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Women and Armed Conflict in Uganda

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I. Introduction

This work discusses the nature of armed conflict globally, regionally and at national level in Uganda. It presents the nature of conflicts and the current trend in conflicts generally. It further documents the gendered impact of conflict on women and their resulting health needs. It also looks at the impact of conflict on health systems. Armed conflict is defined by the Uppsala Conflict Data Project as a contested incompatibility that concerns governments or territories or both, where the use of armed forces between two parties results in at least twenty-five battle related deaths. Of these two parties at least one is the government of the state (Gleditsch et al, 2002:618-9). Armed conflict is categorized into minor armed conflict, intermediate armed conflict and war. Armed conflict is minor when at least twenty-five battle deaths occur per year and fewer than one thousand deaths during the period of the conflict. Intermediate armed conflict involves at least twenty-five battle related deaths per year and an accumulated total of at least one thousand deaths, but fewer than one thousand in any given year. war occurs when there are at least one thousand battle related deaths per year (Gleditsch et al, 2002).

Conflicts can be classified as interstate, extra-state, internationalized internal and internal armed conflicts. Interstate armed conflict happens between two or more states. Extra-state armed conflict occurs between a state and a none state actor outside its own territory. Internationalized internal armed conflict occurs between the government of a state and internal opposition groups with intervention from other states. Internal armed conflict occurs between government of the state and internal opposition groups without intervention from other states. Gleditsch et al (2002) note that there is a thin line between international internal armed conflict and internal armed conflict. Recent classifications distinguish three types of conflicts; state-based conflicts where at least one actor is the state; non-state based conflict which usually is conflict between organized groups and the state is not involved and one-sided violence defined as violence against civilians by an organized group which can be the state or a non-state actor (Bakken and Rustad, 2018).

II. Global and Regional Conflict Trends

The current debate is around the intensity and nature of conflicts. While some peace researchers are of the view that conflicts have reduced since the cold war (Watts et al, 2017, PRIO, 2017; 2018; Szayna et al, 2017), others are of the view that there is no decline (National Intelligence Council, 2012; World Bank & United Nations, 2018). Despite the differing opinions, what is clear is that the nature, intensity and frequency of conflicts has changed (Avis, 2019; PRIO, 2018; Watts et al, 2017; World Bank and United Nations, 2018; Szayne et al, 2017; Krause, 2016). There is shift from wars fought directly between states to various forms of internal or intrastate violence, including insurgencies, guerilla wars, terrorism, organized and large scale criminal violence and protest (Avis, 2019).

Globally the current focus is to fight these new forms of conflicts by ensuring national and international security. This thinking has been shaped by the September 11 terror attack on the United States. Most of the actions have been mediated through the promotion of freedom; as was the case of Iraq. The actors in these wars

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use new communications and weapon technologies to operate across national borders and regions making wars more complex (Avis, 2019). The increasing complex and protracted nature of conflicts which now involve more non-state groups, regional and international actors have hampered efforts to respond to conflicts globally (World Bank and United Nations, 2018; Avis, 2019). A third of the world population about 2 billion people currently live in countries affected by conflict with huge economic impacts. Conflicts cost an estimated $13.6 trillion every year, this pose significant threat to the achievement of the Sustainable Development Goals (Schafer, 2018).

Latest conflict trends report by the Peace Research Institute Oslo (PRIO, 2019) indicate that there is an increase in conflict globally. In 2018, there were 52 active conflicts in 36 countries compared to 50 conflicts in 33 countries in 2017. There were 10 wars in 2017 and 6 in 2018 in 4 countries Yemen, Syria, Somalia and Afghanistan which account for 82% of battle-related fatalities with reduced fatalities in all conflicts down by 23% about 69,000 to 53,000 (Strand et al, 2019). Watts et al (2017) extensive review of literature found the following factors determine the extent of global conflict; the capacity of state institutions, the prevalence of consolidated democracies, the degree of ethnic and sectarian polarization, the economic interdependence, the degree of U.S pre-eminence, the capabilities of international organizations, the strength of international norms, the diffusion of lethal technology and the extent of resource stress due to population pressures.

