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Women, Peace and Security: UN Peacekeeping Operations and Peacekeeping Dividends



Women in Abu Shouk camp in Darfur attend English classes provided by the UNAMID police. Photo: UNAMID flickr.

JOINT BRIEF SERIES: NEW INSIGHTS ON WOMEN, PEACE AND SECURITY (WPS) FOR THE NEXT DECADE

On 31 October 2000, the UN Security Council adopted Resolution 1325 on Women, Peace and Security. Several other resolutions followed, which together constitute the normative framework for the Women, Peace and Security (WPS) agenda. This brief series was initiated in connection to the 20th anniversary of UNSCR 1325 and promotes the realization of the WPS agenda through evidence-based policy and practice. It is the result of a collaboration between the Folke Bernadotte Academy (FBA), the Peace Research Institute Oslo (PRIO), and UN Women.

The editorial board has consisted of Mimmi Söderberg Kovacs and Sophia Wrede from FBA, Louise Olsson from PRIO, and Katarina Salmela and Pablo Castillo Diaz from UN Women. The views and opinions expressed in the brief series are those of the author(s) and do not necessarily reflect the official policy or position of the collaborating partners.

■ INTRODUCTION

Armed conflicts tend to undermine development and provision of public services, and conflict recurrence can disrupt post-conflict recovery. While research has often assessed the effectiveness and success of UN peacekeeping operations (PKOs) by their ability to prevent conflict recurrence, the research presented in this brief shows that peacekeeping can also enable access to public services, resulting in improvements in health and education. That is, they produce so-called ‘peacekeeping dividends’ which are central for post-conflict recovery. In turn, such peacekeeping dividends raise key questions about the consequences of resource distribution for vulnerable groups: e.g., the distinct needs of women for improved maternal health access or girls’ access to school. These findings underscore the need for gender equality in the post-war distribution of resources.

How should we understand why peacekeeping has this effect? In a recent study, my co-author and I found that PKOs have an important indirect impact through improved security. The signal that fighting had subsided in areas of peacekeeping deployment allowed for significant improvements in access to public services relevant to women, such as maternal health and girls’ access to education. We empirically demonstrate such effects for (1) maternal

health as measured by to national-level maternal mortality rates, (2) subnational maternal health service indicators such as antenatal care and vaccination, and (3) women's education.

This brief demonstrates that a better understanding of the 'peacekeeping dividend' can help advance the Women, Peace and Security (WPS) agenda post-2020 in two ways. First, the original understanding of the UN Security Council 1325's 'protection' pillar – the first resolution of the WPS – recognized the importance of considering the broader impact of armed conflict and recovery on women and girls. To revisit and build on this expanded understanding, which stretches beyond a narrow focus on sexual violence, is central for establishing the foundation for post-war recovery. Second, the brief underscores the importance of PKOs thoroughly considering this broader WPS pillar during the implementation of their mandate. This means that the UN policies on gender mainstreaming which operations are supposed to undertake need to explicitly consider the dividends produced for society from a gender perspective.

The brief proceeds in the following manner. It first provides examples from research on the effects of armed conflict on the access to health and education in post-war societies. The following section outlines the key findings from my research on the peacekeeping dividend and how PKOs help improve access to key public services for vulnerable groups. The last section highlights the implications of this research for the realization of the WPS agenda.

HOW DOES ARMED CONFLICT AFFECT ACCESS TO HEALTH AND EDUCATION?

Research has documented the negative impact of armed conflict on women and girls. Notably, the persistent high female mortality rates in sub-Saharan Africa are partly attributable to the indirect effects of conflict on the distribution of services such as health and education. Conflict undermines maternal health and the well-being of women due to deteriorating health care, higher rates of abortion and pregnancy termination, shortage of skilled health professionals, greater risks of contracting infections, and more malnutrition during pregnancies and after childbirth. Increased fertility and weakened public health institutions further exacerbate conditions for women. Resources redirected

towards destructive use during the war often result in the disruption of basic services long after the violence has ended. In Liberia, for example, the civil wars from 1989 to 1996 and 1999 to 2003 killed approximately 250,000 people (10 per cent of the population), displaced around a million people and dismantled the national economy, its infrastructure, and what had been a reasonably effective state. After 14 years of civil war, only 51 out of 293 pre-war medical facilities remained functional in 2003.

