attempt to support a mentally ill family member (‘Robert’2), over a period of years tried out different forms of assistance offered by churches, hospitals, traditional healers and NGOs. Observing these dynamics – which we follow throughout this article as an illustrative case study scenario (see below) – we quickly got to realize how complicated and intertwined post-conflict assistance dynamics in Uganda were, beyond our initial (and naïve) assumption of NGOs ‘running the town’, or of two separate and sealed off approaches to service-delivery. Indeed, the situation in Northern Uganda is not characterized by any one dominant actor or ‘system of healing’, but rather is a flux of ideas and practices that could be combined in endless permutations. What is more, in ‘shopping around’ and mixing different ideas and practices together, local communities play a key role in these dynamics of post-conflict services and assistance.

As such, a diverse body of different actors and stakeholders offers a multitude of services and assistance for conflict-affected communities in Northern Uganda. A vast number of NGOs and civil society organizations (CSOs), religious institutions, state agencies as well as traditional authorities operate alongside – often in competition or collaboration with one another (Porter, 2015) – setting diverse foci and at times approaching similar phenomena from different angles.3 Causes of misfortune and suffering in post-war Northern Uganda are thereby often differently interpreted and responded to by different actors respectively, including as trauma/PTSD, or as evil spirits (cen) (Victor and Porter, 2017; Williams and Meinert, 2020).

This situation of a mixture – or how we conceptualize it in this article: this ‘marketplace’ – of actors, services and approaches is certainly not unique to post-war Northern Uganda, but rather applies to various developing, humanitarian and conflict-affected contexts across the world (Büscher and Vlassenroot, 2011; Abramowitz, 2009; Harrison, 2013). As a matter of fact, pluralistic systems of healing and assistance are not unique to crises or conflict situations, but can instead be found across

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2 ‘Robert’ and other names used in the following are synonyms.
3 Within these respective set of actors – humanitarian organizations; religious institutions; traditional authorities – vast differences exist, so that they cannot be viewed as unitary entities either.
the globe (MacDonald and Allen, 2015; Bowman, 1999; Gammelin, 2018). Yet, they appear to be particularly pronounced in (post-)conflict or emergency settings, where NGO presence is often particularly extensive (Autesserre, 2014; Krause, 2014). Scholars across disciplines, including anthropology, international relations, or sociology, have critically examined this multitude of actors in post-emergency terrains (Hilhorst and Jansen, 2010; Hülssiep et al., 2020; Porter, 2015). However, while much has been written about the formation of a humanitarian-development nexus, globally (de Waal, 2010; Hülssiep et al., 2020; Hilhorst and Jansen, 2010; Krause, 2014) and in Northern Uganda (Branch, 2011; Lie, 2017), less attention has so far been paid to how diverse actors in humanitarian and/or conflict-affected contexts interact with each other, as well as to the holistic systems of assistance, treatment and healing that get co-created in this process. Similarly, how affected communities engage with and navigate their ways within and between these systems, despite emerging scholarship (Grünewald, 2012; Gammelin, 2018), requires further exploration.

Against this background, in this article we put forward the analytical and heuristic framework of the marketplace of post-conflict assistance. Such market(place) metaphors have previously been applied by scholars to analyze, amongst others, marketplaces of politics and peacekeeping (de Waal 2009), humanitarian aid and development (Willner-Reid, 2018) or spirituality (Bowman, 1999). Previous studies similarly attested systems of legal (Anying and Gausset, 2017), medical (Bowman, 1999) and spiritual pluralisms (Gammelin, 2018) – all of which are characteristic for marketplace dynamics, as we tease out below. Many of these pre-existing analyses, however, operate in silos, focusing on specific aspects – such as the aid marketplace of national and international humanitarian organizations in Afghanistan (Willner-Reid, 2018) or the marketization of healing and health in Africa (Dekker and van Dijk, 2018). Many of these prior analyses also assume neoliberal ideas of market(places), thereby missing a myriad of possible interactions and dynamics.

What remains largely absent from existing scholarship is an empirically-rich and holistic conceptualization of the marketplace of assistance that takes into account different actors and sectors (and not just aspects of it), including the range of humanitarian organizations, religious actors or traditional healers. At the same time, previous writing (primarily in International Relations) tends to focus predominantly on the ‘offering’ actors, i.e. organizations or institutions (Willner-Reid, 2017; Krause, 2014), but has not yet paid sufficient enough attention to the positions and experiences of those seeking out services, with only some exceptions (see Gammelin, 2018).

Engaging with these trends in the literature, in this article we thus explore and conceptualize the holistic marketplace of post-conflict assistance from the point of view of those seeking out services. This, we hope, offers a rich and empirically-grounded representation of the manifold dynamics.
taking place in different humanitarian or post-conflict contexts globally, as well as illustratively in Northern Uganda.