The number of countries involved in internationalized war is at the highest over the past 15 years. This is due to the involvement of 59 countries in the Mali stabilization forces. The other country with internationalized conflict is Yemen. Political Islam is the dominant factor in the global conflict patterns in 2018. the other theme among recent conflicts is nationalist conflicts in Turkey, Cameroon, Myanmar, Ukraine, Iran, India, Somalia, Thailand, Kenya and Indonesia all have armed conflicts where independence or territorial change is the focus (Strand et al, 2019).

In the African continent most of the conflicts are intra state wars (Wallesteen and Sollenberg, 1998). Wars, armed conflicts and political crisis have over the time affected over two third of the countries in the Africa continent with massive humanitarian and financial loses, including enormous physical, psychological and social damage resulting in negative peace (Galtung, 1968). Negative peace has been defined as the end or absence of widespread violent conflict associated with war. Since the 1960s the following countries in Africa have experiences conflicts: Angola, Burundi, Chad, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Liberia, Namibia, Nigeria, Mozambique, Rwanda, Sierra Leone, Somalia, South Africa, Sudan, Uganda, and Zimbabwe among others. Historically, the conflicts in Africa are varied and include; wars of independence, particularly in Lusophone countries, Namibia and former Rhodesia. Secessionist conflicts such as Senegal, Democratic Republic of Congo (Katanga in 1960 and 1977-78), Nigeria (Biafra 1967-70) and Sudan/South Sudan (1983-2005). Rebellions, which often start as local guerrilla movements against central governments; in some cases, the rebellions have succeeded in overthrowing the government, as was in Uganda, Chad and Ethiopia.

Interstate disputes, mostly around border issues, despite the Organization of African Unity resolution on the inviolability of existing borders, such conflicts occurred for example Burkina Faso-Mali conflict (1986), Chad–Libya conflict over the Aouzou strip and the Cameroon–Nigeria conflict over the Bakassi Island (since 1962). The most significant factor in most of these conflicts was foreign intervention, which in a way contributed to fueling the conflict (Michailof, et al., 2002). However, Michailof et al (2002) pointed out that foreign interventions reduced following the end of the cold war; they argued that even though the disengagement helped settle some conflicts, it also left a bitter tension and perpetuated existing tensions and sources of conflict, typically in Angola and Ethiopia.

In the 1990s there was war in Angola, Sudan, Sierra Leone, Congo Brazzaville and the war between Ethiopia and Eritrea. In the early 2000s, there was civil war in Democratic Republic of Congo, Burundi, Somalia, Sudan and local rebellions in Chad, Liberia, Rwanda, Senegal and Uganda. Most recently since 2010 we have new conflicts in Egypt, Libya, Tunisia, Central African Republic and South Sudan; with continuation of conflicts in Sudan, South Sudan, the Democratic Republic of Congo, Central African Republic and Burundi.

The current conflict trend shows that as conflicts occur around communities' majority of the casualties are civilians, in contrast with situations early in the century were majority of the casualties were combatants (Garfield and Neugut, 1997; Sivard, 1991 cited in Wessels and Moneiro, 2001). Most of the conflicts have long life spans; since the 1990s about 40% of the conflicts have taken ten or more years, while 20% have taken over twenty years (Smith, 1997 cited in Wessels and Moneiro, 2001), Angola, Uganda and Sudan fall under this category.

In recent years, the number of conflicts in Africa has grown considerably. In 2018, Africa experienced an increase in civil wars from 18 in 2017 to 21 being the highest since 1946 (Bakken and Rustad, 2018). Most of the conflicts are non-state based with an all-time high of 50 non-state conflicts in 2017 compared to 24 in 2011 (Bakken and Rustad, 2018). The main drivers of the increased number of conflicts is poverty, low employment rates, shrinking civic space, democratization, regime type, poor governance, and the involvement of the Islamic State(IS) in existing conflicts. In 2018, five of the state-based conflicts were related to IS in Chad, Libya, Mali, Nigeria and Niger. These conflicts are more complex, more regionally based and have drawn in regional and global powers, who influence or support those fighting on ground but are actually not fully in control (Bakken and Rustad, 2018; Cilliers, 2018; Avis, 2019).

