

Needs and Resilience Factors for Victims of Terrorism in Uganda

2025



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This report is classified as a confidential project document, as the project directors have determined that some of its contents are sensitive to staff, the community, and national security and safety.

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We also thank the key informants who have shown unwavering commitment to the cause of the victims, and whose knowledge on the subject enriched the findings and recommendations in this report.

Above all, we honour the memory of those who were lost in the attacks described here. We acknowledge the grief of their families and communities, and we stand in solidarity with all victims of terrorism in Uganda. May this work contribute to the recognition, protection, and dignity they deserve.

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Executive Summary

This study was conducted under the Peace Beyond Borders project to understand the needs and resilience factors of victims of terrorism in Uganda and to identify the gaps that continue to affect their recovery. It draws on in-depth interviews, focus group discussions, and a review of existing literature, covering 22 participants, including 20 victims from four terrorist incidents between 2010 and 2023.

The findings reveal that for many victims, the hardest part begins after the attack. Physical injuries include burns, broken bones, hearing and vision loss, and embedded shrapnel that cause lifelong pain. **“I still have 26 nails in my back,”** said one survivor. Emotional and psychological wounds run deep. Families speak of the grief of losing children or spouses, and the agony of not knowing the whereabouts and final fate of their children. **“We are still waiting for DNA results,”** said a father whose son is missing. Many victims can no longer work efficiently, struggle to pay for school fees and medical care, and face days when there is nothing to eat.

Yet amid these hardships, there is resilience. Some survivors draw strength from faith, describing the Qur’an as “a tool for my lifetime that brings comfort and tranquillity.” Others have joined or formed associations to support one another and to speak for peace. Still, their resilience is stretched by major gaps in support. Uganda has no dedicated law recognising victims of terrorism or guaranteeing their rights to compensation, health care, job protection, and participation in decision-making. Financial aid is limited, inconsistent, and mostly short-term. Long-term medical and psychological support is scarce, and many employers do not provide reasonable workplace accommodation for injured victims.

The study calls for urgent action: enact a law defining and protecting the rights of victims, establish a national coordination desk within the Ministry of Gender, Labour and Social Development, create a rehabilitation and compensation fund, ensure access to long-term medical and psychosocial care, and enforce job protection in both public and private sectors. Victims must also be given a voice in national and district-level prevention and counter-terrorism strategies.

Victims of terrorism are not just statistics. They are mothers, fathers, students, workers, neighbours, and leaders. As one survivor said, **“I am still alive, so I will try to do something with my life.”** Supporting them is not an act of charity but a legal and moral obligation, and an investment in Uganda’s stability. Protecting and empowering them will strengthen public trust, promote healing, and counter the narratives that fuel violent extremism.

Introduction

CONTEXT AND RATIONALE

The Peace Beyond Borders (PBB) is a cross-border multi-stakeholder project aimed at curtailing the persistent and fast-spreading threat and support for the Allied Democratic Forces (ADF) in the hotspot areas of Uganda and the DRC. This threat is characterized by an ever-expanding recruitment scope and escalation of indiscriminate, cruel, and inhumane terror attacks in the two countries. Despite the devastation caused by ADF attacks, support for victims remains inadequate, and the potential of victims in preventing and countering violent extremism (P/CVET) remains untapped.

The PBB project specifically aims to ensure that the rights of and assistance to victims of terrorism are enhanced, and victims are inspired to play a more active role in P/CVE efforts. For a better understanding of the challenges and gaps

in care, an assessment study was conducted to **map the needs of victims and resilience factors**. This research sought to explore the lived experiences of victims of terrorism (VoTs) in Uganda by examining the physical, emotional, and socio-economic impact of terror attacks on survivors, the effectiveness of care and support mechanisms over time, and the resilience strategies adopted by victims. The study is grounded in a qualitative approach to allow for a deep, contextual understanding **of the gaps** in care for victims of terrorism in Uganda and the needs and resilience factors for the victims. By capacitating victims of terrorism to heal, rebuild their lives, and play a more active role in P/CVE, the PBB action will uplift a unique actor and voice that could invigorate Uganda's P/CVET efforts. However, it is important to clarify who is considered a victim of terrorism and why victims deserve special attention.

WHO IS A VICTIM OF TERRORISM

A victim of terrorism is any person, whether individually or as part of a group, who has suffered harm as a direct or indirect result of a terrorist act. This harm may include physical or psychological injury, emotional suffering, economic loss, or other significant violation of their fundamental human rights.

In the context of the PBB project, victims of terrorism are classified as follows:

- **Survivors** - These are individuals who experienced physical harm or injury as a direct result of a terrorist attack. This also includes those who suffer property damage or economic loss due to the violence.
- **Families of Victims** - This category includes family members of those killed or injured as a result of terrorist attacks.
- **First responders** - These are individuals or staff of agencies/ organisations who get directly involved in responding to terrorist incidents.
- **Community victims** - This category includes communities where attack events take place, as well as community groups directly targeted in terrorist messaging during the execution of attacks.

WHY VICTIMS OF TERRORISM DESERVE SPECIAL ATTENTION

While injuries from terrorist acts might physically resemble those from accidents or illnesses, the nature, intent, and consequences of terrorist violence necessitate special consideration for victims of terrorism. This is because of the following:



- **Intentional and Ideological Harm:** Terrorism is a deliberate act of cruelty designed to inflict maximum fear and suffering. The harm is not random; it is ideological and symbolic. Victims are targeted not just as individuals but as representatives of communities, beliefs, or institutions. Any member of the country, community, belief, or institution of interest is a potential victim.
- **Public and Politicized Suffering:** Terrorist attacks are not just acts of violence; they are political statements meant to cause fear, disrupt society, and send a message. As a result, victims are often thrust into the public eye, with their stories used in media, government statements, or advocacy efforts,

sometimes without their consent. This loss of privacy and agency can deepen trauma, as survivors are forced to relive their experience in the public domain. Their pain is no longer a private matter; it becomes politicized, and their identity may be reduced to that of “the victim,” overshadowing their full humanity.

