An Examination of the Influences on Health Development Post Conflict:

Angola – in the Transition

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Abstract

This thesis examines the issues that influence health development post conflict. Its aim is to increase understanding of the current issues within the transitional post conflict phase through presenting the experiences of three communities in rural Angola.

Having emerged from nearly 30 years of civil war, Angola remains in a challenging transitional period. This phase of rehabilitation, flanked by efforts of relief and development, is shown to be problematic. This thesis considers the process from conflict to peace and subsequent repatriation of population. It identifies the transitional phase between relief and development projects and the ambiguous linking of theory and practice within literature. Discussion of appropriate health strategies for implementation shows the limitations of the primary health care (PHC) model. Concepts of community participation and empowerment are identified as difficult due to resettlement factors of time and planning.

The methods of research include household surveys (181 completed), interviews, group discussions, and observations of three communities. Comparisons of the two groups of previously identified Internally Displaced People (IDPs) and Returned Refugees (RRs) are made throughout the thesis. A focus on the needs, wants, reality and use of health services reveals community participation and responsibility. The influences of identity (tribe, gender, IDP / RR) and past experiences of refuge, settlement, and education are recognised as impacting to varying degrees, knowledge, attitude and practice towards health services. The research concludes that the post conflict phase is impacted most strongly by community (identity), time and communication.

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[1] 'This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of Laura Patterson and can under no circumstances be regarded as reflecting the position of the European Union'

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Glossary and Abbreviations

Chivundo	staple food made from maize meal (Mbunda language)
Com	community
Communa	town (Portuguese language)
DRC	Democratic Republic of Congo
FGD	focus group discussion
FNLA	Front for the Liberation of Angola
Funge	staple food made from maize meal (Portuguese language)
HIV	Human Immunodeficiency Virus
HHS	household survey
HW	health worker
IDP	Internally displaced person
IOM	International Organisation for Migration
IRIN	Integrated Regional Information Network
MAG	Mines Advisory Group
MoH	Ministry of Health
MPLA	Popular Movement for the Liberation of Angola
NGO	Non Governmental Organisation
PHC	Primary Health Care
PRA	Participatory Rural Appraisal
QIP	Quick Impact Project
ROC	Republic of Congo
RR	Returned Refugee
Soba	village chief (Portuguese language)
STD	Sexually Transmitted Disease
TB	Tuberculosis
TBA	Traditional Birth Attendant
UK	United Kingdom
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNITA	The National Union for the Total Independence of Angola
US	United States
WHO	World Health Organisation

Chapter 1: Introduction

"If a lion is chasing you and you climb a tree, do you build a house in the tree?"
Soba (village chief), Angola.

The quote above, from a traditional Angolan leader, considers the concept of flight from conflict. He asked me, *"when you flee from something like conflict and you find yourself in a place of refuge, do you then make your home and establish your roots in that foreign place?"* The answer can be varied but in this particular instance the leader said, "*No*". He went on to say that his people were not meant for that place and they were to come home and reestablish their lives in their country of origin. With the lion considered dead, the process of reconstruction and development was able to start.

This process of reconstruction can be challenging when considering the concept of health. In order to be healthy, people need to have the opportunity to make choices regarding their own health. This requires certain levels of time, resources, knowledge, infrastructure and peace. The prospect of making informed and positive choices post conflict is limited in any discipline, including health, due to the general destruction of society. Working with the limitations of community disunity, limited personal and community resources, and various levels of international aid, etc. that influence the improvement of health and its systems, is the challenge and the focus of this study.

Purpose of the Thesis

This thesis uses the experiences of post conflict Angola in order to examine important issues for theory and practice in the implementation of health services. Within this, the study focuses on issues of displacement and repatriation, experiences and expectations of health services, transitional development processes and other influencing factors involved in the specific development of health. It is hoped that this thesis will portray the issues being faced in Angola and that the results from the data will generate positive improvements and change as required to assist in the development of health programmes.

The outcome of this study more specifically aims to assist people and agencies involved in the implementation and development of health programmes within a post conflict and repatriation setting. This can be done through promoting a greater understanding of the

communities involved and encouraging better communication processes. In the midst of social change, the voice of the community can be lost, and this study addresses this gap. It gave, and gives, the communities participating in the research an outlet to voice their ideas and thoughts, and it facilitated discussion within each community.