The strategic plan of UN Women 2018–2021 emphasizes the significance of women and girls' contributions to sustainable development and resilience. In striving for that, we need to recognize that women and girls can be particularly vulnerable to the disruption of access to public services due to structural inequalities. This starting point constitutes an important aspect of addressing gender inequality in post-war countries. For example, in one study, my co-authors and I investigated the effect of Ebola on maternal healthcare-seeking behaviour in post-war Liberia. From June through December 2014, the number of patients using public health facilities dropped dramatically in Monrovia because of fears of contracting Ebola in the hospital. However, for pregnant women, the decline in health services was more often caused by the unwillingness of hospitals to treat pregnant women due to the difficulty of separating symptoms of pregnancy from those of Ebola. This left many women unattended and clearly highlights the structural inequalities affecting women, especially those from marginalized communities.

HOW DO PEACEKEEPING OPERATIONS CREATE DIVIDENDS?

Most research on the effect of UN peace operations so far has focused on the extent to which they contribute to ending armed conflict and violence. It has, for example, been shown that peacekeepers reduce the length of the conflict, reduce civilian and military deaths, and contain conflicts geographically. However, the research presented in this brief shows that peacekeeping can also be important for addressing issues related to access to health and education in post-war recovery. Peacekeeping operations thus appear to have more far-reaching effects than previously appreciated. Through containing violence, PKO missions indicate to a broader audience that the parties in conflict are converging towards agreement and that the country is 'open for business',

encouraging foreign aid and direct investment in areas such public services. The absence of violence also allows resources to be redirected to productive use, such as improving access to medical services, leading to lower maternal mortality. The end of fighting creates space for international organizations and NGOs such as UNICEF, WHO, Save the Children and International Rescue Committee, as well as private partners – for example, the Bill & Melinda Gates Foundation, Kiwanis International and Pampers – to provide and sponsor long-term medical programs leading to tangible improvements in human capital and infrastructure. Beyond fostering NGOs and IGOs to become active in an area, the containment of conflict allows for synergies between government agencies and external partners. In Liberia, despite the fragility of the post-war health care system, international-private partnerships were successful in eradicating maternal and neonatal tetanus (MNT), one of the causes of maternal and neonatal death. The development of such partnerships relied on maintaining a sense of stability provided by the peacekeeping mission.

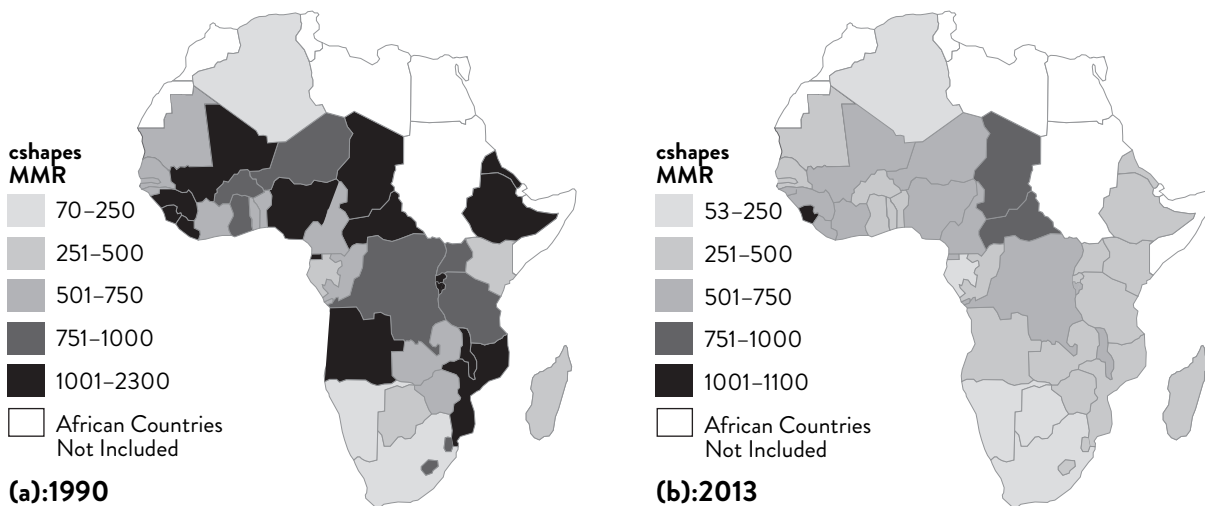
Another pathway through which PKOs lead to improvements in the provision of health care is more direct: through emergency provision, support of local medical facilities and the reintroduction of new resources to replenish what was lost during the conflict. Such support often comes in the form of so-called quick impact projects (QIP), which are short term and quick in terms of planning and which are designed to win the hearts and minds of local populations. QIPs are not meant to be long-term or to contribute to sustainable development but rather aim to build confidence in the mission. Yet QIPs, combined with improved security, become tools to fulfil the