- **Psychological and Social Trauma:** Victims often experience compounded trauma, including immediate physical and emotional pain, the horror of witnessing mass violence, and long-term psychological scars of fear and loss. The public and politicized suffering and the stigma & social exclusion make re-traumatization in the aftermath very likely.
- **Legal and Moral Obligation:** International norms, such as the United Nations Global Counter-Terrorism Strategy (A/RES/60/288) and human rights declarations, emphasize states’ responsibility to uphold the rights of terrorism victims, including access to justice, support services, and recognition. Providing targeted support is thus a legal and moral obligation.
- **Agents of Peace and Prevention:** Victims are not merely passive recipients of aid; they can be powerful agents of change. Their stories can counter extremist narratives, humanize the cost of violence, and inspire empathy and resilience. Victims can engage in mentoring youth, advocating for policy reform, and promoting nonviolence within their communities.

Research Objectives

OVERALL GOAL

The overall goal of the research study is to deepen understanding of the needs of victims of terrorism in Uganda, the gaps in their care, and the factors for their resilience.

SPECIFIC OBJECTIVES

1. To assess the physical, emotional, social, and financial impacts of victimization among Victims of Terrorism (VoTs) in Uganda.
2. To identify the sources of resilience for VoTs in Uganda and examine the ongoing unmet needs that have hindered their full recovery and reintegration.
3. To identify and analyze gaps in care and support services provided to VoTs from the time of the attack to the present.
4. To recommend policy, service, funding, and public awareness priorities that can strengthen the rights, protection, and long-term recovery of VoTs.



Methodology

STUDY DESIGN

This study used a qualitative approach to understand the needs, experiences, and sources of resilience among Victims of Terrorism (VoTs) in Uganda. The design focused on capturing personal stories, lived experiences, and perceptions in depth rather than collecting numerical data.

Study Sites and Incidents Covered

The research covered a total of 20 victims from four terrorist attacks that occurred in Uganda in 2010, 2021, and 2023, as detailed in the table below:

Year	Incident	Location	No. of Participants	Gender
2023	Mpondwe Lhubiriha School Attack	Kasese District	10	5 females, 5 males (including 1 male survivor)
2021	Digida Pork Joint Attack	Komamboga, Kampala	1	Female
2021	Twin Bombings	Central Kampala	5	2 females, 3 males
2010	Al-Shabaab Bombings	Kampala (Kyadondo Rugby Club & Ethiopian Village)	4	All male
—	Key Informants (community leader in Kasese & NGO representative in Kampala)	—	2	1 male, 1 female

The total number of participants: 22 individuals (20 victims and 2 key informants).

Sampling

A purposive sampling method was used to select participants with direct or indirect experiences of the attacks. The selection aimed to ensure diversity across gender, location, and type of harm suffered. In addition, snowball sampling helped reach victims who were difficult to identify through formal lists but were referred by trusted contacts.

Data Collection Methods

The study used a mix of methods to capture rich and reliable information:

1. In-depth Focus Group Discussions (FGDs) with victims from the same incident to explore shared experiences and community perspectives.
2. One-on-one Interviews with victims and key informants, conducted in English or Luganda, depending on the participant's preference.

3. Video Reviews of testimonies recorded during the PBB project to identify themes related to needs, resilience, and service gaps.
4. Literature Review of existing reports and academic studies on victims of terrorism in Uganda.

All interviews and discussions were conducted in a private, safe space to encourage openness. Audio recordings and detailed notes were taken with consent.

DATA ANALYSIS

Data were analyzed using thematic analysis. This involved:

- Transcribing interviews and translating them into English when needed.
- Reading the transcripts multiple times to become familiar with the content.
- Coding the data to identify key ideas.
- Grouping similar codes into themes related to victim needs, resilience factors, and service gaps.
- Comparing findings across different incidents and participant groups to identify patterns.

ETHICAL CONSIDERATIONS

Participants gave informed consent before taking part in the study. The research team applied a trauma-sensitive approach to ensure that discussions did not re-traumatize participants. No participants showed signs of distress during the study. Identities have been kept confidential in all reporting.

LIMITATIONS

- **Recall bias:** Some participants were recalling events from more than a decade ago.
- **Reluctance to share certain details:** Some experiences may have been withheld due to sensitivity or privacy concerns.
- **Sample bias:** Snowball sampling may have excluded victims who are not connected to survivor networks.
- **Qualitative scope:** Findings are not intended to be statistically representative of all victims in Uganda.



Findings

VOICES FROM THE ATTACKS

2010 Kampala Bombings

On July 11, 2010, Kampala was united in joy. At Kyadondo Rugby Club and the Ethiopian Village restaurant, crowds gathered to watch the World Cup final between Spain and the Netherlands. Laughter, cheers, and the hum of vuvuzelas filled the air. Then, minutes before the final whistle, the night split open. Two suicide bombings tore through the crowd. Bodies were thrown into the air. Smoke and screams replaced the music of the evening. More than 74 people were killed, and over 70 were injured. It was the worst terror

attack Uganda had ever seen, and the memory still hangs in the city like a shadow.

Some victims remember the deafening blast, others the sudden change in the air. "I heard the loudest sound of my life," said Hassan. "The girls I had been enjoying the game with... they were all in pieces." Isaac was working at the venue that night. Just before the explosion, he ran to take a phone call. "Then it literally rained flesh and blood. My sky-blue shirt was suddenly red. I crawled, pulling myself toward what I thought was safety." In those minutes, the world shifted for everyone present, from joy and connection to loss and survival in a single breath.

Komamboga Eatery Bombing (Kampala – October 2021)



Ugandan security personnel securing the scene at Komamboga, a suburb on Kampala's northern outskirts, after the October 23, 2021, bomb blast ¹.