Violent conflict in Africa has also increased against the backdrop of the continent's rapid economic and political changes. Many countries have adopted more open political systems, although with some reversals in 2015. In some countries, tensions have risen around competition for political power, sometimes deepening inter-group divisions and leading to an eruption of open violence (Cilliers, 2018; Avis, 2019). Since the end of the cold war, there have been various efforts especially by the United Nations, what is need in to curb conflicts in Africa according to Cilliers (2018) is rapid inclusive economic development combined with good governance and developmentally oriented leadership.

III. Nature of Armed Conflicts in Uganda

The history of the conflicts in Uganda is marked by different timelines and distinct actors. After independence, four eras corresponding to the dominant political regimes can be identified. They include: the independent government of Obote, 1963-1971; the Amin era, 1971-1979; Obote II, 1980-1985; and the National Resistance Movement, 1986 to the present. Besides these there were also several rebel groups that fought at different times such as the Front for National Salvation (FRONASA); National Resistance Army (NRA); Allied Democratic Front (ADF); the Holy Spirit Movement of Alice Lakwena; Uganda People Defence Forces (UPDF) and the Lord Resistance Army (LRA) (HRW, 1997).

The history of the conflict in Uganda can be traced to the British colonial practices that led to uneven economic development, which resulted into the southern part of the country becoming more prosperous than the north. The socio-economic rapid inclusive divide grew worst due to ethnic violence which characterized post-independence Uganda that usually fell out along south/north divide. At independence in 1962, Milton Obote from the north became Uganda's first President. Obote inherited the colonial army with its high percentage of northerners, particularly the Langi and the Acholi (HRW, 1997). At that time, Uganda had a prosperous economy with relatively good health and education services. The industrial sector serviced domestic needs while the export sector was highly rated. Despite the progress made, trouble emerged from the political front. In the 1960s, Obote created a one-party state resulting in increased tension that culminated in the overthrow of the government in 1971 through a military coup led by army commander Idi Amin (HRW, 1997; Kreimer et al, 2000).

Amin like Obote was from the north, although he feared the influence of the Langi and Acholi that dominated the armed forces (Ofcansky, 1996). This led to their replacement with soldiers with ethnic and cultural links to Amin and the elimination of existing soldiers through mass atrocities. This was evidenced by the killings of people from Langi and Acholi that led to the division that existed in the country (Kasozi, 1994; Omara-Otunnu, 1987). Amin's era was characterized by notorious political mismanagement, severe economic decline, political instability and increased violence. His tenure saw the banning of political activities; intimidation of civil society; and the elimination of prominent individuals perceived to be threats to the administration. Amin expelled the Asians who at the time dominated and controlled the industrial and commercial sectors of the country's economy (Kreimer, et al, 2000).

The Asians lost property, while at the same time Uganda lost entrepreneurs and skilled manpower provided by Asians (Kreimer, et al, 2000). Most of the export earnings were used to purchase military hardware, and the economy continued to deteriorate. With the tensions that the Amin administration created, in 1979 the regime was defeated by a coalition of forces that included Tanzania government troops, supporters of President Obote and YoweriMuseveni.

Due to power struggles amongst those who participated in the overthrow, the economy was further shattered. The competition resulted in lack of cohesiveness among the groups that deprived the needed support for the reconstruction of the country. In the midst of this, a highly contested and controversial election saw Obote return

to the presidency (Kreimer, et al, 2000, HRW, 1997). The outcome was intensive fighting between the opposing groups that was spearheaded by the guerrilla insurgency led by YoweriMuseveni. Many lives and property were lost as a result the already unstable economy was ruined (ibid).

Obote's return to power restored the dominance of the Acholi and Langi within the military, and signaled the beginning of another period of violence. With the history of regional division, it was difficult to resolve the conflict, due to lack of skills to address the challenges of reconstructing an already mismanaged economy. Civil society experienced intimidation and break down of ethics. During the period, donors' contribution to conflict resolution and reconstruction was limited (Kreimer, et al, 2000), as Uganda did not meet the criteria for support from international financial institutions such as the World Bank. Amidst the failed economy, the guerrilla National Resistance Army (NRA) subsequently weakened the political leadership that led to the second over throw of Milton Obote (HRW, 1997). The Okello junta leadership lasted for only six months and was subsequently defeated by the NRA (HRW, 1997).