UN Security Council objective of ‘promoting economic and social rehabilitation and transformation of post-conflict societies’, with an emphasis on projects that target health, sanitation, rehabilitation of water pumps and building latrines. UN missions often establish medical camps to train local communities in hygiene or provide emergency medical relief in remote communities. For example, a three-day medical camp was set up in Sass Town, Kley District, 37 kilometres outside the capital of Monrovia by the Pakistani contingency in January 2004. Other missions, such as UNAMID (the joint UN and African Union mission in Darfur), have targeted issues such as hygiene, sanitation, women’s empowerment and education using QIPs. Projects that target sanitation, hygiene and women’s empowerment have a direct and clear impact on maternal and neonatal health in a very short period.

THE EFFECTS OF PEACEKEEPING ON ACCESS TO HEALTH AND EDUCATION IN AFRICA?

The effects of peacekeeping dividends can be evaluated empirically. In one study, my co-author and I examined if and how PKOs help improve access to key public services like health and education. We looked at trends in maternal mortality rates (MMR) for 45 African countries that have experienced armed conflict, comparing countries with or without PKOs, using information from the Global Health Observatory (GHO) created by the World Health Organization. All severe conflicts that took place on the African continent in the 1990s and early 2000s are likely to have undermined improvements in MMR. Figure 1 shows

Figure 1. Maternal mortality rates (MMR) in 45 African countries in 1990 and 2013 respectively.



maternal health risks versus frequency of births for 1990 and 2013. The darker colours indicate higher maternal mortality and the lighter colours lower maternal mortality. As one might expect, there has been an overall improvement over time in all countries. Countries that experienced violent armed conflict, such as Liberia and Sierra Leone, are likely to have improved less, due to the disruption from the conflict on overall development. But more importantly, we find that countries that have seen UN PKOs systematically display different trends than countries without PKOs. PKOs appear to mitigate the effects of conflict, and we see a larger improvement trend in maternal mortality.

These finding also hold true when we move from the national to the sub-national level. We considered areas with and without UN peacekeeping deployment in three countries that have all seen PKO operations: the Democratic Republic of Congo, Côte D'Ivoire and Liberia. Using data on the location of peacekeeping and survey responses on maternal health and education from the Demographic and Health Surveys (DHS), we found evidence that maternal health improved more in the areas within countries that saw peacekeeping deployment on the ground than those that did not. There was a large variation in public health within countries. For example, in 2007 the percentage of women who received at least one tetanus injection ranged from less than one fourth to almost 100 per cent in some parts of Liberia. In the study, we then compared locations that were similar in terms of other geographical, population and conflict characteristics and differed only in terms of whether they had peacekeepers. Figure 2 shows the

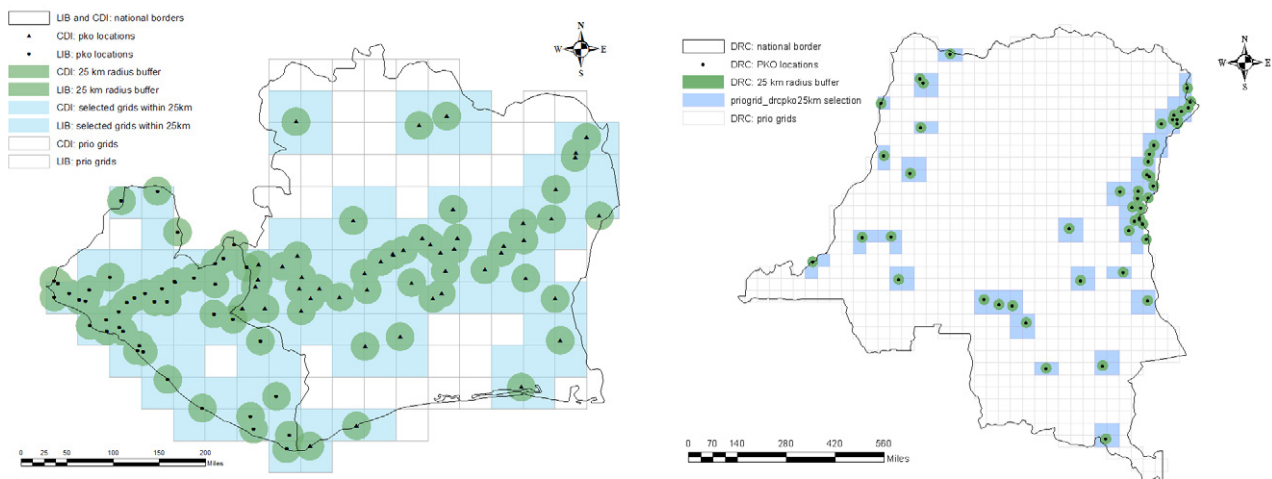
areas where peacekeepers had been deployed, with a buffer zone of 25 km around the point of the deployment.