¹ <https://upf.go.ug/explosion-at-komamboga-ward-was-an-intentional-act-of-domestic-terror/>

On October 23, 2021, a bomb exploded at a busy roadside eatery in Komamboga, eight kilometers north of Kampala. Police said three men posing as customers left a plastic bag with an improvised explosive device under a table and walked away. Moments later, the blast tore through the crowd, killing 20-year-old waitress Emily and injuring at least three others ¹. Packed with nails and metal fragments, the device was claimed by the Allied Democratic Forces, acting under the Islamic State's Central Africa Province.

Annet was there that night, selling snacks to customers. "I was concluding my tasks and was

about to leave when we heard an explosion," she said. She lost consciousness and later underwent surgery to remove 14 nails from her body. Around her, people had fled in panic, leaving the injured calling for help. Emily, the young waitress who died, never made it to the hospital. Annet's survival is a reminder of how quickly an ordinary workday can be torn apart and how deeply the scars of such violence can run.

This Komamboga bombing would prove to be a precursor to even more brazen attacks in the weeks to come.

Twin Suicide Bombings in Central Kampala (November 2021)



Police and investigators cordon off a street near the central Police Station and Parliament Avenue in Kampala after the twin suicide bombings of November 16, 2021 ².

² Three suicide bombers kill three, wound dozens in Ugandan capital | Reuters
<https://www.reuters.com/world/africa/explosion-uganda-capital-kills-least-two-local-tv-2021-11-16/>

On November 16, 2021, Kampala's morning rush was in full swing. At 10:03 a.m., a man detonated himself at the gate of the Central Police Station. Three minutes later, two others on motorcycles blew themselves up near Parliament Avenue. Four civilians and three attackers died. Thirty-seven others were injured, including 27 police officers. The explosions turned the city's heart into a place of smoke, fire, and sirens.

Some victims say it began with a sound; a sharp, thunderous crack that shattered routine and memory alike. "I heard something which exploded, and then I lost consciousness," recalled Fred, a professional driver who later learned he had been placed in the mortuary by mistake. He woke up months later with skin grafts and fragments still lodged in his back. "I just remember waking up in a hospital bed. I didn't know where I was." For others, it was the smoke that came first. "It was around 10 am, and at first, I just saw smoke around me," said Isaac, who stood near the Quarter Guard at CPS when the blast threw him into confusion. There was another police officer, Miim, who said, "I didn't

even realize I had been hit. I thought it was something else." He felt a searing pain in his leg; it is now embedded with fragments he'll carry for the rest of his life. Allan recalls the shock before the pain. "Three hours later, that's when I really felt, 'I've got an injury.' My leg swelled bigger than my head." In the chaos, each one grappled with the same reality of life or death.

Elsewhere, far from the blast sites but not from the pain, Naome tried calling her husband after hearing the news. No answer. "I called a second time, and someone else told me he had been injured and taken to the hospital." These are not just memories. They are the long echoes of moments that fractured lives. Some now walk with wounds that never close. Others carry the weight of a name they can never call again. Each phrase, each whisper, is a scar. A timestamp in a life split in two: before the attack... and after.

Within hours, the Islamic State (ISIS), via its Amaq news agency, claimed responsibility for the operation, celebrating the "fighters" of its Central Africa Province ².



2023 Lhubiriha Secondary School Massacre



The burned-out shell of a dormitory at Lhubiriha (Mpondwe) Secondary School in western Uganda, photographed after the June 16, 2023, attack.

On the night of June 16, 2023, at around 11:30 pm, ADF attackers, estimated to have been a quad of 5, stealthily crossed the nearby border and descended upon Lhubiriha Secondary School in the border town of Mpondwe, Kasese district. They first murdered a school guard and then forced their way into the student dormitories with guns, machetes, and petrol bombs. They barricaded the boys' dormitory and set it ablaze by igniting mattresses, trapping dozens of male students inside ³. Simultaneously, other assailants attacked the girls' dormitory. Since the door was unlocked, they stormed in and brutally hacked and battered the female students with machetes and hammers ³. According to police reports, 20 girls were killed with machete blows, while 18 boys perished in the dormitory fire ³. After

slaughtering the students, the rebels looted the school's food store and set parts of the campus on fire ³. By dawn, 42 people were dead, including 38 students and six girls who had been abducted. The brutality echoed the 1998 Kichwamba massacre, reigniting fear in the borderlands.

Victims say it began in the dark, with sounds that did not make sense. "We thought maybe kids were striking," one resident remembered, with confusion and fear colliding in the night. Then came the gunfire, the banging on doors, the shouts to open up. "They shouted 'open up' again and again... then they started hitting heads with hammers and burning the mattresses," said survivor Julius. For parents, the news came in fragments. "I heard the sad news that terrorists had attacked the school where my child was

³ 'So many dead bodies': Militia school attack haunts Ugandan town | Armed Groups | Al Jazeera
<https://www.aljazeera.com/features/2023/6/27/so-many-dead-bodies-militia-school-attack-haunts-ugandan-town>

studying,” said Muhindo. “I ran out of my mind.” At Bwera Hospital, she searched for her son’s body among the scorched and broken. “There were so many burnt bodies... I kept looking, even when I did not want to find him.” Eva’s grief is marked by memory. “Her forehead was hammered. Her back was burnt. Her eye was

plucked out.” Others still wait for answers. “We suspect they killed him,” said Stephen, whose son was abducted. A grandfather, Obed, was far away when the attack came, but the loss found him. “They called and told me that the school had been attacked. I could not protect him!”

IMPACT OF VICTIMIZATION

First-person accounts from survivors and victims’ families impacted by terrorist attacks in Uganda from 2010 to 2023 offer harrowing details of the physical injuries, emotional trauma, and enduring psychological and financial burdens faced by those affected. Many share how they found strength and resilience, while some families grapple with unresolved grief and the search for missing loved ones. The testimonies collectively paint a vivid picture of the devastating human cost of terrorism and highlight calls for improved security and victim support.