To this end, we utilize the figurative image of a post-conflict marketplace of assistance, where various actors serve as ‘entrepreneurs’ (Madlingozi, 2010) offering different services (or ‘products’), and where ‘clients’ have the opportunity to ‘shop around’ before eventually (and often temporarily) acquiring something they deem fitting in response to their situations, needs and means. Specifically focused on medically-pluralistic situations, Gammelin (2018) offers the concept of ‘health-seeking nomads’ who ‘are on the move between alternative spaces of healing’ (247). This idea is helpful, offering insights into the behaviours and trajectories of those seeking services. Our concept of the holistic marketplace of assistance complements this work in terms of perspective: whereas this previous work describes the trajectories of individuals (or groups), the ‘marketplace’ takes a more systematic and interactional perspective of the spaces in which these journeys, negotiations and exchanges take place. Or in other words, ‘nomadic health-seeking’ can be said to be what people do within the ‘marketplace’. Bringing together these different insights from interdisciplinary sets of literature, and drawing on empirical findings from Northern Uganda, we seek to paint a detailed and holistic picture of the myriad dynamics taking place in post-conflict and humanitarian contexts, where various actors and institutions make various promises – based on differing grounds, approaches and assumptions – to people who have lived through protracted crises.

Rather than viewing affected people exclusively as suffering subjects (Robbins, 2013) and passive recipients of the post-conflict humanitarian and developmental industry, we instead recognize their agency within these nevertheless asymmetrical power relations, without negating their vulnerabilities either. This agency becomes visible in particular through an everyday pragmatism (Whyte, 1997) and persistence in finding help, whereby individuals seeking assistance ‘refuse to throw themselves passively onto the mercies of a single [...] option’ and instead ‘approach many and constantly evaluate and re-evaluate the services offered’ (Gammelin, 2018, p. 259). We show that individuals’ trajectories in this post-conflict terrain can be characterized as relational pathways through the systems, with different turns and intentions over time.

We illuminate these pathways through an in-depth case study example from Northern Uganda; the family of Robert introduced below. The story of the family’s help-seeking journey and Robert’s affliction is heavily tainted by experiences of war and constitutes a poignant illustration of ‘shopping around’ the marketplace, of ‘traversing boundaries and switching between parallel healing systems’ (Gammelin, 2018, p. 245) before eventually finding something that works or fails all together. We proceed here with methodological reflections on our subjective positionalities as external
researchers in this post-conflict terrain. We then map out the landscape of post-conflict and humanitarian services in Northern Uganda, to then introduce our conception of the marketplace of assistance. Following the case study analysis, we discuss its marketplace components, ultimately arguing that this framework offers a dynamic and fluid understanding of the ways people try out different options to engage with their experiences.

METHODOLOGICAL REFLECTIONS ON POSITIONALITIES

Having been trained in two different disciplines – anthropology (Williams) and international relations (IR) (Schulz) respectively – and having conducted fieldwork together in the same region, we had numerous conversations about this ‘marketplace’ of post-conflict assistance and the politics surrounding it for years. The reflections offered here are not necessarily based on research immediately conducted for the purpose of writing an article of this sort, but rather stem from our respective years-long research experiences and encounters from a multi-disciplinary perspective. Both of us have done research in Northern Uganda over several years, since 2011 and 2015 respectively. Between 2015 and 2019, we both conducted dissertation fieldwork in Acholiland, from which the bulk of our material and reflections draw from. For this, we have each (individually and jointly) conducted research – primarily ethnographic participant observation and key-informant interviews – with diverse groups of conflict-affected communities and with a range of actors, including NGO representatives, traditional authorities and healers, or religious, cultural and political leaders. The specific case material for this article stems from long-term engagement with the family of Robert – including interviews with family members and different service-providers who engaged with Robert, as well as participant observation of the family’s help-seeking trajectories.

As external researchers from the Global North who in many ways intervene in this context in the Global South, we are very much positioned as actors in this post-conflict marketplace ourselves. Northern Uganda has long become an attractive destination for researchers, graduate students and NGO workers (Mwambari 2019; Schlitz and Bürscher, 2018) – a ‘research intervention’ (Finnström, 2018: 1) that we are part of as well. For our research, we both work with research collaborators, who themselves can be viewed as one (related) group of actors in this marketplace, offering services to researchers and to local communities participating in research alike (Mwambari, 2019). This, in essence, is how we become involved in this post-conflict marketplace ourselves, by hiring and paying ‘brokers’, who then in turn (directly or indirectly) compensate some of our ‘informants’.
At the same time, our research – on mental health and post-conflict justice – directly engages with questions that are central to post-conflict developments. When one of us is interested in exploring survivors’ perceptions of justice (Schulz, 2021), while the other perhaps asks similar questions, but with an explicit emphasis on healing or mental health support (Williams, 2019), do we not influence people in seeing their experiences or perspectives as such, and assist them in specifically looking for services in that regard? We thus carefully acknowledge that due to the nature of the questions we ask, and the phenomena we are interested in, we likely play a role in how the people we engage with make sense of their experiences, and thus perhaps in what services they are, or become, interested in.

CONTEXTUALIZING POST-CONFLICT NORTHERN UGANDA

Once referred to as ‘the biggest forgotten, neglected humanitarian emergency in the world’, the conflict between the Lord’s Resistance Army (LRA) rebel group and the Government of Uganda has since received substantial attention (Finnström, 2008). The more than two-decade long armed conflict (1986-2006/8) resulted in massive forced displacement of almost the entire population, large-scale human suffering caused by abductions, killings, and violence unleashed on the civilian population both by the LRA rebels and government troops, as well as a breakdown of most of the region’s basic infrastructure and social relations. As a result, in the contemporary post-conflict context, war-related hardships – including mental health problems, spiritual distress or reintegration challenges – are common. Since the height of the military conflict in the 1990s, Northern Uganda became a nexus of numerous humanitarian and development interventions from near and far. The establishment of internally displaced person (IDP) camps across the region specifically triggered ‘the involvement of a massive humanitarian apparatus where a plethora of national and international NGOs [...] started to provide food aid, protection and service-delivery [...]’ (Lie, 2017, p. 198; see Branch, 2011).