IV. Women's role in Conflict

Many research on women's roles in conflict shows that they have encouraged and incited men to acts of violence (Bennet et al, 1995). Some women have participated in armies, guerrilla forces, or armed liberation movements (Bouta et al, 2005). Female combatants have been active in Algeria, El Salvador, Eritrea, Ethiopia, Mozambique, Namibia, Nepal, Nicaragua, South Africa, Sri Lanka, and Zimbabwe (Barth 2002, quoting Kriger 1992; Turshen and Twagiramariya 1998; Arthur 1998). In collecting data on girl's involvement in fighting forces during 1990-2003, Mckay and Mazurana (2004) found that girls were part of fighting forces in 55 countries and were involved in armed conflict in 38 internal conflicts. At the international level, girls in fighting forces participated in the fighting in Lebanon, Macedonia, Sudan and Uganda. In Sri Lanka, women comprised one-third of the fighting forces (Lindsey, 2000; Manoharan, 2003); they were one-quarter of the combatants of El Salvador's Farabundo Marti National Liberation Front (FMLN), while in Nicaragua, women comprised of 30 percent of soldiers and leaders of the Sandinista National Liberation Front (Karame, 1999).

Mazurana and Carlson (2004) reviewed the role of women in conflict in Sierra Leone and concluded that women and girls in fighting forces had multifaceted experiences; while some were captives and dependents others were involved in planning and executing the war. Powley (2003) in studying the Rwanda violence observed that about 2.3% of women were involved in perpetuating the violence. Women's role in conflicts is not limited to combat role; women have also played supporting roles as cooks, porters, administrators, doctors, spies, partners and sex slaves (Bouta et al, 2005).

The reason women participate in wars is similar to those of men, and may include forced recruitment, agreement with the war goals, patriotism, religious or ideological reasons and lack of educational opportunities (Sorensen, 1998). Bouta et al (2005) provided a description of women's role and gender relations in the army and called for post conflict rehabilitation to adequately address the needs of all women who joined the armies during conflict, irrespective of whether they took an active combat role. Many accounts show that female combatants are usually left out in disarmament, demobilization and reintegration (DDR) programs. The reason for none inclusion, is that DDR programs basically aim at restoring security, and women are not regarded as major security threats as was the case in Mozambique and Sierra Leone (Bouta et al, 2005).

In conflict situations, gender-specific role dictate that women become the primary home providers of health care and education, as they provide health care to ill, old and injured family and community members. Others provide childcare and home schooling for their children (Bouta et al, 2005). Although these roles increase women's burden of dependency, it strengthens their skills and organizational capabilities, encouraging them to take more public roles during and after conflict (Bouta et al, 2005). Women's role in conflict is multifaceted, El-Bushra (2000) describes how women have participated in negotiating between warring parties, or have even courageously intervened in battles to force peace (Somalia and Ethiopia). The same women have also played both 'peace-making' and 'war-mongering' roles.

V. Impact of Armed Conflict on Women

Wars brutalize societies and also destroy infrastructure, development prospects and people's ability to be economically productive (Bennet et al, 1995). In situations of conflict all women are discriminated against only the dimensions of the violations differ, irrespective of what roles they play. Also during conflicts women are positioned differently depending on their community, families, social and political affiliations (Goswami et al 2005).Women and girls experience conflict in different ways from men and boys as a result of how roles and responsibilities have been designed based on sex.

In addition, harmful traditional practices and unequal power relations existing before the armed conflict continues even during the war exposing women to more danger and even deaths. In some cases, women have been specifically targeted by the conflict, as was the case in the Rwandan conflict where Tutsi/Hutu women were most at risk, as most were killed simply because they were women or because of their political affiliations (Newbury and Baldwin, 2000). Although, it has been recorded that conflicts have a huge impact on women, in situations where the conflict has been properly managed women have used their war experience to improve their conditions, specifically ensuring their participation in decision making and economic activities. At the same time, war has the potential to expose women to violence, increase the number of widows, destruction of community networks, increase women's work load, impacts on their economic livelihood, deny or reduce women's access to social services such as health and education, and increases the violations of their basic human rights. In the next session I look at each of these factors.