Immediate Impact of Victimization (During & After the Attack)

- **Physical Trauma:** When violence erupts, the body feels it first. Survivors talk about “the loudest sound of my life,” a “tremendous blast,” and a sky that “literally rained flesh and blood.” In seconds, people are thrown to the ground, ears ringing, lungs filled with smoke and dust, with legs mangled or pierced by shrapnel. Some are rendered unconscious and wake up on hospital stretchers with metal fragments inside them. “I lost consciousness immediately,” said Annet, who later had fourteen nails removed from her body. “My hand was broken,” she added, describing the pain that began at the scene and never quite left. Others felt their senses collapse. “I couldn’t hear anything, except for one high-pitched sound,” recalled Isaac. Victims sustain severe limb, eye, and ear injuries, and for some, like Fred, the immediate aftermath was so severe that they were initially placed in the mortuary, presumed dead.
- **Sensory Overload and Confusion:** The sounds of explosions were often initially mistaken for tire bursts or gunshots, accompanied by overwhelming noise, screaming, smoke, and dust. Victims experienced intense shock and disorientation, making it difficult to comprehend what was happening.
- **Psychological Distress:** Victims experienced deep internal struggles, such as Isaac’s brain instructing him to fall as if shot, and Mimmu crying more for his family’s potential suffering than his own intense pain. The realization that it was a bomb, or that loved ones were dead, was deeply impactful.
- **Profound Fear and Helplessness:** Survivors witnessed horrific scenes, with “girls around me... all in pieces” and others “all lying scattered on the ground, bleeding”. There was widespread fear among bystanders, leading many to flee and leaving those injured “crying out for help” with “no one to assist them”. Some, like Julius, resorted to smearing blood on themselves to

appear dead.

- **Community-Wide Grief, Terror, and Outrage:** The attacks instilled profound grief, terror, and outrage in local communities and the nation at large. Death and separation deepen the shock. Some families arrive at mortuaries to identify bodies burned beyond recognition, returning again and again for DNA tests that bring answers slowly. “They tried their best to save his life, but it was in vain,” said Naume after the surgeons could not save her husband. In Kasese, parents and grandparents searched through scorched remains. “There were so many burnt bodies,” a mother said softly. Hospital facilities are often overwhelmed, and local businesses like coffin makers in Mpondwe worked overtime due to the scale of death.
- These moments demand compassionate death notification, orderly identification processes, and steady, humane communication with families who are desperate for news.

Long-term Impacts (Post-discharge to Present)

- **Chronic Physical Pain and Impairment:**
 - Survivors live with constant pain. Annet’s hand was broken, suffering nerve pain, and remaining significantly impaired, unable to perform basic functions.
 - Zura experiences throbbing pain in her forehead, itching, and electric shock sensations on her face, requiring constant painkillers, and occasionally loses sight in her right eye. She also cannot walk long distances due to sun sensitivity.
 - Miimu’s leg was severely injured and

mangled, and he sustained a back injury with embedded metal fragments, affecting his hearing. Allan’s ear still doesn’t function properly. Isaac “almost lost an eye” and couldn’t hear from one ear for a long time, living with the effects of a high-pitched sound.

- Fred underwent skin grafting and has a broken hand, with 26 nails remaining on his back, resulting in significant body deformities. Some victims from earlier attacks have also seen their wounds deteriorate years later.

- **Profound Psychological and Emotional Trauma:**

Victims describe life after the attack as “challenging,” “so difficult,” and “devastating”, characterized by the following:

- **Grief and Loss:** Families of the deceased face a “significant void”. Families of missing children face prolonged uncertainty, sadness, and are unable to perform cultural rituals for closure, leading to ongoing mourning. Muhindo “continues crying every time” she thinks about her daughter.
- **Disturbing Dreams:** Julius reports having disturbing dreams where it “feels like they are doing something terrible to us again”.
- **Identity Shift and Social Stigma:** Fred was ostracized, with people shouting, “There comes the bomb victim!”. Mpondwe’s Muslim minority feared reprisals and being mistaken for rebel collaborators. Hassan, as a Muslim, felt deeply misrepresented when word spread that “Muslims have killed people”. Community leaders involved in mobilizing students to the attacked

school face stigma and accusations. Some survivors note their mental damage manifests as being “difficult to work with” or “unsociable”.

- **Family Conflict and Division:** Some families experience division and accusations, often related to government compensation or the loss of a child.
- **Community Disruption:** The attacks instilled deep fear and triggered displacement, with many residents fleeing their homes. Those who remained adopted new precautions, like hurrying home before dark, and community gatherings dwindled due to the prevailing sense of insecurity.
- **Delayed Illnesses:** Profound trauma has led to some mothers developing new illnesses.
- **Severe Financial Hardship:**
 - Victims face unexpected and ongoing medical expenses, including medication, eyeglasses, specialized creams, and transport to appointments, which they often cannot afford.
 - **Loss of Livelihood:** Annet cannot perform her work. Zura cannot hawk

her spices due to sun sensitivity. Miimu can no longer play football (a source of income) or perform operational duties as a police officer. Allan’s injuries limit his ability to work and have led to new transportation costs. Many victims lost their ability to earn a living.

- **Education Challenges:** Naome struggles to afford university tuition for her four children, with one son missing a semester and unable to afford exam fees. Zura cannot afford school fees for her child. Muhindo cannot educate her granddaughters. Many families struggle with school fees for their children, and some children drop out of school.
- **Housing Challenges:** Some victims from earlier attacks live in substandard houses because they cannot afford proper shelter.
- **Hunger:** Some families face hunger on days when they have nothing.
- **Insufficient Compensation:** While some received initial government funds (5 million shillings for burials, 2 million for injured students), this was often insufficient for long-term needs. Some families, particularly those with missing children, received nothing.