As the conflict gradually ended, as of 2008, attention began to shift from emergency-centred humanitarian aid to development concerns, human rights and peacebuilding work as well as reconstruction efforts (Branch, 2011; Büscher et al., 2018). Simultaneously, the number of organizations soon began to decrease. To illustrate: whereas in 2010, the NGO Forum Gulu counted 120 members, in 2016 the number of NGOs in and around Gulu had gone down to only between 40 to 45 operational organizations (Büscher et al., 2018: 349). At that point, some of the organizations whose signposts previously dominated the scene had either re-located, for instance to Karamoja region or to South Sudan, while yet others were dissolved. A few years later again, in 2018, some of
these agencies had returned, while some new organizations were founded, mostly in response to the influx of refugees from South Sudan.

Figure 1: Roundabout in Gulu Town (2011)

Simultaneous with the changing dynamics in the NGO sector, other actors dealing with a range of similar post-conflict problems are operating side by side. Religious institutions in particular traditionally and contemporarily play an influential role (Alava, 2017). As Williams and Meinert write, ‘the old Catholic and Anglican churches, which had a religious monopoly over the souls of the people for so many years, see themselves challenged today by a myriad of Pentecostal-Charismatic churches which have become popular in the region’ (2020, p. 4), as they have elsewhere in the world (Robbins, 2004). Indeed, across Acholiland, a growing number of small Pentecostal churches are offering healing services for various malaises connected to the years of the conflict, with many “people turning here for solace, recovery, community” and assistance (Williams, 2019, p. 176). Nevertheless, the Protestant and Catholic Church remain the largest religious communities in Acholiland (Alava, 2017), maintaining a substantial influence and have much to offer for local communities, including those on the search for assistance and healing.

At the same time, traditional means of healing – in the form of herbs, divination and rituals – became increasingly popular again (Komujuni and Büscher 2020). This realm of ‘the traditional’
comprises traditional healers (ajwaki), who are ‘working with the spirits’ (Victor and Porter, 2017), and more collective traditional healing, reintegration and reconciliation ceremonies (Baines, 2007), deeply rooted in Acholi cosmology (Finnström, 2008). The primary traditional cultural institution in Acholi, Ker Kwaro Acholi (KKA), plays an important role in promoting and also organizing some of these rituals, but has also been critiqued as symbolizing a re-invention of cultural authority and being affected by neo-colonial interventions (Anyeko et al., 2012; Branch, 2008). Another kind of ‘traditional healing’ that is also widely advertised – often through small pamphlets (see figure 2) in and around Gulu Town (and which epitomizes the notion of the marketplace) – is that of traditional healers encouraging customers to call a telephone numbers for all manners of problems, from dealing with witchcraft or lost lovers to biomedical issues and judicial concerns (see figure 2).

Figure 2: A pamphlet from Gulu Town advertising traditional healing (2017)

Furthermore, shortly after the war, in 2008, a clinic specifically for victims with PTSD was opened in extension of the local government referral hospital in Gulu town, primarily prescribing biomedical medication. Interviews with psychiatric nurses and the leading psychiatrist at the clinic revealed that ‘mental illness was highly stigmatized’ and that seeking assistance at the mental health unit was often a last resort for families with a sick relative. Through this clinic, the state also appears as an actor on the marketplace of assistance.

This multitude of actors across Acholiland ultimately results in a situation whereby different stakeholders have found a space in the post-war landscape, offering diverse services and bringing promises of assistance and healing for the conflict-affected populace at large. These different actors at times compete (e.g. over resources or ‘clients’) and at times collaborate with each other, while often differently interpreting diverse war-related phenomena and sources of misfortune. Although these are gross over-generalizations and conceptual abstractions, rather than empirically clear-cut categories, it appears that many NGOs – albeit not all – typically seem to interpret survivors’ war-
related sufferings as trauma or PTSD, and in response often offer individualized psycho-social counselling or therapy sessions, whilst hospitals typically prescribe medication for similar interpretations. Traditional healers would most commonly interpret these misfortunes as forms of cef, or evil spirits, which in turn ought to be responded to by traditional cleansing ceremonies or healing rituals (Victor and Porter, 2017). Different types of churches typically put forward various religious and/or spiritual interpretations and corresponding solutions (Alava, 2017). For instance, whereas many charismatic Pentecostal churches may often view misfortune as caused by demons, requiring prayers (Williams and Meinert, 2020), the Catholic Church in Acholi propagates and adapts a fairly western-centric understanding of suffering as trauma and as part of the human condition (Alava, 2017; see Whitmore, 2019).

In the post-conflict context, and in attempts of responding to experiences related to the war, these numerous options and their corresponding interpretations are negotiated, tried out and combined by conflict-affected communities in myriad ways, and often abandoned again at some point in time, before other avenues will be tried out (see Williams and Meinert, 2019). In many ways, these different categories of and approach to healing are not always and necessary sealed off from each other, but rather more fluid and often even complementary (Porter, 2015; Porter and Victor, 2017), to the effect that people in pursuit of help and healing regularly combine different options. This is illustrated in the case study below, where a combination of bio-medicine and spirituality is viewed as part of the solution, or reflected in the example of reintegration programmes for former LRA captives and returnees, which typically combined psychosocial support with spiritual guidance (Akello, 2019).