Exposure to violence

During the First World War only about 5 percent of the casualties were civilians, but in current conflicts civilian casualties are about 80 percent mostly women and children. In addition, more women than men remain unprotected at a time when traditional forms of moral, community and institutional safeguards have disintegrated, and weapons proliferated, making them particularly vulnerable to different forms of violations (ICRC, 2001:43). Women's traditional roles as care givers to children and the elderly restrict their movement to flee during conflict so are more exposed to violence, which could also occur in displaced peoples' camps (Vickers, 1993:28). A lack of gender sensitive peace keeping means that most protection mechanisms such as the internally displaced people's camps lack adequate facilities to address the specific needs of women. In Sudan for instance, a documentation carried out by Isis Women's International Cross Cultural Exchange revealed that women experienced gender based violence especially rape, defilement, and survival sex during the conflict (Isis-WICCE, 2007). Similarly, in Rwanda an estimated 200,000 women or more were victims of sexual violence (Newbury and Baldwin, 2000). During conflicts women lose the protection from families and communities even from the so called global protectors of citizens during war; this contributes to the violations they experience.

Diseases including sexually transmitted infections are particularly high in post-conflict populations, usually passed on by combatants and abductees returning home, or women who were raped or were in sexual slavery during the war. Women also suffer from the long term effects of untreated injuries, including those associated with forced sex and unattended childbirth. Also prominent are psychological health issues stemming from traumas (Zuckerman and Greenberg, 2004). In post conflict situations gender roles change, women would become house hold earners, while the men are jobless, these unemployed men usually become drunk leading to increased violence against women. This requires the attention of post conflict policy makers and implementers (Greenberg, McMillan, Branca Neto, & Julia, 1997).

Sexual and gender based violence

Sexual violence and rape has always been a feature of war. In late 1992, stories began to emerge from Bosnia about the mass rape and forced impregnation of Muslim women and young girls by Serbian soldiers, as a form of 'ethnic cleansing' (Vickers 1993:23). After the Iraqi invasion of Kuwait in August 1990, there were reports of rape by Iraqi soldiers of Kuwaiti and non-Kuwaiti women, some of which led to pregnancies, an event so shocking in a conservative Muslim environment that some women killed themselves rather than give birth to enemy babies. In the occupied Palestinian territories, according to various sources, 'dozens of Palestinian women and girls reported that Israeli interrogators have threatened them with rape and subjected them to sexually humiliating practices' (Vickers 1993:32). It prompts the question as to why this particular method of violence is so routinely employed as a weapon of war. One possible answer, according to Seifert, is that sexual violence against women 'is likely to destroy a nation's culture' (Seifert 1999:150).

Holt (2003) posited that violence against women in war is two-pronged: by humiliating individual women, it aims to reassert male power in a general sense; and it is intended to demoralize the enemy by striking at its women. Thus, war-related violence against women is inextricably linked to domestic violence and to sexual violent crimes against women.

Increased number of widows

One of the most significant impact of war is increase number of widows and female headed households for example in Angola, Bosnia and Herzegovina, Kosovo, Mozambique, and Somalia, due to the great number of men killed, widows make up more than half of the population of all adult women (Bouta et al, 2005). In

several war-torn countries in the post-conflict years, more than 70% of children depend on widowed mothers as their sole support (UN Department of Economic and Social Affairs, 2001). In Cambodia and Sudan there was a 30% increase in female-headed households during the war (El-Bushra et al. 2002; Kumar, 2001).

Destruction of community networks and trust

During conflicts communities flee for safety, some community members are killed or maimed. Thus the traditional networks and solidarity are destroyed. In intrastate conflicts, communities sometimes turn against each other as a result of political affiliations, tribe or different ideals being promoted at the time. This usually creates distrust, fear, anger and in some cases feeling of revenge (Newbury and Baldwin, 2000). Fear, distrust and anger lead to feelings of isolation, abandonment and lose of hope for the future. The feeling of hopelessness contributes to women's lack of participation in community activities and decision making in peace building and post conflict reconstruction processes. The feeling of frustration leads to increased violence, particularly domestic violence as conflict breeds distinct types of power relations and imbalances (Graca, 2001).

