

*URUZGAN: BASIC HEALTHCARE AND CONFLICT TRANSFORMATION  
Health Systems Strengthening and Conflict Transformation in Fragile States  
For the Medicus Mundi International Network Expert Meeting*

**1. Contact details**

Cordaid, Jain Holsheimer. [jain.holsheimer@cordaid.net](mailto:jain.holsheimer@cordaid.net) +93 (0) 799 755 029 / +31 (0) 641 438 125

Case submitted by: Cordaid, Albert van Hal: [ahl@cordaid.nl](mailto:ahl@cordaid.nl)

Cordaid initiates and coordinates the project. Cordaid is assisted by CPAU (Afghan think tank), AHDS (Afghan NGO providing health care) and WUR (Wageningen University) that is guarding the methodology and is advising based on existing literature.

**2. Context**

Cordaid is responsible for the implementation of basic health care in the province of Uruzgan since 2003. Its partner organization AHDS – doing the ground work - is providing health care in Uruzgan since 1995. Notwithstanding the complex local conflicts and the national conflict between Taliban and Government of Afghanistan AHDS / Cordaid is providing health care to almost the entire province of Uruzgan. This remarkable achievement is possible thanks to the combination of professional health care and the continuous dialogue between AHDS and all local often rivaling communities. This is called community consultation. That AHDS / Cordaid is providing health care to almost all Uruzgani people living in conflict is already intrinsically a very good result. On top of that Cordaid / AHDS are interested to see whether the strong position Cordaid / AHDS has built over the last 8 years through health care give Cordaid / AHDS the potential to increase dialogue and trust between communities and also reduce conflict. Anecdotal evidence so far implies that health care provision is a platform for wider dialogue between rivaling communities in Uruzgan. Cordaid / AHDS are now looking at the relationship between health care and conflict reduction more substantially through research.

**3. Description of the intervention**

a. The study will be conducted in:

1. TirinKot district
2. Gizab district
3. DehRawood district

b. Strategic Conflict Analysis of Uruzgan:

Cooperation for Peace and Unity (CPAU) will conduct a Strategic Conflict Analysis (SCA) of Uruzgan province. The SCA part of the study will focus on identifying:

1. Forces promoting either violent conflict and/or peace.
2. Sources and structures of tension and/or conflict.
3. Actors on the community, district, province and even potentially on national and international level who are agents of violent conflict and actors who are agents of peace and stability (this will not focus down on individuals).
4. Dynamics of the conflict in Uruzgan.

CPAU will conduct similar more localized studies in the three targeted districts, in-order to both link the overall conflict situation in Uruzgan and these three districts.

c. Examining the Potential Correlation between Providing Healthcare and Conflict Reduction/Prevention in Uruzgan:

This part of the study will examine the correlation between providing healthcare and conflict reduction/prevention by:

1. Desk study (in support of field study), which looks to learn from experiences all around the world.
2. Through close collaboration with Cordaid and its partners, CPAU will examine the way healthcare is provided and design field studies accordingly in order to examine the correlation between providing healthcare and conflict reduction/prevention. Some of the main research question will probably circle around:
  - a. How do healthcare programs affect conflict?
  - b. How are the healthcare programs affected by conflict?
3. CPAU will then conduct extensive field studies in the three districts mentioned above in order to examine correlation between providing healthcare and conflict reduction/prevention.

d. Recommendations / Assessment of Capacity / Training:

Based on the findings of the study, CPAU will work closely with Cordaid and its partners in-order to develop meaningful and realistic programming options. It will also examine best practices in working in conflict torn areas with healthcare.

Based on the recommendations developed in close collaboration with Cordaid and its partners, CPAU will develop training material focused on increasing understanding on what role healthcare plays in conflict. CPAU will also be working with Cordaid partners in improving their capacity related to the recommendation outlined in the study. During the training CPAU will also assess the capacity of Cordaid's partners to work with the recommendations developed in the study.

e. Output

One Study examining the conflict situation in Uruzgan, the correlation between providing healthcare and conflict reduction/prevention and providing programming options. This will be compiled in one report.

#### 4. Challenges

-Security makes it hard for researchers / surveyors coming outside of Uruzgan to do research. In Uruzgan it is very hard to find capable people to do the research.

-Uruzgan province is plagued with many conflicts and has many complex tribal relations. By providing health care and staying away from conflicts or politics AHDS is able to bring health care to everybody. In case AHDS becomes active on issues outside of health care for instance conflict transformation, it may undermine its humanitarian space. In that case Uruzgani people might refuse the health care of AHDS since it takes sides in conflict. It could even endanger security for staff.

#### 5. Contribution to conflict transformation

-So far it seems there are different ways health care can contribute to less conflict.

a. benefits of future health care as carrot to dialogue. Cordaid / AHDS will bring health care to your district on the condition that you stop fighting and start dialogue. AHDS / Cordaid can not send doctors to a conflict area. This is called peace dividend. *Example of tribal elders in Mirabad in Uruzgan.*

b. the relationship between provision of health care, community dialogue and conflict transformation. Bring people together in joint activities in a common interest: health committees.

This would be the horizontal dimension of health care in conflict transformation or health care as social tissue. *Need examples from own experiences.*

c. the relationship between provision of health care by state, legitimacy of state and acceptance of state by population. Or opposite: failure of state to bring health care, lack of legitimacy of state and rebellion. This would be the vertical dimension of health care in conflict transformation or health care as social contract.

d. strong position of health care provider in conflict region makes strong leader of the health care provider messenger on behalf of local population vis-à-vis international (military) community or state.

## **6. Evidence**

The case study is a research to present evidence of a relationship between health care, dialogue and conflict transformation.

## **7. Other relevant information**

Results of this study were supposed to be in by mid-September. Due to delays in the field research, results can not be presented yet.