It is anticipated that the final results of this research will identify the expectations for health activities of the population in the study area of Bundas municipality. It will also identify the differing thought processes of previously identified[1] internally displaced people[2] (IDPs) and returned refugees[3] (RRs), and how their past experiences affect their present expectations. It also aims to give the governing bodies of Angola a snapshot of three of their newly resettled communities to improve understanding of some of the issues that are being faced in these areas, and some ideas to assist in the continuation of community health development.

Putting it in Context

The challenges facing countries in a post conflict phase include that of displaced people, destroyed infrastructure, lack of community services, low educated populations, communication breakdowns, landmines and access difficulties, and disunity and fear, to name a few. Humanitarian assistance in these countries deals with these issues on a day-to-day basis, affecting the daily implementation of projects. As peace is established and the community resettles, population groups emerge that are composed of people with many different experiences accumulated throughout the conflict phase. These differing experiences appear to affect personal desires and motivations for the rebuilding of communities, and therefore, the expectation of the services from a humanitarian aid agency.

Government leadership and systems are often newly established within the post conflict stage, giving rise to challenges in the implementation of policies that may be outdated and inappropriate. Limited infrastructure, communication and transportation difficulties, lead to frustrations for rehabilitation.

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[1] 'Previously identified' denotes that the IDPs are now settled back in their area of origin or identified home and are therefore no longer considered internally displaced

[2] Considered as anyone who did not leave Angola during the war. Within the study area everyone was displaced from their home at some stage

[3] Considered as anyone who left Angola during the war and sought refuge in another country

Community projects are designed according to the perceived and identified needs of the population. Identification of whether the area is at a stage requiring relief, rehabilitation or development, affects the planned time frame of the programme and therefore the style of implementation. The project focus and ideas of what is required or needed in the country is influenced by the drive of the donors or overseeing agencies' mandates. This in turn may affect the process of implementation and the end result of the programme, regardless of the expectations of the community.

This seemingly complicated post conflict situation can have a variety of consequences on personal health and health systems. Health needs that arise out of conflict are specifically related to displacement and the resulting physical and emotional trauma. Displacement is shown to have an increased effect on the spread of communicable diseases, and when coupled with limited food resources, can create, enormous health issues. Effective systems are required to deal with these needs appropriately. In many circumstances basic health structures have been destroyed during the period of conflict, experienced staff have left the area, and materials and supplies are limited. Newly resettled areas of return in rural localities have limited or no infrastructure, including the lack of basic water and sanitation facilities. This leads to the potential increase in disease development that would otherwise be generally confined. These issues produce a challenge for those involved in implementing a functioning health system.

Originally the idea and desire to consider this topic for research came from my experiences of working in Angola, attempting to assist the local government to establish adequate health care for the then, small, returned population, and to prepare for the imminent return of thousands of people to the area. The population was initially a majority of previously identified internally displaced people (IDPs) who had either just returned to their area, or were still waiting to move home. Repatriation in the early days, post the declaration of peace in the second half of 2002 and early 2003, was spontaneous and sporadic, depending on the weather and conditions. Villages beyond the main town were very small and basic compared to two years later, at the end of my research phase, when there were newly accessible areas of settlement popping up everywhere, and an aircraft transporting 300-500 people into the area three times a week. These resettled areas were lacking the infrastructure of protected water sources, adequate food provisions, school facilities and health services.

The demand on health services changed dramatically from the initial requirements for a basic health centre, to the need for a referral centre and immediate accessible medical care to outlying areas. This demand gave rise to the implementation of a mobile medical team by the international NGO with whom I was involved, in order to reach other inaccessible areas with health care.

During my involvement in this work, many issues arose regarding the best form and approach for the commencement of health programmes in the area. Feedback from the Angolan Ministry of Health, international health agencies and donors, revealed that the health programmes within the area were effective for the phase that the community was in. There appeared though, to be a balancing act between the implementation of relief and development programmes. The quality of health care was adequate but the process was at times considered very frustrating and limited to the point of occasional ineffectiveness. This transitional phase from conflict to peace, and on to development, gave rise to issues and outcomes that were possibly specific to this particular stage. Concerns arose regarding participation levels, ownership, dependence, expectations and role identification of the community, and implementation actors involved in the process.