SOURCES OF RESILIENCE FOR VICTIMS

Merriam-Webster defines resilience as the ability to recover from or adjust easily to misfortune or change. In the context of victims of terrorism, resilience can be defined as the dynamic capacity of individuals, families, and communities to absorb the physical, emotional, social, and economic impacts of a terrorist attack, adapt to changing circumstances, and recover toward a state of stability and well-being. This capacity is shaped not only by personal coping strategies and inner strengths but also by the availability, accessibility, and effectiveness of care, support, and protection provided by families, communities, institutions, and the state.

Victims of terrorism in Uganda have received varied forms of care and support from the onset of the attacks up to the present day, primarily from the government, community members, and a few non-governmental organizations. Resilience has also been displayed through individual determination, spiritual comfort, and proactive engagement in advocacy and rebuilding efforts. It has been a combination of personal determination, faith, and a collective desire for recovery and justice.

Immediate Care and Support (During and After the Attack):

- **Emergency Medical Response:** Following the attacks, injured individuals were rushed to hospitals such as Mulago Hospital and Kampala Hospital, often facilitated by emergency and police vehicles. Victims received pain-relieving injections and underwent immediate surgeries to remove fragments like nails. In one instance, a survivor who was initially presumed dead was placed in the mortuary, indicating the

overwhelming chaos.

- **Rescue and Assistance:** Despite widespread fear causing many bystanders to flee, some compassionate individuals, like a female security guard, came to the rescue of injured Zurah.
- **Financial Aid for Burials and Initial Medical Bills:** The Ugandan government offered monetary support to bereaved families, providing 5 million Ugandan shillings for funeral expenses, and 2 million shillings to each injured student for medical bills. Local businesses, such as a carpenter, also offered coffins at a discount to grieving families in Kasese.
- **Identification of Deceased:** Authorities controlled access to morgues as families frantically sought to identify their loved ones. DNA samples were taken multiple times from family members to identify severely burnt or dismembered remains. This process was often lengthy, complicated, and sometimes yielded no matches, leaving families without closure.
- **Community Mobilization:** In the immediate aftermath, parents and villagers rushed to the scene and hospitals to find their children and kept on informing others. Nevertheless, some bodies from the Kasese school attack were not claimed by anyone.

Long-term and Ongoing Care and Support (Post-Discharge to Present):

- **Ongoing Medical Care:** Survivors continue to require medication, follow-up surgeries, eyeglasses, and specialized creams to manage chronic pain, nerve damage, and other lasting injuries. However, many victims struggle to afford these ongoing

medical expenses, including transport and consultancy fees. Families and well-wishers offer to help with the bills for such ongoing care.

- **Counseling and Psychological Support:** Support services, including counseling for trauma, were set up for survivors and relatives in some communities. Victims in Kasese have also received comfort from some spiritual leaders and politicians. Organizations like Redeemed Youth Care have provided “tireless counseling” to affected families. However, most victims continue to carry their trauma without any mental health support, some from as far back as 2010.
- **Community and Organizational Support:**
 - NGOs like Prospect Initiative, formerly known as the Uganda Muslim Youth Development Forum, have provided hope and aimed to fight violent extremism, inspiring survivors to organize. Prospect is working on establishing a victim’s association that is seen as a “unifying factor for victims,” enabling them to organize, form saving groups, and increase their lobbying capacity for support.
 - Neighbors have shown support by sharing harvests with struggling families.
- **Financial and Livelihood Support** (Often Insufficient): While some families received initial government compensation (e.g., 20 million shillings for a deceased husband), this was often insufficient for long-term needs, especially for raising children and their education.
- **Security Measures and Justice Efforts:** Ugandan security forces reacted swiftly to attacks, pursuing perpetrators, deploying

additional troops, and conducting hot-pursuit operations across borders. A major crackdown on collaborators in the school attack led to arrests, including the school headmaster and a teacher. Operation Shujaa, a joint military effort by the armed forces of the Democratic Republic of Congo (FARDC) and the Uganda Peoples’ Defence Forces (UPDF), was initiated with the primary aim of protecting Uganda’s border communities and preventing ADF fighters from slipping back in. The operation is reported to have dealt major blows to the ADF, capturing or killing key commanders, destroying camps, and recovering weapons. Safety provides victims comfort and protection from horrific terror incidents. This is further supported by victims’ appeals to the government to tighten security, deploy more soldiers to the borders, and train civilians on vigilance to prevent future attacks.

Personal Resilience Factors

The personal resilience of victims stems from several profound sources:

- **Personal Resolve and Positive Mindset:**
 - Many survivors choose to identify as “survivors” rather than “victims,” emphasizing their strength in moving forward. They believe in taking responsibility for their lives and charting a path for the future, not waiting passively for external aid.
 - Individuals like Godwin show determination to return to school and fulfill dreams, symbolizing Uganda’s enduring spirit.
 - Some survivors, like Hassan, are inspired by their experiences to fight violent extremism and become part of the solution. Others, like Julius, aspire to

- join the Uganda People’s Defence Force (UPDF).
- Survivors express gratitude for being alive and having the opportunity to “still try to do something with my life”.
- The desire to fulfill the dreams of lost loved ones, as seen with Desire Katana aiming to become a leader, also fuels resilience.
- **Faith and Spiritual Comfort:**
 - For Ahmed, the Quran serves as a “tool for my lifetime that brings comfort and tranquility,” calming him in moments of grief and inspiring him to organize fellow survivors.
 - Spiritual leaders in some communities have provided comfort and counseling to bereaved families.
 - The practice of holding memorial services for the deceased in Kasese helps families remember and honor their loved ones.
- **Community and Collective Action:**
 - The presence and support from NGOs, government officials, and community members contribute significantly to overcoming trauma.
- The idea of forming associations is crucial for victims to convene, pray, reflect on challenges, and comfort each other, which helps re-energize hope and provides a unifying factor. These associations also aim to increase lobbying capacity and empower victims. The shared experience of grief and the act of grieving together with other affected families provide mutual support.
- Active vigilance within the community, like in Mpondwe, such as questioning strangers and reporting suspicious objects, demonstrates a collective effort to enhance security and prevent future attacks.
- **Hope for Justice and Closure:**
 - For families with missing children, the persistent hope that their loved ones might be found or rescued provides a reason to continue.
 - The determination to overcome challenges and prove that they are “not dangerous people” and should not be feared, as expressed by Fred, reflects a desire for acceptance and a return to normalcy.