We found that health service indicators, such as prenatal care and vaccination, were much higher in areas where peacekeepers were deployed than areas where they were not deployed, even when we took into consideration a range of other factors that were also likely to affect health. This is in line with the idea that peacekeepers make a difference in prenatal visits and vaccinations, as troops encourage locals to move about more freely. Female interviewees in rural Liberia in 2011 also confirmed that the PKO's daily patrols and discussions with local policymakers and community leaders were sufficient to create a sense of security in their daily lives. We conducted a similar analysis looking at education indicators and found greater improvement in levels and years of female education. For instance, in areas where peacekeepers were deployed almost a year was added to the average years of schooling compared to those where they were not.

CONCLUSIONS AND IMPLICATIONS

The UN Secretary General's 2019 WPS report underscored the need to move toward "impactful action rather than empty rhetoric" (S/2019/800, 1). In order to do that, this brief has demonstrated the importance of more explicitly incorporating the broader impact of armed conflict on women and girls in the WPS agenda. In this effort, we need to recognize the role of peacekeeping operations, which not only contain or end armed conflict but can also help improve maternal health and

Figure 2. Peacekeeping deployment and improvements in maternal health and education



women's education through their mandated work to increase security. This means that when we move forward with the WPS agenda, we must ensure that we effectively capitalize on existing opportunities that otherwise might be lost.

The research presented here found strong evidence of improvement in maternal health services, such as antenatal care and vaccination, and female education in the area of influence of PKOs, both across and within countries. Even modest gains in term of improving the security situation for the civilian population can lead to tangible improvements in the quality of life for women, at least when it comes to health and education, both of which are key to long-term sustainable development goals and women's empowerment.

Awareness of these peacekeeping dividends is also central for preserving their effects on post-war recovery. The reason is that our research findings do not imply that the effects that emerge after peacekeeping are sustainable in the long-term. The peacekeeping dividend is likely to be lost if countries either lack the capacity or the willingness to invest sufficiently in health and education when the UN peacekeeping operation starts to withdraw or pull out altogether. A clear example is the devastation of the 2014 Ebola epidemic in Liberia and Sierra Leone, which highlighted the perils of weak and over-dependent health care systems for the population, especially pregnant women. Still, the analysis suggests remarkable payoffs from peacekeeping, especially given the limited resources devoted, which underscores the need to more explicitly discuss the role of peacekeeping dividends for post-war recovery and gender equality.

Gender equality can be approached from many different perspectives. Normative approaches often emphasize how a more balanced distribution of resources between men and women is a fair and just aim. But gender equality can also be seen as reflecting social capacity. Seen from this perspective, reduced female disadvantages and more-equitable distribution of resources implies higher human and social capital to support development and peace. ■

ENDNOTES

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HOW TO REFER TO THIS BRIEF:

Gizelis, I., November 2020, Women, Peace and Security: UN Peacekeeping Operations and Peacekeeping Dividends, Joint Brief Series: New Insights on Women, Peace and Security (WPS) for the Next Decade, Stockholm: Folke Bernadotte Academy, PRIO and UN Women.

The Folke Bernadotte Academy (FBA) is the Swedish government agency for peace, security and development. FBA has since 2005 supported research primarily through its international Research Working Groups. These are composed of well-merited scholars from universities and research institutes worldwide who conduct scientific research on issues related to FBA's areas of expertise.

The Peace Research Institute Oslo (PRIO) is a non-profit peace research institute (established in 1959) whose overarching purpose is to conduct research on the conditions for peaceful relations between states, groups and people. The institute is independent, international and interdisciplinary, and explores issues related to all facets of peace and conflict.

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

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