

The 'marketplace of post-conflict assistance' in northern Uganda and beyond

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This paper puts forward the framework of the 'marketplace of post-conflict assistance' as a conceptual, analytical, and heuristic tool to comprehend better holistic dynamics in humanitarian and post-conflict contexts, where a variety of different actors offer various services and forms of assistance. It seeks to emphasise relations and interactions between service providers and intended beneficiaries in settings where there are often numerous different ways to conceptualise and manage problems stemming from armed conflict. This is demonstrated using one in-depth case study of a family in northern Uganda that has struggled for years with mental illness/spiritual problems. By framing the post-conflict space using the marketplace metaphor, it is possible to deepen understanding of how people try out different options to manage issues related to warfare and seek healing. Importantly, this framework also recognises the agency that people exercise in doing so, and how communities and service providers relate to each other.

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

Introduction

I (Philipp Schulz)¹ still vividly remember the abundance of non-governmental organisation (NGO) and United Nations (UN) signposts that I encountered on my first walk across Gulu when I arrived in northern Uganda in summer 2011. 'Guess who is running this town?' I asked myself rhetorically, and then shared the naive assumption on my Facebook account, together with a picture of one of the central roundabouts that was plastered with these markers (see Figure 1). At that point, a couple of years after the more than two decades-long armed conflict between the rebel Lord's Resistance Army (LRA) and the Government of Uganda had come to a halt, hundreds of NGOs were operating across the region (Büscher, Komujuni, and Ashaba, 2018), mostly focused on development and peacebuilding.

In 2015, when I (Lars Hedegaard Williams) first arrived in the region to study practices pertaining to 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 to the

tensions in the 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 again conducting research in northern Uganda, and in the process got to know very well a family that, in an attempt to support a mentally ill member (‘Robert’²), tried out, over a period of years, different forms of assistance offered by churches, hospitals, traditional healers, and NGOs. Observing these dynamics—which we follow throughout this paper as an illustrative case study scenario (see below)—we quickly realised how complicated and intertwined post-conflict assistance dynamics in Uganda were, beyond our initial (and naive) 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 characterised 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 to conflict-affected communities in northern Uganda. A vast number of NGOs and civil society organisations (CSOs), religious institutions, state agencies, and traditional authorities operate alongside one another—frequently in competition or in collaboration (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 interpreted differently and tackled by different actors, including as trauma/post-traumatic stress disorder (PTSD) or as evil spirits (*cen*) (Victor and Porter, 2017; Williams and Meinert, 2020).

This situation of a mixture—or as we conceptualise it in this paper, this ‘market-place’—of actors, services, and approaches is certainly not unique to post-war northern Uganda, but rather applies to various developing, humanitarian, and conflict-affected zones throughout the world (Abramowitz, 2009; Büscher and Vlassenroot, 2011; Harrison, 2013). As a matter of fact, pluralistic systems of healing and assistance are not unique to crises or conflict situations, but instead can be found across the globe (Bowman, 1999; MacDonald and Allen, 2015; Gammel, 2018). Yet, they appear to be particularly pronounced in (post-)conflict or emergency settings, where the NGO presence is often particularly extensive (Autesserre, 2014; Krause, 2014).

Scholars from different disciplines, including anthropology, international relations, and sociology, have critically examined this multitude of actors in post-emergency environments (Hilhorst and Jansen, 2010; Porter, 2015; Hülssiep, Thaler, and Fuchs, 2021). However, while much has been written about the formation of a humanitarian–development nexus, globally (de Waal, 2010; Hilhorst and Jansen, 2010; Krause, 2014; Hülssiep, Thaler, and Fuchs, 2020), including in northern Uganda (Branch, 2011; Lie, 2017), less attention has been paid so far 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 the process. Similarly, how affected communities engage with and navigate their ways around and

between these systems, despite emerging research (Grünewald, 2012; Gammelin, 2018), requires further exploration.