GAPS IN CARE AND SUPPORT TO VICTIMS

Victims of terrorism in Uganda face numerous and significant gaps in the care and support they receive, spanning legal frameworks, financial assistance, medical and psychological services, institutional support, and social integration. These gaps leave many victims in prolonged suffering and without adequate means for recovery and reintegration.

Here are the key gaps identified:

- **Absence of a Comprehensive Legal and Policy Framework for Victims:**

Superintendent of Police, Awere Helen's Master of Laws research thesis titled 'Uganda's Anti-Terrorism Legislation: A Quest for Justice for Victims of Terrorism' concretized this sad reality. The thesis highlighted the following;

- Uganda's existing anti-terrorism laws, including the Anti-Terrorism Act, 2002, do not contain any provisions for the protection of, or provision of effective remedies to, victims of terrorism. This means there is "not a single paragraph" in the law that addresses Victims of Terrorism (VoTs).
 - International legal frameworks for victim remedies are often "soft law" and not binding on states, further complicating the issue.
 - There is currently no dedicated law that addresses the comprehensive needs of VoTs, leading to calls for new legislation like a "Victims and Witness Protection Law" and amendments to existing acts.
- needs for justice.
 - Financial aid from the government, such as the 20 million given to some 2021 victims, the 5 million Ugandan shillings for funeral expenses, and 2 million shillings for injured students, has been described as "small" or "insufficient" for long-term needs.
 - Presidential assistance has been ad hoc, lacking a streamlined process or continuity.
 - Many families, particularly those with no physical injuries and those missing children, have received no government compensation at all. Victims who have tried to pursue their compensation report facing **long waits and bureaucratic hurdles in claiming compensation.**
 - Victims frequently struggle with long-term financial burdens, including paying for children's school fees, with some students facing "dead semesters" due to a lack of tuition.
 - There is a critical need for financial support to start small businesses or for re-skilling and re-tooling to help victims earn a living, as many can no longer perform their previous jobs.
 - Funding for VoTs is not consistently part of Uganda's terrorism budget and is often dependent on "well-wishers" rather than constant, dedicated resources.

- **Insufficient, Ad Hoc, and Unsustainable Financial and Compensation Remedies:**

- The only remedies currently provided are the prosecution and punishment of offenders, and it is unclear if the criminal justice system adequately meets victims'

- **Inadequate Long-Term Medical and Psychological Support:**

- Survivors continue to experience chronic pain, nerve damage, disfigurement, hearing loss, and vision problems, requiring ongoing, expensive medication, specialized creams, eyeglasses, and follow-up surgeries that many cannot afford.
- Many victims still have shrapnel embedded in their bodies, causing constant pain, with medics advising patience for natural expulsion before further operations.
- The mind carries its own scars. Nightmares return students to dormitories filled with smoke. “Since that attack, my dreams have been disturbing,” said Julius. Grief bends daily routines into new shapes. “I continue crying every time I think about my daughter,” said a mother in Kasese. Families with missing children inhabit a harder grief, the kind without rituals. “We are still waiting for DNA results,” a father explained. There is a continuing and profound need for trauma counseling that respects culture, bereavement support, and, where remains are uncertain, guided pathways to mourning and remembrance.

- **Inadequate economic reintegration and protection of victims’ right to job protection & reasonable accommodation.**

- Livelihoods unravel when bodies cannot do what they did before. Victims of terrorism suffer physical injuries, disabilities, or psychological trauma

that affect their capacity to perform their previous job roles. Medical bills, eyeglasses, creams, and clinic trips pile up.

- Police officers who are victims may be redeployed to remote locations without access to their long-term medication, further complicating their recovery.
- These stories point to practical solutions: livelihood grants and coaching, workplace accommodations, wage subsidies, school fees support, and transport vouchers tied to medical care.
- Government agencies and private sector employers must provide reasonable accommodation, which means adjusting working conditions, roles, or environments to enable the victim to continue working and earning a livelihood, rather than laying them off simply because they were injured in a terrorist attack.

- **Lack of Sustainable Institutional Support and Coordination:**

- There is no centralized coordination office or a designated government ministry with a long-term mandate to handle VoT affairs. Existing agencies often manage short-term projects that are then terminated.
- There is an urgent need for a comprehensive database of victims to properly identify and address their needs, given the long history of extremist violence in regions like Kasese.

- **Gaps in Justice, Information, and Victim Engagement:**

- Families of missing children endure profound anxiety and a lack of closure due to inadequate information on their loved ones' fate, which prevents them from performing cultural mourning rituals.
- Body identification processes have been difficult, lengthy, and inconclusive, with multiple DNA tests yielding negative results and some bodies remaining unclaimed.
- Victims are not consistently included in conversations about bringing perpetrators to justice, and there's a lack of regular feedback or updates from security forces on ongoing operations or trials.
- Victims are not considered active stakeholders in the fight against violent extremism and terrorism, and there is little mention of them, let alone stipulated roles in Uganda's national P/CVE strategy and action plans.
- Investigations revealed security lapses before some attacks, such as unheeded warnings from villagers, which undermine early warning and community engagement in P/CVET.

- **Social Stigma and Discrimination:**

There are wounds that society inflicts without meaning to.