Increased work load

During conflicts women take on roles of dead or disappeared husbands or male relatives, this increases their work load (DFID, 2004), as they continue to perform the traditional roles of care giving for the entire household. In some cases, women have taken up children orphaned by the war providing food, clothing, and school fees (Newbury and Baldwin, 2000). In the agricultural sector, women may take over responsibility of working the land and caring for livestock (World Bank, 2005). This has also helped to strengthen women's capacities and organizational capabilities; such acquired skills are sometimes not utilized in the post conflict phases. These new roles become a point of contention after the war, when men return home and want to reverse the existing structures. For some women it is easy to hand over such task, for others it could lead to continuous violence within the household as the male members fight to maintain the status quo before the war.

A study of South Sudan women's experience of war shows that gender specific activities did not change markedly as a result of the conflict. The men still predominate in productive activities while women were relegated to the reproductive, home based activities (Isis-WICCE, 2007). Most often these home based activities are usually not quantified and increase in the post conflict phase due to increased members of the household such as adopted orphans of war, and sick relatives.

Impact of women's Economic livelihood

Conflict also led to increased women's participation in the labour force and in informal businesses, examples from Somalia, Cambodia, El Salvador and Guatemala show that women started working in factories after the war (Kumar, 2001). However, women suffered in the labour market as men earned about 67 percent more than female employees (CPR, 2002).

In other countries such as Angola, Mozambique, the former Yugoslavia, and Zimbabwe, women faced far more difficulties in entering or staying in formal employment than men due to the reintroduction of pre-conflict gender relations and gender divisions (Sorensen, 1998; ILO, 1997, 1998, 2001; Kumar, 2001; Bouta et al, 2005). In Eritrea, the formal employment sector did not recognize the experiences and skills that women had gained during conflict and disapproved of the new self-awareness acquired during conflict (Sorensen, 1998).

Health services

Wars destroy existing health services and structures, and where they exist there is limited or lack of health personnel. Access to health care facilities that meet reproductive health care needs is often lacking. In some cases, the distances to available health care facilities are too long for women to travel, particularly when they are pregnant or ill (DFID, 2004). Women and girls are more susceptible to illness due to their sexual and reproductive roles. Women's reproductive health problems during conflicts may include life-threatening pregnancy related conditions, lack of birth control, and effects of sexual violence that results in sexually transmitted diseases for example HIV and AIDS. In addition to the disruption of health care services, people in situations of armed conflict are often unable to afford alternative private health care due to extreme poverty due to decline economic activities resulting from conflict. More so people may have moved far away from health facilities or have overwhelmed the health care system at the point of displacement (Isis-WICCE, 2007). In addition, women who suffer from sexual violence and other forms of violations during the war suffer from trauma, depression and other psychological problems that are not addressed (Isis-WICCE, 2007; USAID, 2007).

Education

Conflict severely impacts the education system. Schools are destroyed during wars making access to education difficult as available schools may be too far for young children especially girls to travel. In most cases the environment if unsafe for girls to leave home, In Somalia for instance, girls dropped out of school when it became too dangerous to travel to classes, this sometimes accelerate early marriage (UNICEF). In cases where schools are available, the lack facilities such as separate sanitary facilities for boys and girls; as such girls could stop schooling when they begin to menstruate. Many parents find it difficult to send their children to school due to poverty and unavailability of funds to support their schooling. In other cases, the girls or their parents were abducted thus ending their education and forcing them into marriage or sex trading as a means of survival (Isis-WICCE, 2007).

However, experience from Sierra Leone, Timor-Leste and Rwanda show that primary enrolment growth is more rapid compared to secondary and tertiary levels (Education Team, 2003). Likewise, in Afghanistan, through extraordinary efforts by the international community more than 3 million children were enrolled in school in 2002 and more than 4 million in 2003. Girls gross enrolment rate was 40% in 2003 compared to pre-war (1974) rate of only 9% (World Bank, 2004). However, in religious conflicts, certain factions may believe that girls should not be educated. A good example is the decision of the Taliban in Afghanistan to curtail girls' access to education in the areas under their control (HRW, 2017).

Access to Property and Land

In the aftermath of conflicts, one issue of contention is land and property. Being that women are usually not positioned (according to culture) to own land and property, conflicts further exacerbate women's access to land. During conflicts, communities flee, some move into IDP camps while others die. On return, there are usually challenges with people taking over other people's land and denying them access to it. In the case of women or female headed households, having access to land to farm or for building new houses remains a challenge. Women lack of awareness of matters such as property and inheritance rights which are often culturally determined leads to further disempowerment of women (USAID, 2007).