Against this backdrop, this paper puts forward the analytical and heuristic framework of the 'marketplace of post-conflict assistance'. Such a metaphor has previously been applied by scholars to analyse, inter alia, marketplaces of politics and peacekeeping (de Waal, 2009), humanitarian aid and development (Willner-Reid, 2018), and 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 of marketplace dynamics, as we tease out below. Many of these pre-existing analyses, though, operate in silos, concentrating on specific aspects, such as the aid marketplace of national and international humanitarian organisations in Afghanistan (Willner-Reid, 2018) or the marketisation of healing and health in Africa (Dekker and van Dijk, 2010). Many of these prior analyses also assume neoliberal ideas of market(place), thereby missing myriad potential interactions and dynamics.

What remains largely absent from existing work is an empirically rich and *holistic* conceptualisation of the marketplace of assistance that takes into account different actors and sectors (not just aspects), including the range of humanitarian organisations, religious entities, or traditional healers. At the same time, previous writing (primarily in the field of international relations) tends to focus predominantly on the 'offering' actors, that is, organisations or institutions (Krause, 2014; Willner-Reid, 2017), but has not yet paid sufficient enough attention, with rare exception (Gammelin, 2018), to the positions and experiences of those seeking out services.

Engaging with these trends in the literature, this paper thus investigates and conceptualises the *holistic* marketplace of post-conflict assistance from the standpoint of those looking for services. This, we hope, offers a deep 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 utilise 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 that they deem fitting for their situation, needs, and means. Specifically focused on medically pluralistic situations, Gammelin (2018, p. 247) offers the concept of 'health-seeking nomads' who 'are on the move between alternative spaces of healing'. This idea is helpful, yielding 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) (Gammelin, 2018), our 'marketplace' conception adopts a more systematic and interactional perspective of the spaces in which these journeys, negotiations, and exchanges unfold. Or in other words, 'nomadic health-seeking' (Gammelin, 2018) can be understood as 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 numerous dynamics taking place in post-conflict and humanitarian settings, where numerous 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 recognise instead their agency within these nevertheless asymmetrical power relations, without negating their vulnerabilities either (see also Touquet and Schulz, 2020). This agency becomes visible particularly with respect to 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’ (Gammelín, 2018, p. 259). We show that individuals’ trajectories in this post-conflict terrain can be characterised as relational pathways through the systems, with different turns and intentions over time.

We illuminate these pathways using an in-depth case study from northern Uganda; the family of Robert introduced above and discussed in greater detail below. The story of the family’s help-seeking journey and Robert’s affliction is heavily tainted by experience of war and constitutes a poignant illustration of ‘shopping around’ the marketplace, of ‘traversing boundaries and switching between parallel healing systems’ (Gammelín, 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 region. We then map out the landscape of post-conflict and humanitarian services in northern Uganda and introduce our conception of the marketplace of assistance. Following the case study analysis, we discuss the components of the marketplace, arguing, ultimately, that this framework provides a dynamic and fluid understanding of the ways in which 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 (Schulz)—and having conducted fieldwork together in the same region, we had numerous conversations for years about this ‘marketplace’ of post-conflict assistance and the politics surrounding it. The reflections offered here are not necessarily based on research immediately conducted for the purpose of writing a paper of this sort, but rather stem from our respective research experiences and encounters from a multidisciplinary perspective. Both of us have done research in northern Uganda for several years, since 2011 (Schulz) and 2015 (Williams). We both conducted dissertation fieldwork in Acholiland between 2015 and 2019, from which the bulk of our material and contemplations draw (see Williams, 2019; Schulz, 2021b).