- Some survivors face public fear and discrimination, being identified negatively; "There comes the bomb victim!", strangers shouted at Katongole. This indicates a lack of community understanding and empathy.
- In some families, small amounts of assistance created suspicion and division. In others, accusations of blame or witchcraft landed on grieving mothers.
- Border communities live with heightened fear, watching strangers, coming home early, and gathering less.
- Muslim victims experience "double victimization" and stigma due to narratives associating them with terrorists, leading them to hesitate in accessing services. There's a call for mass awareness to counter this.
- Recovery here needs community dialogues, survivor-led storytelling that restores dignity, mediated family support where money or blame breeds conflict, and safety plans that reduce fear without feeding stigma.

These pervasive gaps collectively hinder victims' recovery, perpetuate their suffering, and demonstrate that victims are often "a forgotten piece of the anti-terrorism puzzle."

Policy and Program asks to Stakeholders

Uganda can move from empathy to enforceable rights by placing VoT affairs in MoGLSD, passing a single enabling law that recognises victims and funds their recovery, and hardwiring participation, information, justice, and work protections into everyday systems. The survivors’ message is clear. Recognition, truth, care, and dignified livelihoods are not favours. They are rights that government, civil society, business, and communities can deliver together, beginning now. National round tables and private advocacy forums should identify stakeholders and set timelines for executing the policy, services, funding, and awareness priorities that enhance the rights of victims. The table below details these rights, why they matter, and possible stakeholders who can implement them.

Victims’ Rights	Purpose	Asks	Stakeholders
Right to recognition and dignity	Victims face public, politicised exposure and stigma without safeguards. To make sure survivors are seen as people, not spectacles or threats, so healing can start in public as well as in private. “There comes the bomb victim” should never be the first thing a stranger says	<ul style="list-style-type: none"> Legally recognize “Victim of Terrorism” status with a clear definition, eligibility, and publish a rights charter. Enshrine non-discrimination, respect for privacy, protection from stigma, and survivor-centred language across government communication. Create a National VoT Registry with secure consent protocols and data protection. Use it to coordinate services and eligibility for benefits. 	Parliament and the Ministry of Gender, Labour and Social Development (MoGLSD) for the law and the national desk. Ministry of ICT for data protection standards. Uganda Human Rights Commission for oversight. Victims’ associations, Local governments, and KCCA for remembrance events.
Right to memorialisation and cultural rites	Families need a promised place and time to mourn, and respectful handling of remains where bodies were burned or missing, so grief does not stretch on without end. Families need closure	<ul style="list-style-type: none"> Survivor-led remembrance days and memorial sites; protocols for respectful handling of remains and rituals, including in cases of ambiguous loss, co-designed with survivors and affected communities. 	Lead: MoGLSD with Local Governments and MoICT for public notice. Partners: Faith leaders, survivor association.
Right to justice	Accountability says the state sees what was done and to whom, and it opens space for safe victim participation.	<ul style="list-style-type: none"> Victim participation framework in terrorism cases, including court orientation, safe attendance, and impact statements. Dedicated VoT Liaison Officers in UPF, DPP, and ICD to keep survivors informed and safe through investigations and trials. 	Ministry of Justice and Constitutional Affairs, Directorate of Public Prosecutions, Judiciary/ICD, Uganda Police Force Counter-Terrorism. Parliament for amendments.

Victims' Rights	Purpose	Asks	Stakeholders
		<ul style="list-style-type: none"> Law reform package to close the "no remedies for VoTs" gap: amend the Anti-Terrorism Act to recognise VoTs and remedies; upgrade the Witness Protection framework to Victims and Witness Protection Law; customise the ICC Act interface used by the International Crimes Division to embed victim safeguards. 	
Right to truth and access to information	End the not-knowing with clear updates, named liaisons, and humane DNA pathways; limbo wounds families twice.	<ul style="list-style-type: none"> Family Information Protocols: standard operating procedures for case updates, missing-persons workflows, and respectful death notification. DNA and identification pathway with timelines, repeat-sampling rules, and one named point of contact per family. Public briefings with opt-in SMS updates; district help desks staffed by liaison officers. 	Uganda Police Force Forensics and Scenes of Crime, Ministry of Health pathology and hospital mortuaries, MoGLSD VoT desk for family liaison, NIRA for records, Ministry of ICT for secure messaging
Right to health support and rehabilitation	The blast stops, but pain and impairment continue. Survivors live with shrapnel, hearing loss, and nerve damage that require long-term reviews, devices, and funded travel.	<ul style="list-style-type: none"> Guarantee access to long-term clinical care, pain management, assistive devices, and transport to care, recorded in a documented care plan. Present a continuity-of-care package for every survivor on discharge: pain control, wound supplies, referral schedule, transport vouchers, and a named case manager. Trauma-competent MHPSS hubs in priority districts with travel support and school-based psychosocial services. 	Ministry of Health for clinical and MHPSS standards; MoGLSD for case management and caregiver support; Ministry of Education and Sports for school services; referral hospitals, district health offices, and KCCA for delivery; CSOs and faith leaders for community support.
Right to compensation and reparation	Loss is not solved by small, one-off payments. A fair, timely fund replaces uncertainty with a path to rebuild health, housing, and school plans when a breadwinner is gone or a body cannot work as before.	<ul style="list-style-type: none"> Establish a VoT Rehabilitation and Compensation Fund in law, with transparent rules, 30-day decision timelines, grievance redress, and quarterly public reporting. Dedicated budget line within the national counter-terrorism envelope to finance long-term medical care, livelihoods restart, and education support, not just funerals. 	Parliament and MoFPED for the appropriation; MoGLSD as Fund administrator; FIA for admissible financing streams; Auditor General for oversight.