Ultimately, this situation of a mixture of different actors with diverse foci, approaches and interpretations of war-related phenomena and communities’ experiences and needs is not unique to Acholiland, but instead applies more generally to diverse contexts around the world. Development studies scholars in particular have documented the ‘humanitarian presence’ of international aid agencies, ‘particularly during protracted humanitarian crises’ (Büscher and Vlassenroot, 2010, p. 256), across multiple countries and in diverse post-war, post-crises and developing or humanitarian contexts (see Hilhorst and Serrano, 2010; de Waal 2010; Fernando and Hilhorst, 2006; Bakewell, 2000). At the same time, scholars increasingly pay attention to the roles and positions of other actors in post-war reconstruction and developmental efforts, such as state agencies, religious institutions and traditional authorities (MacDonald and Allen, 2015; Tapscott, 2017; Porter, 2015; Alava and Shroff, 2019). Yet, while scholarship has turned to each of these (sub)set of actors in silos, or to the specialized marketplace of humanitarianism (Willner-Reid, 2017), the wider interplay of this multitude of different stakeholders and the holistic and intersecting systems of assistance and
services that they co-create remains mostly marginalized in existing studies. This is where our article seeks to contribute to existing literature.

INTRODUCING THE MARKETPLACE OF POST-CONFLICT ASSISTANCE

In an attempt to better understand and conceptualize the myriad dynamics and exchanges taking place in post-conflict, humanitarian and developmental landscapes – where various actors and institutions make differing promises for relief from suffering and a way forward (Williams, 2019, p. 19), based on differing grounds, approaches and assumptions – in this article we thus introduce the metaphorical, heuristic and conceptual framework of the ‘marketplace’ of post-conflict assistance.

For this, we suggest the figurative image of a marketplace, and ask the reader to picture a typical market4 site, ideally in a suitable geographical context. What shapes our imagination are different market localities across Northern Uganda, such as in Gulu town or in rural locations. Perhaps most illustrative is the big main market in the heart of Gulu town, organized alongside specific ‘sections’ of products – i.e. the fruit and vegetable aisles, the meat- and fish-markets, or aisles of fabrics and household items. Whilst the main market in Gulu, given its size, has a wide variety of different types of products on offer, smaller village markets inevitably have a more restricted selection. In addition to offering spaces for the exchange of goods and services, which is a definitional characteristic of a market(place), these markets are also highly social spaces, where vendors and customers often know and interact with each other.

Comparable to these characteristics, the marketplace of assistance that we conceptualize here can similarly be viewed, at least metaphorically, as being organized alongside specific ‘sections’ of actors and foci; i.e. NGOs, traditional authorities, or religious institutions. Within and across these sections, various actors offer different services that are certainly comparable, but also differ – for instance in price (or access) and quality. For instance, in the religious institutions ‘section’ of the marketplace, the Catholic Church and a growing number of smaller Pentecostal Churches exist alongside, offering partly similar yet also partly differential services for conflict-affected communities. As on an actual market site, this metaphorical marketplace of post-conflict assistance also carries social dynamics (Willner-Reid, 2017), whereby different actors on the scene often know each other, and can either advise their ‘clients’ where to find something that they might not be offering, thereby

4 The use of ‘market’ here and throughout mostly applies to actual, physical markets and market sites, for metaphorical illustration; whilst marketplace refers to our conceptualization of the figurative marketplace (of assistance) and the structure and system that different actors constitute – unless otherwise specified in the text.
complementing each other; or marketing their products over those of competitors, thereby competing with one another.

On this marketplace of post-conflict assistance, ‘clients’ in search of services, assistance or healing shop around, looking for different possibilities at different points in time, and comparing what different actors have to offer in response to their respective place- and time-contingent needs, means, resources and priorities. Individuals and communities chose between different services and institutions, often ‘moving from one healing option to another’ (Gammelin, 2018, p. 245), ‘according to the constraints they face and the outcome they hope to achieve in different arenas’ (Anying and Gausset, 2017, p. 354). Within this marketplace of post-conflict assistance, the different sets of actors – NGOs, religions institutions, state agencies, traditional authorities – thus serve as ‘entrepreneurs’ (Madlingozi, 2010) offering services; and affected communities are the metaphorical ‘clients’, who ‘shop around’ for services in response to their needs and experiences, in search of healing and assistance for their harms.

In many ways, this marketplace metaphor can at first sight resemble a problematic neo-liberal understanding. Yet, as Moore (2000) previously attested, post-conflict and developmental discourses and programs in sub-Saharan Africa are often modelled around neo-liberalism, and thus the marketplace metaphor seems somewhat fitting. Nevertheless, the image of the ‘marketplace’ should not (only) be imagined in terms of an archetypical neoliberal space governed by the machinery of major for-profit corporation – as one might first think. Indeed, ‘viewing this marketplace only, or predominantly, in cold, rational, economic terms [...] obscures many of the related dynamics at play’ (Willner-Reid, 2017, p. 37). Instead – as we conceptualize above, and empirically illuminate below – the marketplace is also a social space, where ideas are exchanged, goods and services provided, livelihoods secured and assistance is offered. As such, the figurative idea of the post-conflict marketplace implies the potential to more fluidly and dynamically capture the diversity of interactive and relational engagements between post-conflict actors and communities respectively. This relationality manifests primarily vertically between individuals/communities and different sets of actors, but also horizontally between different kinds of actors, who can either collaborate or compete with each other (see below).