For this, we have each (individually and jointly) carried out 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, and religious, cultural, and political leaders. The specific case material for this paper stems from long-term engagement with the family of Robert, including interviews with family members and different service providers that engaged with him, 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 (Schlitz and Büscher, 2018; Mwambari, 2019)—a 'research intervention' (Finnström, 2018, p. 1) that we are part of as well. For our work, we both cooperate with research collaborators, who themselves can be viewed as one (related) group of actors in this marketplace, offering services to scholars and to local communities also participating in research (Mwambari, 2019). This, in essence, is how we become involved in this post-conflict marketplace ourselves, by hiring and paying 'brokers', who 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, 2021b), 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? Consequently, we carefully acknowledge that due to the nature of the questions we ask, and the phenomena in which we are interested, we likely play a role in how the people with whom we engage make sense of their experiences, and thus perhaps in what services they are, or become, interested in.

Contextualising post-conflict northern Uganda

Once referred to as 'the biggest forgotten, neglected humanitarian emergency in the world', the conflict between the rebel LRA and the Government of Uganda has since received substantial attention (Finnström, 2008). The more than two decades-long armed conflict (1986–2006/08) resulted in the forced displacement of almost the entire population, large-scale human suffering caused by abductions, killings, and violence unleashed on civilians by both of the warring parties, and the 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, and/or reintegration challenges, are common. Since the height of the military conflict in the 1990s, northern Uganda has become 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 also Branch, 2011).

As the conflict gradually ended, attention began to shift, as of 2008, from emergency-centred humanitarian aid to development concerns, human rights, and peacebuilding work, as well as reconstruction (Branch, 2011; Büscher, Komujuni, and Ashaba, 2018). Simultaneously, the number of organisations soon began to decrease. To illustrate: the Gulu District NGO Forum had 120 members in 2010, yet the number of NGOs in and around Gulu decreased to only 40–45 operational entities in 2016 (Büscher, Komujuni, and Ashaba, 2018, p. 349). At that point, some of the organisations whose signposts previously dominated the scene had either relocated, such as to the Karamoja sub-region or to South Sudan, while still others were dissolved. Some of these agencies had returned by 2018, while some new ones were founded, mostly in response to the influx of refugees from South Sudan.

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. In particular, traditional and contemporary religious institutions are playing an influential

Figure 1. Roundabout in Gulu, 2011



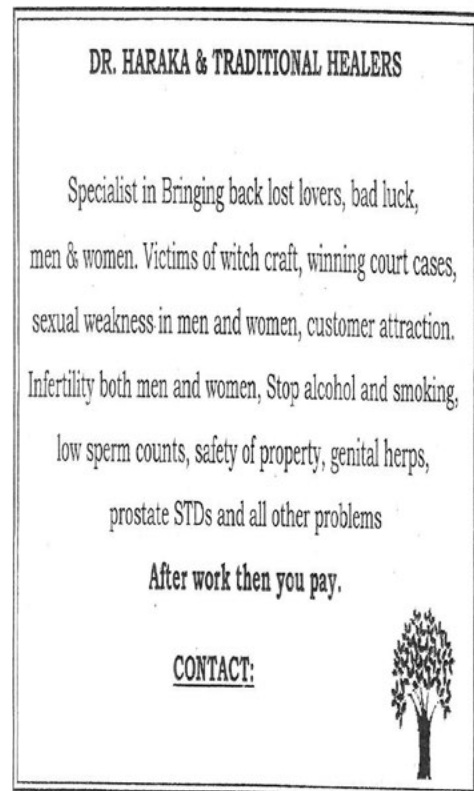
Source: authors.

role (Alava, 2017). As Williams and Meinert (2020, p. 4) 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', 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 conflict, with many 'people turning here for solace, recovery, community' and assistance (Williams, 2019, p. 176). Nevertheless, the Protestant and Catholic Churches remain the largest religious institutions in Acholiland (Alava, 2022), maintaining a substantial influence and providing much to local communities, including those searching for help 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*, plays an important role in promoting and organising some of these practices, but it has also been critiqued as symbolising a reinvention of cultural authority and being affected by neo-colonial interventions (Branch, 2008; Anyeko et al., 2012). Another kind of 'traditional healing' that is also widely advertised, often through the distribution of small pamphlets (see Figure 2) in and around Gulu (and which epitomises the notion of the marketplace), is that of traditional healers encouraging customers to call a telephone number for all manners of problems, from dealing with witchcraft or lost lovers to biomedical issues and judicial concerns.