Victims' Rights	Purpose	Asks	Stakeholders
		<ul style="list-style-type: none"> Financing sources to include annual appropriation and vetted proceeds intercepted by the Financial Intelligence Authority, where legally permissible. 	
Right to participation and protection	Nothing about recovery should happen without survivors in the room, safely. Organizing, speaking, and memorial work turn pain into agency and make policies answer to lived experience.	<ul style="list-style-type: none"> Seat survivors at the table: reserve positions for survivor associations on national and district P/CVE forums and the governance board of the VoT Fund. Amend P/CVET strategies and action plans to include victims as stakeholders and elaborate on their roles. Protection measures for testifying survivors, including relocation if necessary and strict privacy controls on the registry. Anti-stigma and inclusion campaign that addresses Muslim victims' "double victimisation," promotes survivor leadership, and counters blame and witchcraft accusations in communities. Zero-tolerance anti-stigma protocols in schools, workplaces, health facilities, and police posts; survivor-led dialogues in affected communities. 	MoGLSD VoT desk and National Counter-Terrorism structures; Uganda Human Rights Commission; Uganda Muslim Supreme Council and Inter-Religious Council; CSOs to implement community dialogues.
Right to privacy and data protection	A secure registry and ethical communication keep people from being re-exposed and misused, while enabling coordination of care. Survivors' stories and images should be theirs to share, not anyone's to exploit.	<ul style="list-style-type: none"> Data governance for the VoT Registry: consent, access controls, lawful sharing only, penalties for breaches. Media ethics guidance for naming, images, and minors. 	Lead: MoICT and NITA-U. Partners: UHRC, MoGLSD VoT Desk, Media Council.
Right to job protection and reasonable accommodation.	Keep the employment relationship intact so a survivor does not lose work or face discrimination because of injury, trauma, or caregiving duties.	<ul style="list-style-type: none"> Return-to-work and redeployment policy for public servants and security personnel who are victims, with proximity to tertiary care considered. 	Ministry of Public Service and MoGLSD (labour inspectorate) for policy and enforcement; UPF and UPDF HR for redeployment; Federation of Uganda Employers and Private

Victims' Rights	Purpose	Asks	Stakeholders
		<ul style="list-style-type: none"> • Employer duty to accommodate in the public and private sectors: modified duties, flexible hours, phased return, assistive devices, adapted workstations, transport support, and redeployment at the same grade. • Protected leave for treatment and rehabilitation without losing the job. • Similar protections for caregivers who need short-term flexibility. 	Sector Foundation Uganda for employer adoption; URA for targeted tax incentives.
Right to social security and income protection	Replace income and cover basic needs when work is not possible or insufficient, and protect dependents of the deceased or disabled.	<ul style="list-style-type: none"> • Time-limited cash benefits during recovery in the form of stipends and linkages to existing social protection schemes. • Institute disability or survivors' benefits and pensions. • Wage subsidies and small-enterprise restart schemes for those unable to return to former roles; school-fee support for dependents of deceased or disabled breadwinners. • Family and caregiver support: respite days, group counseling, and caregiver stipends for the first 3–6 months. 	<p>Lead: MoGLSD and MoFPED.</p> <p>Partners: NSSF, the Government pension fund, Local governments, and community development officers.</p>
Cross-cutting enablers to make the rights real	<ul style="list-style-type: none"> • National coordination: stand up the VoT Coordination Desk in MoGLSD to run the registry, case management, liaison network, and the Fund secretariat. This location was endorsed at the advocacy forum to avoid short-term, project-style responses. • Whole-of-society financing: embed VoT care into the counter-terrorism budget rather than ad hoc presidential support. Pair state financing with targeted philanthropy for scholarships and complex surgeries. • Operational SOPs: publish simple, public SOPs for discharge-to-home care, family liaison, DNA identification, compensation steps, and case updates. <p>Community safety and early warning: train LCs, school boards, and faith leaders in vigilance and referral without profiling, reflecting border-area realities highlighted by survivors.</p>		
Quick indicators to track progress			
<ul style="list-style-type: none"> • % of registered VoTs assigned a case manager within 7 days of contact. • Median days from compensation application to decision and disbursement. • % of survivors receiving a documented discharge-to-home care plan. • % of children of deceased or disabled survivors with tuition support confirmed for the next term. • % of terrorism cases with victim participation measures in place and periodic case updates sent. • % of employers implementing accommodations for registered VoTs who return to work. 			

Conclusion

The voices in this report speak with a clarity no statistic can match. They tell of nights split open by explosions, of smoke and confusion, of names that can no longer be called. These are not stories that end when the cameras leave. Once the noise fades and the news cycle moves on, many are left to cope with chronic pain, emotional trauma, and stigma. Some have lost jobs because their injuries slowed them down. Others cannot afford the medicines or school fees that could help rebuild their families' futures.

Despite their resilience, victims remain largely unprotected in our laws, underrepresented in national policy, and unsupported by systems that should help them recover. This is not only a moral failure but also a denial of rights.

Victims of terrorism are not people to be pitied. They are mothers, fathers, students, workers, neighbours, and leaders. They are rights holders and essential partners in



building peace. Their resilience is a national asset, and their recovery is not a matter of charity but a legal obligation under Uganda's human rights commitments. Supporting them is an investment in the country's long-term stability. When the state safeguards the rights and dignity of its victims, it builds public trust and undermines the narratives that fuel extremism.

Uganda now faces a choice: to leave victims on the margins or to place them at the centre of our national response to terrorism. We can continue with a patchwork of short-term help, or we can put in place laws, policies, and systems that make recognition, justice, health care, job protection, and long-term support part of the normal response to terrorism. Placing victims at the centre of this response will not only honour their rights and dignity but also strengthen the fight against violent extremism.

The people whose voices fill these pages have already shown courage in surviving what they have endured. It is now up to the rest of us, government, civil society, communities, and employers, to match that courage with action that ensures no victim is left behind, no story is left untold, and no life is beyond repair.