In this vein, it also becomes possible to recognize the agency of people seeking out services in such contexts, rather than viewing them as passive, suffering recipients and beneficiaries (Robbins, 2013) of the humanitarian and developmental industry (Autesserre, 2014; Hilhorst and Jansen, 2010). Whilst their vulnerabilities should not be overlooked (Jungar and Oinas, 2011), it is nevertheless also important to acknowledge how people move between and constantly re-evaluate different spaces...
and try out various options on offer in the marketplace of assistance (Gammelin, 2018), thereby exercising agency. At the same time, those offering services also often need their ‘customers’ in order to uphold their existence (e.g. to get funding from donors) – to the extent that ‘beneficiaries become part of a commodity (Krause, 2014: 4). As we explore in more detail further below, some communities or individuals may be seen as more affluent compared to others, because of a certain socio-political capital – in a Bordieuan sense (1975) – that serves as a currency (James, 2004) in this marketplace scenario, and that makes them particularly interesting for certain actors, such as NGOs lobbying for funding and influence (Krause, 2014).

Lastly, and as we further elaborate in the discussion, the abilities and capacities for individuals to shop around the marketplace of assistance are also heavily governed by structural factors and specifically by socio-economic resources: Just like in an actual market-place, not all individuals in search for healing and assistance have the means and resources to try out all options on offer. As Anying and Gausset discuss in relation to the notion of ‘forum shopping’ in contexts of legal plurality, ‘the choice of one forum is not only made according to preferences for certain [...] principles, but can also depend on [...] differences such as physical and financial accessibility and impartiality, or cultural preferences’ (2017: 354). In Northern Uganda, for instance, traditional rituals or biomedicine come at a cost that not everyone can afford – as we demonstrate below.

**NAVIGATING THE MARKETPLACE: THE CASE OF ROBERT’S ILLNESS**

Drawing on this conceptualization, we now illustrate how conflict-affected communities navigate their pathways through this marketplace of post-conflict assistance in Northern Uganda, through an in-depth case study narrative of a family that we, the authors, have come to know well over the years of our research in Acholiland. Robert, whose affliction the case trails, was the head of a family household in Paibona, a small village about an hour’s drive outside of Gulu town. Since 2015, the two of us have conducted research not only with Robert himself, but also with his family and several of his sons, with whom one of us, Williams, has stayed in their home for extended periods between 2016 and 2019.

**The onset of illness**

Robert grew up on his ancestors’ land in Paibona with his two brothers very close to him in age. Robert became a tanner, in addition to working as a farmer in the field. During the 1990s, whilst the

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5 The use of ‘we’ throughout this case study analysis refers to the two authors, unless otherwise specified to refer to the authors and members of Robert’s family.
military conflict between the LRA and the government forces was heating up, it became increasingly dangerous for the family to work in the fields. Eventually, the family’s land was partially usurped by an IDP camp, and in 2002 the government erected a military barrack on their land. Robert stayed in the camp with his family, but sent several of his sons into town so they could work or attend school. He still went to his fields and worked together with his two brothers, whom he was very close with. One day, the government soldiers came by their field, and shot both Robert’s brothers in front of him, while they were in the field together. Robert they let live.

Two years later, on one particular day when Robert was going into town to the grinding mill, he went “mad” (apoya). He left the corn behind and started to ‘wander with no purpose’ (lak ataa ataa). When he got back to the compound, he would run after the kids, screaming at them. He yelled out his brothers’ names, and said the two dead brothers wanted him to follow them. From that day on, Robert was never well again. For long periods of time he would change completely, screaming at people in the compound, running after people on the road, getting into fights; something that had never characterized his behaviour before. Our field assistant, who grew up in a neighbouring village, remembers him from that time as Lapoya (Mad) Robert. She describes how he once came to their compound when she was a young girl and screamed at her family before locking himself in their kitchen-hut and refusing to come out. He mumbled to them through the locked door ‘in a very strange voice’, she recalls.

Seeking help from the Ajwaka

The family’s attempt to help Robert deal with his ‘sickness’ ultimately set in motion their health-seeking journey through the marketplace of different possibilities for assistance. The same year Robert went mad, he was taken to several traditional healers (ajwaki). The family suspected that it could be something to do with the ancestors, or connected to ‘bad death’ (otoo marac) lingering in the family. After a small ceremony, the spirits revealed to one of the healers what older family members already knew; there was ‘something’ in their family, an incident of rage and murder, which was haunting them today. It was centred around Robert’s grandfather, who was ‘an angry man’, the elders said. Apparently, he had killed a young boy who was trespassing on his land. The boy was a drifter, and so no one had ever claimed justice or compensation for the killing. This was the problem, the healer said: ‘Compensation must be paid.’ The cost of cleansing rituals is a delicate subject in Northern Uganda, and has increased severely in the last few years.