Furthermore, shortly after the war, in 2008, a clinic specifically for survivors with PTSD was opened in extension of the local government Gulu Regional Referral Hospital, primarily prescribing biomedicine. Interviews with psychiatric nurses and the lead psychiatrist at the unit revealed that 'mental illness was highly stigmatised' and that seeking assistance

Figure 2. A pamphlet from Gulu advertising traditional healing, 2017



Source: authors.

there was often a last resort for families with a sick relative. Through this clinic, the state also operates as an actor in the marketplace of assistance.

The multitude of actors across Acholiland ultimately results in different stakeholders finding a space in the post-war setting, offering diverse services and delivering promises of assistance and healing to the conflict-affected populace at large. These different actors at times compete (such as over resources or 'clients') and at times collaborate with each other, while often interpreting differently diverse war-related phenomena and sources of misfortune. These are gross overgeneralisations and conceptual abstractions, rather than empirically clear-cut categories, yet it appears that many (although not all) NGOs typically seem to interpret survivors' war-related suffering as trauma or PTSD, and in response frequently provide individualised psychosocial counselling or therapy sessions, while hospitals usually prescribe medication for similar diagnoses. Traditional healers would most commonly perceive these misfortunes as forms of *cen*, or evil spirits, which in turn ought to be addressed via traditional cleansing ceremonies or healing rituals (Victor and Porter, 2017). Different types of churches normally 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, 2022; see also Whitmore, 2019).

In the post-conflict environment, and in a bid to respond to war-related experiences, these numerous options and their corresponding interpretations are negotiated, tried out, and combined by conflict-affected communities in an assortment of ways, and often abandoned again at some point in time, before other avenues are explored (Williams and Meinert, 2019). In many respects, these different categories of and approaches to healing are not always and necessarily separate from one another, but rather are more fluid and frequently even complementary (Porter, 2015; Victor and Porter, 2017), to the extent that people in pursuit of help and healing regularly combine different options. This is illustrated in the case study below, where a combination of biomedicine and spirituality is viewed as part of the solution, or is reflected in the example of reintegration programmes for former LRA captives and returnees, which typically combined psychosocial support and spiritual guidance (Akello, 2019).

Ultimately, this 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 places around the world. Development studies scholars especially have documented the 'humanitarian presence' of international aid agencies, 'particularly during protracted humanitarian crises' (Büscher and Vlassenroot, 2010, p. 256), in multiple countries and in different post-war/crisis and developing or humanitarian contexts (Bakewell, 2000; Fernando and Hilhorst, 2006; de Waal 2010; Hilhorst and Serrano, 2010). 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; Porter, 2015; Tapscott, 2017; Alava and Shroff, 2019). Yet, while scholarship has placed each of these (sub)set of actors in silos or concentrated on the specialised marketplace of humanitarianism (Willner-Reid, 2017), the wider interplay between this multitude of different stakeholders and the holistic and intersecting systems of assistance and services that they co-create remains mostly marginalised in existing studies. This is where our paper seeks to contribute to existing knowledge and literature.