VI. Impact of War on Health Systems

Wars have devastating impact on health systems. A health system is defined by WHO as all activities whose primary purpose is to promote, restore or maintain health. During war, health facilities are mostly targeted as a war tactics, leading to flight by health worker. In Bosnia and Herzegovina, 40% of physicians, 60% of dentists and 30% of nurses left the country during the war and have never returned (Konttinen, 2002). In El Salvador, Nicaragua and occupied Palestinian territories health workers and health infrastructures were targets, dozens of health workers were either kidnapped or assassinated (Baksaas, 2002). This increases the risk for populations who are unable to access health care. The ability of countries in conflict and in post conflict to maintain the health system is usually daunting in these circumstances. The lack of access to health services continues even in the post conflict period. For example, the annexation of Eritrea by Ethiopia in 1952 led to the rapid deterioration of the health care system in that region. By 1962, the health budget for Eritrea had been cut by two thirds, and bureaucratic restrictions reduced the efficiency of the services further. As the Eritrean liberation movement became more active the government in Addis Ababa not only stepped up the war but also closed and destroyed health facilities (Kloos, 1992). Such actions lead to decline in health and life expectancy.

The inability of states to prevent and treat diseases as vulnerability increases result in significant increase in morbidity and mortality from infectious disease and child deaths. The flight of a million Rwandans in 1994 across the borders into North Kivu, in the Democratic Republic of Congo (DRC) overwhelmed the resources of humanitarian groups trying to help. In the first month of the influx, about 50,000 refugees died. This was entirely due to epidemics of diarrhea disease caused by poor sanitation and inadequate water supply. The highest death rates were among children under five and women. Populations that have experienced armed conflict often have the worst indicators of infant, child and maternal mortality rates, and these rates increase in the years after the war. Armed conflicts stall disease control programs through distraction of health system, interruption of patients' ability to seek health care, and the diversion of economic resources to military ends rather than health needs (Gele et al, 2010). In addition, the return of refugees and greater demands on already over stretched health systems, some returnees also bring new disease to the population (Rubenstein, 2009).

There is significant evidence that once wars wind down donor's commitment to the health needs of war affected populations decline. Within this context there is lack of donor harmonization, a tendency towards aid volatility, and limited alignment to national government. However, not much is known on the impacts of funding gaps on

health services and health outcomes (Canavan et al, 2008). In Liberia, there was only limited commitment on the side of donors to fund basic health services; the national budget allocations did not cover the gap (Canavan et al, 2008). In Northern Uganda, the decline in the presence of the Lord's Resistance Army in 2006 saw a decline in donor funding for health activities by 25% in the following year. While the total donor contribution to health in 2005/6 Fiscal year was 268.38 indicating a total percentage of donors' contribution of 54% to the sector budget in the MTEF; in the 2006/7 Fiscal Year the amount declined to 139.23 representing 36% of donors' contribution (GoU/MoH, 2009). War impacts on health service provision and on the level of commitment to fund health related activities once the war is perceived to be over.

VII. Impact of war on women's health

During wars both women, men, boys and girls are affected by various types of injuries, some leading to disabilities and others lead to traumas and posttraumatic stress disorders. However, the ways wars have affected the health and wellbeing of populations is gendered. Women's position in the society and their gender roles expose them to wartime injuries that are peculiar to them as women. In addition, women often carry the burden of caring for those who are sick, injured or traumatized, particularly children and the elderly. This in itself is stressful and often contributes to illness (Rehn and Sirleaf, 2002). The provision of health services reflects and influence how women and marginalized groups are treated in society; the organization and administration of services can potentially contribute to a society where rights and the rule of law gain greater respect and adherence.