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6 ‘This is often mentioned as a sign of madness in Acholi.'
Joseph, Robert’s son, who is a devout Pentecostal, does not want to talk much about traditional healers with us, but simply says the family does not believe in ‘those traditional things’ anymore, they are Christian and modern. Joseph does not necessarily disagree with the story of his great-grandfather’s rage and that this plays a role in his father’s “madness”. Controlling your emotions is an essential virtue in his church, and something that he himself often counsels people to do. ‘If you let your anger or other strong emotions run off with you, that is an opportunity for the demons to slip into your life. The devil works like this’, Joseph says, and if the grandfather killed a young boy, it would definitely ‘invite the demons in.’ Nevertheless, according to Joseph, the answer is not traditional cleansing, but prayers, fasting, and Bible study – in combination with the bio-medicine from the hospitals. The controversy over ‘traditional methods’ resulted in no cleansing ceremony being done. The traditional healer failed to cure Robert, and Joseph sees this as a failure of the ‘unbelievers’ to achieve results.

**Psychiatric treatments and the use of psychopharmaceuticals**

Eventually, Robert’s illness developed in such a way that the family had to look for help in new directions. Through assistance by some people that his sons knew, who worked at the local political level, Robert was taken all the way to the capital, Kampala, and hospitalized in Butabika Mental Hospital, the only specialized mental hospital in Uganda. After staying there for eight months, he was discharged and referred to the local hospital in Gulu Town, where they suspected that Robert had a bipolar disorder. Over time, the family lost the official papers issued by Butabika Mental Hospital, but they remained in possession of the current documents from the local Gulu hospital psychiatric ward.

As one of us, Williams, looked through the crumbling school exercise book which made up Robert’s medical records, neither I (Williams) nor the family members could immediately understand what the messy handwriting on the papers said. After many comparisons between the different pharmaceutical packets, I (Williams) suspected that the prescriptions were for the anti-psychotics chlorpromazine, valparin and fluoperazine and for an anti-depressant, amitriptyline. The doses and combinations of what were brought home from the hospital would always depend on what was in stock. In Northern Uganda, prescription medication can be bought outside the hospital at some pharmacies, but the prices there are much higher, as there is no government compensation, and they only have whatever is in stock that month. In any case, the family’s financial situation usually did not allow for any trips to these pharmacies.
The nurse who the family met with every month also explained that they had previously done psychological counselling with Robert and that she believed him to have a bipolar disorder, and perhaps ‘some kind of trauma.’ Robert no longer needed to be tied down in his hut during this period. He was not aggressive anymore, nor did he move or talk much. He simply sat outside his hut, or slept inside it, for most of the day. Both of us did not spend much time with Robert in this period, but when we did see him, he seemed dazed and spoke with great difficulty. In the worst periods, his immediate family members translated his mumbled words for us. It seemed that Robert might be over-medicated, but when we suggested that to the nurse, she just shook her head and repeated that he had a bipolar disorder. Several years later, by coincidence, one of us (Williams) got to interview the lead psychiatrist of the Gulu Town hospital psychiatric ward. He remembered Robert from those days, and he also knew several of Robert’s sons from town. He said that Robert suffered from schizophrenia. ‘He is a clear case’, the doctor said, and proposed that he be medicated accordingly.

In interpreting his medical records and the words of the nurses and doctors, not only Robert’s biological family members, but also we, as authors, became involved in this marketplace of post-conflict assistance, playing our parts in shaping the interpretation of his illness. Schiltz and Büscher (2018) demonstrate cogently how many locals have become ‘brokers’ for researchers or NGO workers in the region. This was in some sense the opposite: we, as outsiders (and one of us specifically trained in psychology and anthropology) were the ‘brokers’ who on occasion translated and negotiated access between Robert’s family members and medical authorities of various sorts – illustrating the fluidity of research relationships and positionalities (Schulz, 2020).

“Coming together in good spirit”: awaiting the ceremony of the clan elders

As a next step in finding a solution to Robert’s suffering and problems, the clan elders were getting together. It is custom in Acholi that the clan will gather to make a collective effort to resolve longer-term problems within families (Finnström, 2008). Meeting after meeting is held by the clan, and since they are attended by up to fifty people who all have to agree on a path forward for Robert, compromises are not easily found. The majority of the clan elders claim that Robert’s madness is caused by a hereditary spiritual pollution generated by his grandfather, who is said to have killed the drifter boy. They call this cen – or bad spirits (Victor and Porter, 2017). It is not uncommon for cen to

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7 This interview with the lead psychiatrist was focused on another topic, but turned out to also include a conversation about Robert.
8 The interview did not contain any direct question about Robert or his condition, which the psychiatrist nevertheless voluntarily shared with us, and which we treated confidentially.
infect a family lineage and to jump a generation (Meinert and Whyte, 2020), as in this case. Some of the clan elders claim that the madness could be cured through a traditional clan reconciliation ritual, *mato oput* (Baines, 2007), generating *cwiny maleng*, a concept meaning ‘doing something together in good spirit.’ This is a complicated suggestion. The procedure for *mato oput* is very expensive.

Every clan member will have to pay the equivalent of around three Euros for the *kwo*, the salary for the traditional healer (*ajwaka*), and the ritual amenities – a lot of money for people in Paibona.

There are, however, other problems too. Several of the clan members are born-again Christians (*balonkole*) and are therefore not willing to attend these ‘pagan’ rituals, or to pay financial support for rituals performed by a traditional healer. Several of them believe that bio-medication is the way to go in a modern world. These issues were part of an ongoing discussion while one of us (Williams) was staying with the family. So far, the ceremony is on hold until the clan members can agree.