Introducing the 'marketplace of post-conflict assistance'

In an attempt to understand better and conceptualise the numerous dynamics and exchanges taking place across post-conflict, humanitarian, and developmental landscapes—where various actors and institutions make differing promises of relief from suffering and offer a way forward (Williams, 2019, p. 19), based on differing grounds, approaches, and assumptions—we introduce here the metaphorical, heuristic, and conceptual framework of the 'marketplace' of post-conflict assistance. To do so, 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 throughout northern Uganda, such as in Gulu or in rural locations. Perhaps most illustrative is the big main market in the heart of Gulu, organised alongside specific 'sections' of products—that is, the fruit and vegetable aisles, the meat and fish markets, or the rows of fabrics and household items. While Gulu Main Market, 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 providing 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 conceptualise here can be viewed similarly, at least metaphorically, as being organised alongside specific 'sections' of actors and foci—that is, NGOs, traditional authorities, or religious institutions. Within and across these sections, various actors provide different services that are certainly comparable, but also differ, such as in terms of 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 one another, offering partly similar yet also partly differential services to conflict-affected communities. As at an actual market site, this metaphorical marketplace of post-conflict assistance also entails social dynamics (Willner-Reid, 2017), whereby different actors on the scene often know each other, and can either advise their 'clients' on where to find something that they might not be able to supply, thereby complementing each other, or market their products over those of competitors, thereby competing with each other.

In this marketplace of post-conflict assistance, 'clients' in search of services, help, 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 choose between different services and institutions, often ‘moving from one healing option to another’ (Gammelín, 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). The different sets of actors—NGOs, religions institutions, state agencies, and traditional authorities—thus serve as ‘entrepreneurs’ (Madlingozi, 2010), supplying services, and the affected communities are the metaphorical ‘clients’, who ‘shop around’ for services in response to their needs and experiences, in search of healing and assistance to address their harms.

In many ways, this marketplace metaphor can at first sight resemble a problematic neoliberal understanding. Yet, as Moore (2000) has pointed out, post-conflict and developmental discourses and programmes in Sub-Saharan Africa are frequently modelled on neoliberalism, and hence 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 a 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). Rather, as we conceptualise above, and illuminate empirically below, the marketplace is also a social space, where ideas are exchanged, goods and services provided, livelihoods secured, and assistance offered. As such, the figurative idea of the post-conflict marketplace implies the potential to capture more fluidly and dynamically the diversity of interactive and relational engagements between post-conflict actors and communities respectively. This relationality manifests itself primarily vertically between individuals/communities and different sets of actors, but also horizontally between different kinds of actors, which can either collaborate or compete with each other (see below).

In this vein, it also becomes possible to recognise 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 (Hilhorst and Jansen, 2010; Autesserre, 2014). While 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 (Gammelín, 2018), thereby exercising agency. At the same time, those offering services also often need their ‘customers’ to uphold their existence (such as to acquire funding from donors)—to the extent that ‘beneficiaries become part of a commodity (Krause, 2014, p. 4). As we explore in more detail below, some communities or individuals may be seen as more affluent as compared to others, because of a certain sociopolitical capital—in a Bourdieuan sense (Bourdieu, 1977)—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 elaborate in the discussion section, the abilities and capacities of individuals to shop around the marketplace of assistance are also heavily governed by structural factors and specifically by socioeconomic resources: just like in an actual marketplace, not all individuals in search of healing and assistance have the means and resources to sample all of the options on offer. As Anying and Gausset (2017, p. 354) 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'. In northern Uganda, for instance, traditional rituals or biomedicine come at a cost that not everyone can afford (see below).

Navigating the marketplace: the case of Robert's illness

Drawing on this conceptualisation, we now illustrate how conflict-affected communities navigate pathways through this marketplace of post-war assistance in northern Uganda. We do so through an in-depth case study of a family that we, the authors,⁵ have come to know well over the course of our research in Acholiland. Robert, whose affliction the case trails, was the head of a family household in Paibona, a small village about one hour's drive outside of Gulu. We have conducted research since 2015 not only with Robert himself, but also with his family and several of his sons, with whom one of us (Williams) stayed in his 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 who are very close to him in age. Robert became a tanner, in addition to working as a farmer in the field. During the 1990s, while the conflict between the LRA and 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 it. 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, with whom he was very close. One day, government soldiers shot both of Robert's brothers in front of him, while they were in the fields together. They let Robert 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*).⁶ When he got back to the compound, he ran after the kids, shouting at them. He yelled out his brothers' names and said that they wanted him to follow them. From that day, Robert was never well again. For long periods of time, he would change completely, screaming at people in the compound, chasing after people on the road, and getting into fights; something that had never characterised

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 shrieked 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 recalled.