Civil wars and human rights abuses pave way for famines, as was the case during the Biafra war in Nigeria in the 1960s, the Horn of Africa in the mid-1980s, in Bosnia in the early 1990s and Angola in the late 1990s. In most of the situations food aid was prevented from reaching starving communities leading to high rates of death of women and children (Toole et al, 1993). Nutrition for women is important due to their physiology; they are more vulnerable to vitamin and iron deficiencies that affect their health and energy levels as well as their pregnancies. Iron deficiency anaemia is a serious health condition for women of reproductive age and can be fatal for pregnant women (Rehn and Sirleaf, 2002). A study among Somalia refugees indicated that up to 70% of women of reproductive age were anaemic, most likely caused by a lack of iron in the diet or by malaria, which depletes the body's store of iron (Ford and Austen, 2001).

Some of the most prominent reproductive health needs of women during conflict include lack of sanitary supplies for menstruation, lack of birth control to the effects of sexual violence and in normal circumstances, increased HIV/AIDS infection from rape and intimate partner violence, lack of access to health facilities for pre and postnatal care and long distances to access delivery services (Rehn and Sirleaf, 2002). To date, most humanitarian agencies continue to ignore the menstruation needs of women refugees. A study of the experiences of DRC women refugees in Bubukwanga Receiving Center in Bujunbugyo, western Uganda carried out by Isis-WICCE reveal that sanitary supplies for menstruation was limited or in most cases absent for women and girls (Isis-WICCE, 2014).

Under normal circumstances pregnancy and delivery can be dangerous for women, the dangers related to pregnancy and delivery are worsened in conflict and post conflict situations due to the breakdown of health facilities and the inability of women to walk long distances to access prenatal and obstetric care, coupled with the dangers of travelling in unsafe terrains. For example, the long period of war in DRC led to very poor health indicators due to the inability of women to long walk distances to access health care. In 2001, more than 42,000 women died from childbirth, these figures were quite higher as many deaths are not reported. In Burundi maternal mortality was as high as 1,000 deaths per 100,000 live births. In most cases such deaths were preventable if the needed facilities and personnel were available.

In Bosnia, Sierra Leone, Rwanda, Democratic Republic of Congo and Uganda rape was used as war tactics, although the actual reason that drives men to rape women in such situations has not been explored. However, it is known that in the case of Bosnia the rape of women was a form of ethnic insult; as women were deliberately made pregnant, in such situations most women out of shame never disclosed the rape but opted for abortion. In conflict situations such services are not easily available, or some of the women were abducted and would have to bear children from rape. This was the case with the women and girls abducted in Uganda; most of them who returned with such children suffer discrimination and stigma, which affects the reintegration of these young mothers. Some clans do not accept such children as their own; on the other hand, the children are constant reminders to the women of the circumstance of their birth.

The health impact of sexual violence is devastating and could be physical or psychological. The physical impacts include injuries, unwanted pregnancies, sexual dysfunctions, sexually transmitted diseases and HIV/AIDS. The psychological impact has mental effects such as anxiety, post-traumatic stress disorder, depression and suicidal tendencies. A summary of key findings from Isis-WICCE's several documentations of the effects of war on women's psychological and physical health in northern Uganda reveals that almost 77% of women in Gulu were found to experience psychological distress, a much higher level than for men in the same region. In the study in Kitgum, 69.4% of women reported psychological distress compared to 60.9% of men. There were clear gender differences in how distress was expressed with women reporting more suicidal and homicidal thinking, whilst men reported problems of alcohol misuse and suicide (Liebling-Kalifani et al, 2008). In the regions were Isis-WICCE carried out research, war trauma has led to a considerable amount of psychiatric problems and impairment in function that was not being attended to by the health system (Isis-WICCE, 2002).

Another aspect of health that has been further perpetuated by conflict is HIV/AIDS, due to sexual violence committed on women and girls, majority of fighters were infected and such infections were transmitted from one person to another. In most conflict and post conflict situations there are no services for survivors of sexual violence, neither are there HIV testing and counselling services.

VIII. Conclusion

This work discussed armed conflict, starting with the definition and presented conflict trends globally and in Africa, including the gendered impact of armed conflict and on women's health. From the discussion it is clear that the nature of armed conflict has changed and evolved, however, its impact on communities and women remain the same. It is also clear that the impact of war on women globally is similar and affecting their livelihood and health. The indications are that armed conflict leads to increased HIV infection for women, increased burned due to gender roles changes, less or no access to education for girls and health care services. This requires that post conflict reconstruction pays attention to the gendered impact of war.