**The NGOs and psychiatric re-evaluation**

Throughout the course of 2017, the family took Robert to an NGO working with mental health in the area. Every month the NGO comes to the village and brings doctors and psychologists along who examine and diagnose people. Long lines of people gather outside the small, dilapidated shelter that counts as a health centre. Embracing the marketplace metaphor, images of market-fairs with travelling vendors, common across rural parts of sub-Saharan Africa, come to mind. We, as authors, are both present on one occasion, and join the family who gathers in line, helping Robert to walk from the motorcycle through the line. At first the doctor is sceptical about letting the two of us into the small shed that functions as his office in the village, but Robert’s sons explain to him that we are visiting friends of the family, and so he lets us join the examination.

During the clinical interview, Robert does not speak. His sons explain the course of events, and we supply information when we can. Robert shows no signs of aggression, or indeed much interest, during our conversation with the doctor from the NGO, who did his residency at Butabuka Mental Hospital in Kampala. We show him the packages of psychopharmaceuticals and the school exercise book medical records. The doctor concludes that Robert has been taking double the maximum prescribable dose of anti-psychosis medication, and that it must have been a misunderstanding by the Gulu Hospital. He wants him off all medication immediately, and gives him another date for consultation the following month to make a new diagnosis. The fact that Robert had been taking the double doses – as prescribed by the referral hospital, and the effects of which completely altered his life – is very much linked to these marketplace dynamics that we map out here: So many different
actors prescribe (and distribute) different kinds of drugs or solutions, which at times contradict each other. In this case, whilst the hospital prescribed the medication, the NGO advised against it.

The following week, we go to the NGO’s headquarters, curious about their diagnostic methods. The lead psychologist walks us through all their diagnostic instruments. We talk about the years of military conflict in the area and ‘how it has caused many to have trauma’, she explains. We get the impression that in most cases, psychological evaluations centre around the assumption that ‘people have trauma from the war’, as she says. We talk for a while, thank her for her time, and ask her before we leave what they do if their clients think it is a spiritual problem? ‘We start all sessions with giving them [clients] psychoeducation. And when they find out that the therapy is working, they will stop believing in witchcraft’, she explains. This positioning of this particular NGO’s focus on psychotherapy is perhaps indicative of the ways certain actors legitimize their own standpoints by delegitimizing other approaches on offer in the marketplace, therefore relating to each other horizontally.

In the end, the NGO clinicians conclude that Robert has ‘trauma because of what happened to his brothers’ or ‘some kind of stress’, his family writes to us. As far as we understand, he is no longer taking medication. They write that he ‘is feeling better, but not working in the field.’ The clan leaders have called off the collaborative effort to collect the money to pay for the mato oput ritual. In the end, it was too costly and bureaucratic, it seems. Nevertheless, when we come back to Acholi land the following year, Robert is back on smaller doses of some of the same medications.

**DISCUSSION**

Robert and his family thus navigated their way through the marketplace of post-conflict assistance, trying out, and combining different options, switching between different systems and spaces of healing – including psychiatric treatment, traditional spiritual healing, religious or faith-based healing and NGO assistance. Different sets of actors – who offered partly alternative interpretations of Robert’s problem and respective solutions – were approached, before they were ultimately abandoned again, for the family to move into new directions.

In this particular case, these different efforts were ultimately to no avail, as Robert’s sickness continues, and no appropriate solution had been found. Yet, regardless of this (thus far) seemingly unsuccessful outcome, Robert’s case shows the interactive and relational engagement between communities and different sets of actors offering services and assistance in this post-conflict context. Rather than being passively subjected to any sort of intervention, Robert and his family...
exercised some control, at times in the form of exercising pragmatism in their choices, of negotiating, trying out and ultimately abandoning different actors and sources of healing and assistance. This ‘ability to move from one healing option to another speaks of agency […]’ (Gammelin, 2018, p. 245). At the same time, however, this recognition of the family’s degree of agency must not mask their vulnerabilities, and the fact that due to resource and time-constraints, they were unable to access certain options. As such, individuals in post-conflict spaces should not be analyzed from the dichotomization of victims or agents (Jungar and Oinas, 2011; Kreft and Schulz, 2021), but rather require more dynamic, fluid and interactive representations – which the marketplace framework can offer.

The case study also illustrates that on this marketplace of post-conflict assistance, different services and goods come at a cost and that not all – and indeed often only very few – people in a war-effected populace have access to sufficient resources to actually pick and choose. In Robert’s case, some services – like traditional healers or psycho-pharmaceuticals – were too expensive for the family, who are already relatively well-off in the rural area where they come from. Others have similarly noted how in contexts of medical or spiritual pluralism, shaped by the marketization of healing and health services (Dekker and van Dijk, 2010), many options are not always affordable to all (Gammelin, 2018). The ability to shop around the marketplace of assistance is thereby heavily governed by structural factors, including social and -economic status, resources or capital. This element of structural factors that guide access and availability is indeed an important characteristic of the marketplace of assistance – and indeed resembles how actual market-dynamics and -transactions often function. Here, we again ask the reader to picture a typical market site, where not everyone can afford all goods on offer (e.g. the expensive fresh fish, or rare fruits) – and were vendors thus cater to diverse audiences with different needs, means and resources.