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 that Robert went mad, he was taken to several traditional healers (*ajwaki*).⁷ The family suspected that it could be something to do with 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 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 stated; ‘compensation must be paid’. The cost of cleansing rituals is a delicate subject in northern Uganda, and it has increased significantly in the past few years.

Joseph, one of Robert’s sons, who is a devout Pentecostal, did not want to talk much about traditional healers, but simply told us that the family does not believe in ‘those traditional things’ anymore; they are Christian and modern. Joseph does not necessarily disagree with the story of Robert’s grandfather’s rage and the contention 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. He added that 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 biomedicine from the hospital. The controversy over ‘traditional methods’ resulted in no cleansing ceremony being performed. The traditional healer failed to cure Robert, and Joseph sees this as a failure of the ‘unbelievers’ to achieve results.

Psychiatric treatment and the use of psychopharmaceuticals

Eventually, Robert’s illness developed in such a way that the family had to look in new directions for help. Assistance from some people that his sons knew, who worked at the local political level, resulted in Robert being taken all the way to the capital, Kampala, and hospitalised in Butabika National Referral Hospital, the only specialised mental institution in Uganda. After staying there for eight months, he was discharged and referred to Gulu Hospital, where they suspected that Robert had a bipolar

disorder. Over time, the family lost the official papers issued by Butabika Hospital, but they remained in possession of the current documents from the psychiatric ward at Gulu Hospital.

As one of us (Williams) looked through the crumbling school exercise book that made up Robert's medical records, neither I (Williams) nor the family members could immediately understand the messy handwriting. After many comparisons between the different pharmaceutical packets, I (Williams) suspected that the prescriptions were for the antipsychotics, Chlorpromazine, Fluoperazine, and Valparin, and for the antidepressant, 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 of the hospital at some pharmacies, but the prices there are much higher, as there is no government compensation, and they only have whatever is on the shelf that month. In any case, the family's financial situation usually did not allow for any trips to these outlets.

The nurse who the family met with every month also explained that they had previously engaged in 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. Neither of us spent much time with Robert at this time, 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 overmedicated, 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 on the psychiatric ward at Gulu Hospital.⁸ He remembered Robert from those days, and he also knew several of his 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.⁹

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, Williams, 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, 2021a).

'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 got 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 50 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 infect a family lineage and to jump a generation (Meinert and Whyte, 2020), as in this case. Some of the clan elders assert 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 approximately EUR 3 for the *kwo*, as well as meet the fee of the traditional healer (*ajwaka*) and the cost of 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 therefore are not willing to attend these 'pagan' events, or to support financially rituals performed by a traditional healer. Several of them believe that biomedicine is the way to go in the 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.

An NGO and psychiatric re-evaluation

Throughout the course of 2017, the family took Robert to an NGO working on mental health in the area. Every month the NGO comes to the village accompanied by doctors and psychologists who examine and diagnose people. Long queues form outside the small, dilapidated shelter that serves 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, were present on one occasion and joined the family in line, helping Robert to walk from the motorcycle to the door. At first the doctor is sceptical about letting us into the 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 attend the examination.

Robert does not speak during the clinical interview. 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 Butabika National Referral Hospital in Kampala. We show him the packages of psychopharmaceuticals and the school exercise book of medical records. The doctor concludes that Robert has been taking double the maximum prescribable dose of antipsychotics, and that it must have been a misunderstanding by Gulu Hospital. He wants him to come 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 double doses—as prescribed by Butabika 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, while 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 of their instruments. We discuss the years of military conflict in the area, and she tells us that 'it has caused many to have trauma'. We get the impression that in most cases, psychological evaluations centre on 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 particular NGO's focus on psychotherapy is perhaps indicative of the ways in which certain actors legitimise their own standpoints by delegitimising other approaches on offer in the marketplace, relating to each other horizontally.

