

Name of Student: Helen Kezie-Nwoha  
Title of Thesis: Women and Post-Conflict Health Reconstruction: The Case of Puranga Sub-County, Pader District – Northern Uganda

### Abstract

This thesis examined how women's needs were incorporated in post-conflict health reconstruction in Puranga Sub County, Pader District, Northern Uganda. The study asked five questions: 1. What are the post-conflict health needs of women and what is the role of women in health reconstruction? 2. How do women in post-conflict communities access health services? 3. How did post-conflict-health reconstruction address women's needs? 4. What are the perceptions of planners and leaders of women's needs and their participation? 5. What gender issues must be taken into account in post-conflict health reconstruction?

The main argument of the thesis is that wars impact health at two levels, the level of the physical and mental well-being of the population and the destruction of infrastructure which leads to weak health services. These impact women differently and require specific attention to address the needs of women and girls and ensure their participation in post-conflict health reconstruction.

The study used a qualitative approach employing mainly focus group discussions and in-depth interviews. Fieldwork was conducted in three villages (Wicere, Entebbe, and Puranga Trading Centre) in Puranga Sub-County, Pader District. Nine focus group discussions were held.

The research found that the approach to health reconstruction focused more on infrastructure development, which downplayed the need to ensure women's needs are given consideration in planning and executing health reconstruction. Healthcare services were poor due to a lack of adequate health facilities, lack of adequate health workforce, supplies, and equipment for the population. Data analysis revealed that health planning fits within the broader district planning, involves communities, and pays attention to the maternal health needs of women. However, there was no focus to ensure that facilities built provided for women's maternal health needs and were closer to communities. And while mental health services were part of the health package, findings revealed that there were not enough mental health specialists to support the mental health well-being of war survivors.

The overall conclusion is that conflicts create a gendered impact on health care both at infrastructure and service levels, justifying women's participation in post-conflict health reconstruction. The research makes the following recommendations: post-conflict health reconstruction policies and programs adopt gender analysis to guarantee women's concerns are identified and incorporated into health reconstruction; governments must put in place mechanisms that ensure the inclusion of gender perspectives and that women are included in decision-making for health planning at all levels of the health system; planners need to apply gender budgeting to health planning to ensure that the health needs of all categories of people are adequately resourced; and finally that the government must enhance the skills of local governments to manage healthcare services and apply gender mainstreaming at all levels including health planning, service provision, and health management