Initial observations revealed differing expectations from the population on what the needs of the area were, and how a programme should be put into practice. The population group of IDPs initially appeared more independent and determined to work for what they needed, having often in the past used the services of the local military and others to survive. The returning refugee (RR) population had, in general, been living in established communities in neighbouring countries where access to housing, food, healthcare, and schooling appeared to have been relatively easier to obtain. Motivation of the community to be involved in the growth of their own area appeared to differ depending on the IDP or RR identity. Through general observation and informal discussions, it appeared that returnees from established camps outside of Angola had a higher expectation of health care services and yet were less motivated to be involved in the re-establishment processes in their communities. IDPs, on the other hand, appeared to have a lower expectation of health care services and yet were more willing to assist and invest in the growth of their community.

Questions surrounding issues of the phases of aid, levels of responsibility, donor strategies, repatriation and community participation all led to a desire for a greater understanding of the situation, improved results of the programmes and the general health situation in the area.

A Focus on Objectives

The objectives for the study, as seen in Table 1.1, guided the initial data collection phase and were identified through reflection on my work in the area and on discussion with colleagues. It was essential to initially obtain the communities perception of their priority needs, and then more specifically their requirements within the context of health. The comparison of participants' past experience of health services with present expectations and satisfaction hopefully would identify the motivation for community participation in the current development of health. Observation of the relationship between actors in the implementation process was necessary to understand the issues and management styles. Communication was an identified requirement for effective implementation, and its processes were deemed important to understand. The information was collected using various methods as outlined in Chapter Five.

Objectives:	
1	Identify priority of needs in the community and role responsibility of community and humanitarian actors
2	Identify current health services / activities in the community
3	Identify past experiences of health services in the last 30 years
4	Investigate knowledge, attitudes and practice towards current health services in the community
5	Identify the levels of expectations for health services in the community
6	Explore the levels of participation by the community in developing the health services
7	Identify considerations for improved programme implementation processes for health services
8	Identify methods for improved communication processes between community, government and international agency services

Table 1.1: Planned objectives of the study

The relevance of this study is timely and useful to the many countries that are within this transitional post conflict phase. These countries require effective health services and can learn from the situations experienced within Angola.

The Practicalities of Research

I was able to complete the field phase of this research project during the months of November and December 2004, in Moxico Province, Angola. The local government administration of the municipality was supportive of this study, as were the three communities that took part. The Massey Human Ethics Committee of Massey University New Zealand, considered the research to be a low risk project.

The study was carried out in collaboration with Medair (NGO), an international humanitarian aid organisation who has been implementing multi-sectorial aid programmes in the study area since 2002. I was working with Medair in the role of Primary Health Care Project Coordinator and then Medical Coordinator since the beginning of 2003. I handed over this role in order to focus on two months of field research at the end of my two year term. The European Commission[4] supported the field phase of the research through the funding of Medair's medical programmes in Bundas Municipality, the study area. Medair Angola provided all logistical support and daily resources.

Thesis Structure

This thesis is comprised of nine chapters. Chapter Two describes the country of Angola and its historical path to the present day, and gives an understanding of the issues connected to the study. The chapter considers the concept of health, its place in Angola, and specifically its impact within the study area.

Chapter Three considers, through a review of literature, the process from conflict to post conflict within a country. It outlines the evolution of a complex emergency, its effect on health and the international aid response to the situation. Displacement and consequent

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repatriation of people is considered and the specific outcomes of the process are discussed.

Chapter Four describes the transition from relief to development within the post conflict phase. The chapter presents issues and frameworks for the implementation of health programmes within these settings.

Chapter Five outlines the methodology used in the collection of data within Angola. It also discusses the methods of data analysis and reveals the limitations of the study.

Chapter Six presents the findings from the research in Angola. The data collected focuses on the issues of community needs; past and present health activities; concepts of expectation, participation, and communication; and repatriation. It reveals perspectives on these topics from three geographical communities, traditional and government leaders, health service representatives and NGO / agency staff.

Chapter Seven is a continued discussion of the collected data, focusing on a more condensed approach to the results. It considers both present and past perceptions of responsibility for health and the role allocation of actors within the implementation process.

Chapter Eight allows for further analysis and discussion of the information presented in previous chapters. It examines current thoughts and ideas relating to the results of the data. The correlation of ideas reveals concepts for health development.

Chapter Nine is the concluding chapter and reflects on the initial objectives of the study as presented in this introduction chapter. The main findings of the research are outlined and four points of recommendations are made for the implementation of health programmes within a post conflict setting. The chapter also considers areas that require further reflection and research.