In the end, his family writes to tell us that the NGO clinicians concluded that Robert has 'trauma because of what happened to his brothers' or 'some kind of stress'. As far as we understand, he is no longer taking medication. They state 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. Ultimately, it was seemingly too costly and bureaucratic. Nevertheless, when we return to Acholiland the following year, Robert is back on smaller doses of some of the same medication.

Discussion

Robert and his family 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—which offered somewhat alternative interpretations of Robert's problem and respective solutions—were approached, and then abandoned again, allowing the family to move in new directions.

In this particular case, these different efforts were eventually to no avail, as Robert's sickness continued, and no appropriate solution was found. Yet, regardless of this (so far) seemingly unsuccessful outcome, Robert's case reveals 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 practising pragmatism in their choices, of negotiating, trying out and finally 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 its vulnerabilities, and the fact that due to resource and time constraints, it was unable to access certain options. As such, individuals in post-conflict spaces should not be analysed in terms of the dichotomisation of victims or agents (Jungar and Oinas, 2011; Kreft and Schulz, 2021), but rather more dynamic, fluid, and interactive representations, which the marketplace framework can offer.

The case study also illustrates that in 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-affected populace have access to sufficient resources actually to pick and choose. In Robert's case, some services, such as traditional healers or psychopharmaceuticals, were too expensive for the family, which is relatively well-off in the rural area from where it comes. Others have similarly noted how in contexts of medical or spiritual pluralism, shaped by the marketisation of healing and health services (Dekker and van Dijk, 2010), many options are not always affordable by 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 resembles how actual market dynamics and transactions frequently function. Here, we again ask the reader to picture a typical market site, where not everyone can afford all goods on offer (such as the expensive fresh fish or rare fruit)—and where 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 lookout for assistance. Not all of them take as many turns as Robert's, and many are perhaps more successful in finding what they are seeking, even if only momentarily. For instance, several of the NGOs with which we conducted research have a solid and growing base of 'clients' who are (more or less) able to receive the kind of help they may need in response to their experiences, at least briefly. Although not to be viewed uncritically (Robbins, 2004), the rising number of small Pentecostal churches likewise shows that people across northern Uganda may find what they desire, often in the form of solace, community, and diverse forms of healing (Williams, 2019).

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 favour of the latter. Nevertheless, conflict-affected communities in certain cases also have something to offer to actors and institutions, and perhaps specifically so to churches and NGOs. Indeed, many organisations in and around Gulu assist or collaborate with 'prolific' victims and survivors, who have acquired a certain socio-political capital that serves as a currency (James, 2004) in this marketplace, which can help them to promote their causes and compete for funding and promote their standing. In this way, beneficiaries can be seen as a 'commodity' in this marketplace, as Krause (2014) puts it, including groups or individuals with unique experiences and stories. As a result, they are potentially popular and influential commodities in this marketplace, which different actors try to win as their 'clients'. This engagement

between NGOs and conflict-affected communities therefore is not a one-way flow of assistance, but rather can evolve as an exchange of resources and sociopolitical capital.

Lastly, a note on relationality: we examined the marketplace of post-conflict assistance empirically from the standpoint of those seeking help, 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 in the marketplace while on their health-seeking journey. Yet, what this analysis also demonstrates, 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—a Pentecostal pastor—or the NGO employees who all juxtapose themselves in relation to traditional approaches. As such, and as at an actual market site, different actors try to promote the value of their own approaches in opposition to what others have on offer, thereby competing with one another. At the same time, however, there are certainly also cases of different actors collaborating pragmatically (Porter, 2015). It is not uncommon for NGOs to make referrals to other organisations, or for CSOs to collaborate with traditional authorities in organising, for example, traditional healing or cleansing rituals. As such, different actors in the marketplace relate to each other horizontally in different ways, either in competition or in collaboration.