Besides Robert’s case, communities in Northern Uganda at large take similar journeys, engaging with different sets of actors, on the look-out for assistance and help. Not all journeys take as many turns as Robert’s, and many are perhaps more successful in what they are looking for, even if only momentarily. For instance, several of the NGOs we conducted research with have a solid and growing base of ‘clients’ who are (more or less) able to receive the kind of assistance they may need in response to their experiences, at least momentarily. Although not to be viewed uncritical (Robbins, 2004), the rising number of small Pentecostal churches likewise shows that people across Northern Uganda may find what they are looking for, often in the form of solace, community and diverse forms of healing (Williams, 2019), and were thus successful in ‘finding something in response to their needs from some of the actors present on this marketplace.
In many ways, these interactions between post-conflict communities and actors in Northern Uganda are of course based on highly asymmetrical power relations, skewed in favor of the latter. Nevertheless, conflict-affected communities in certain cases also have something to offer for actors and institutions, and perhaps specifically so for churches and NGOs. Indeed, many organizations in and around Gulu town assist or collaborate with cases of ‘prolific’ victims and survivors, who have acquired a certain socio-political capital that serves as a currency (James, 2004) in this marketplace, and that can help these NGOs to promote their causes and compete for funding and promote their standing. In this way, beneficiaries can be seen as a ‘commodity’ on this marketplace, as Krause (2014) has put it. This may for instance include groups or individuals with unique experiences and stories and who thus are potentially popular and influential commodities on this marketplace, that different actors try to win as their ‘clients’. This engagement between NGOs and conflict-affected communities therefore is no one-way street of assistance, but can rather evolve as an exchange of resources.

Lastly, a note on relationality: We examined the marketplace of post-conflict assistance empirically from the point of view of those seeking help and assistance, through an in-depth case study of one family struggling with mental illness. This, we argue, shows how individuals and families relate to different actors on the marketplace whilst on their health-seeking journey. Yet, what this analysis also shows, implicitly and inadvertently, is how different service-providers also relate to each other horizontally. This becomes evident, for instance, in the case of Robert’s son – the Pentecostal pastor – or the NGO employees who all juxtaposition themselves in relation to (and demonized) traditional approaches. As such, and like on an actual market site, different actors try to promote the value of their own approaches in opposition to what other actors have on offer, thereby competing with each other. At the same time, however, there are certainly also cases of different actors pragmatically collaborating (Porter, 2015). It is not uncommon for NGOs to make referrals to other organizations, or for CSOs to collaborate with traditional authorities in organizing, for instance, traditional healing or cleansing rituals. As such, different actors on the marketplace relate to each other horizontally in different ways, either in competition or in collaboration.

CONCLUSION

In the Introduction, we shared our initial reflections of how we naively (and wrongly) assumed that dynamics of post-conflict assistance in Northern Uganda would work: governed predominantly by actors and in particular by NGOs and traditional healers who are offering services to local communities. Through our engagement with the family of Robert, who spend years searching for
assistance for mental illness, however, we quickly realized that the empirical reality is much more complex and fluid. In fact, the ‘marketplace of post-conflict assistance’, as we conceptualize it in this article, is not only composed of actors offering services, who may be understood as the gate to the marketplace, but crucially also incorporates the individuals and communities in search for assistance and healing, and the different pathways that they take on and across the marketplace. In fact, previous research across disciplines and case sites has recognized the concoction of different actors offering different forms of assistance for local communities in post-conflict or humanitarian contexts (Büscher and Vlassenroot, 2011; Fernando and Hilhorst, 2006; Hilhorst and Serrano, 2010). Most existing studies, however, have not yet sufficiently engaged with the manifold relational and dynamic interactions taking place in these spaces. Against this backdrop, and to better conceptualize these relational dynamics between different actors and communities seeking assistance, we put forward the conceptual and analytical framework of the ‘marketplace of post-conflict assistance’.

In offering this holistic framework of the marketplace of post-conflict assistance, in this article we bring together interdisciplinary strands of literature on post-conflict assistance and on healing-seeking journeys respectively, complemented by empirical insights from Northern Uganda. To this end, we painted a detailed and holistic picture and conceptualization of the dynamics and interactions between a variety of actors hand – including NGOs, state agencies, religious institutions and spiritual authorities – as well as individuals and communities on search for assistance or healing in post-conflict or humanitarian contexts. Epistemologically, we have conceptualized and analyzed this holistic marketplace of post-conflict assistance from the point of view of those seeking assistance, through the empirically-grounded in-depth case study of Robert’s family, thereby illuminating the ways in which ‘clients’ often ‘shop around’ for forms of assistance on the market of assistance. Importantly, this approach and the framework recognize individual’s and communities’ agency in navigating their ways around the marketplace, and of negotiating, trying out, combining and eventually abandoning different forms and sources of healing and assistance – rather than exclusively viewing them as passive recipients and beneficiaries of humanitarian machineries.

These insights, we hope, will be beneficial for scholarship and praxis alike. By unveiling both the system of the marketplace of post-conflict assistance as well as the empirically-grounded pathways that individuals take in search for healing and help, scholars (and practitioners) will be better equipped to make sense of and conceptualize the heterogeneities and complexities that typically characterizes service-provision and assistance-seeking in humanitarian, conflict-affected or crises-ridden spaces globally. Practitioners, and those offering services for communities in such contexts, will hopefully recognize that their position and their services exist on a spectrum, in constant negotiation with those seeking services and others offering assistance.
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