Conclusion

In the introduction, we shared our initial thoughts on how we naively (and wrongly) assumed that dynamics of post-conflict assistance in northern Uganda would work: governed predominantly by actors and especially NGOs and traditional healers that offer services to local communities. But through our engagement with the family of Robert, which has spent years searching for assistance with mental illness, we quickly realised that the empirical reality is much more complex and fluid. In fact, the 'marketplace of post-conflict assistance', as we conceptualise it in this paper, is not only composed of actors supplying services, which may be understood as the gatekeepers to the marketplace, but crucially also incorporates the individuals and communities in search of help and healing, and the different pathways that they take in the marketplace. Indeed, previous research across disciplines and case sites has recognised the concoction of different actors offering different forms of assistance to local communities in post-conflict or humanitarian contexts (Fernando and Hilhorst, 2006; Hilhorst and Serrano, 2010; Büscher and Vlassenroot, 2011). Most existing studies, however, have not yet engaged sufficiently with the manifold relational and dynamic interactions taking place in these spaces. Against this backdrop, and to conceptualise better 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 so doing, 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 have produced a *detailed* and *holistic* picture and conceptualisation of the dynamics and interactions between a variety of actors, including NGOs, state agencies, religious institutions, and spiritual authorities, as well as individuals and communities in search of assistance or healing in post-conflict or humanitarian settings. Epistemologically, we have conceptualised and analysed 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' the market of assistance. Importantly, this approach and the framework recognise the agency of individuals and communities in navigating the marketplace, and in negotiating, trying out, combining, and eventually abandoning different forms and sources of healing and assistance—rather than exclusively seeing them as passive recipients and beneficiaries of humanitarian machineries.

These insights, we hope, will be beneficial to 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 tread in search of healing and help, scholars (and practitioners) will be better equipped to make sense of and conceptualise the heterogeneities and complexities that typically characterise service provision and assistance-seeking in humanitarian, conflict-affected, or crises-ridden spaces globally. Practitioners, and those offering services to communities in such environments, will hopefully recognise that their position and their products exist on a spectrum, in constant negotiation with those seeking assistance and others offering it.

Acknowledgements

We would like to thank our research assistants and collaborators in northern Uganda for their support in conducting this research. We also wish to thank the participants in the 'Colloquium Internationalised Politics' at the University of Bremen and Rebecca Tapscott for their thoughtful comments and feedback on earlier versions of the manuscript, as well as the three anonymous peer reviewers and the journal's editors for their considerate and careful engagement with our manuscript.

Data availability statement

Research data are not shared.

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Endnotes

- 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 that we present collectively throughout the remainder of the paper.
- ² 'Robert' and other names used in the following text are pseudonyms.
- ³ Vast differences exist within these actors, so they cannot be viewed as unitary entities either.
- ⁴ The use of 'market' here and throughout the paper mostly applies to actual, physical markets and market sites, for metaphorical illustration. Marketplace, meanwhile, refers to our conceptualisation of the figurative marketplace (of assistance) and the structure and system that different actors constitute—unless specified otherwise in the text.
- ⁵ The use of 'we' throughout this case study analysis refers to the two authors, unless otherwise specified as referring to the authors and members of Robert's family.
- ⁶ This is often cited as a sign of madness in Acholi.
- ⁷ *Ajwaki* is plural for the singular *ajwaka* (spiritual healer).
- ⁸ This interview with the lead psychiatrist was focused on another topic but happened also to include a conversation about Robert.
- ⁹ The interview did not contain any direct questions about Robert or his condition. The psychiatrist shared the information voluntarily with us, and we treated it confidentially.

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