

Health and Peacebuilding in Colombia: challenges and opportunities of a community training process for the post-accord

Catalina González-Uribe (✉ cgonzalez@uniandes.edu.co)

Universidad de los Andes

Melissa Arena Simbaqueba

Universidad de los Andes

Sebastián León-Giraldo

Universidad de los Andes

Luis F. Arias-Gómez

Universidad de los Andes

David Alejandro Rodríguez

Migration and Health Program IOM

Ginna Esmeralda Hernández-Neuta

Migration and Health Program IOM

Rodrigo Moreno-Serra

University of York

Oscar Bernal

Universidad de los Andes

Short Report

Keywords: Health for peace, post-agreement, Colombia

Posted Date: May 20th, 2022

DOI: <https://doi.org/10.21203/rs.3.rs-1666057/v1>

License: © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Abstract

Following the peace agreement process in Colombia and to guarantee the right to health, a national educational program to train community leaders in technical education in public health was designed and implemented. Using qualitative methodologies, we sought reflections about the impact of the training process on the 'participant's life projects, collecting information from previous and current experiences and expectations after the program. Participants (n = 44) included peasants, afro-Colombian and indigenous communities, displaced people, victims of the armed conflict, and ex-combatants of the Revolutionary Armed Forces of Colombia - Army of the People (FARC-EP). Data collection through ethnographic observation, focus groups, and individual semi-structured interviews took place between October and November 2018.

Results indicate that the participants saw the program as an opportunity to meet their goals and have better opportunities for their lives; change their way of thinking, and be reflective and open to discussion. Historical governmental and institutional abandonment was identified as a barrier for trust in the program and uncertainty on its potential benefits. Daily life co-existence during the training was a challenge between participants given their diverse backgrounds in the context of conflict in Colombia. It is important to create friendly and explanatory strategies to generate trust with and among participants accompanied with psychological support, ease successful interaction, and generate wellbeing through the program's implementation.

Introduction

Following the signing of the Peace Agreement with the Revolutionary Armed Forces of Colombia (FARC) and in line with the processes of reinstatement and reconciliation in Colombian society, a national educational program was designed and implemented to guarantee the right to health.

Educational programs can, through various mechanisms, change the possibilities for conflict (Brown, 2011; Salvage et al., 2012). Such interventions have already been used in other contexts, and several initiatives of a peace-generating program through health have taken place in the world (Dajani & Carel, 2002; Tang & Zhao, 2017; UNICEF, 2012).

In Colombia, the national program consisted of training community leaders residing in the rural area of prioritized municipalities (Agencia para la Reincorporación y la Normalización, n.d.). The training consisted of technical education in public health for nine months carried out by the National Learning Service in Colombia in the cities of Popayán, Villavicencio, and Sincelejo, alternated with a practical and productive component in local hospitals of specific municipalities. During training, participants moved to the assigned cities, where they were accommodated in residences fully funded by sponsors. Hence, participants shared both class time and time in residences.

The objective of this study was to explore, with qualitative methodologies, the experiences, perspectives, and opinions of the participants regarding the program, and to know how the program has influenced

their life projects. This, to contribute to the future implementations of similar peacebuilding programs.

Methodology

Sample and recruitment

The sample consisted of 44 participants from the technical program in Public Health, selected from rural areas affected by the armed conflict. This group included peasants, Afro-Colombian and indigenous communities, displaced people, victims of the armed conflict, and ex-combatants of the FARC-EP. These individuals have completed at least the equivalent of the third year of high school.

These participants were gathered on a normal activity day between October and November 2018. Then, upon giving their consent for participation, the information gathering activities were carried out. This study was approved by the ethics committee of Universidad de los Andes (947/2018), who restricted open access to the information due to its sensitive nature and will keep it available upon reasonable request. All data collectors were trained to comply with all the ethical and methodological considerations.

Instruments and data collection

Several collection instruments were applied by three groups of interviewers in the cities where the academic activities were carried out. Twelve focus groups of seven to eight people were conducted; also, semi-structured interviews were applied to former FARC-EP combatants and to teachers of the program. Finally, the recordings were transcribed and anonymized by an external group that agreed to keep confidentiality to reduce a biased data analysis. All researchers accessed to anonymized versions of the information.

The focus groups sought reflections about the impact of the training process on their life projects, collecting information from previous and current experiences, and expectations after the program.

Two tools were used for the collection of information:

1. A 'program's impact diagram to identify positive and negative aspects of the training process.
2. A timeline to locate important events and experiences during the process.

Analysis of data

Codebooks were created based on the instruments, and the information was independently analyzed by two researchers with NVivo 11 (QSR International Pty Ltd., 2015). Emerging categories were included. The categories were classified into two groups. The first group of codes related to the program's effect on the participants' life projects through a timeline including before, during, and after the intervention. The second group of codes related to perceptions and opinions about the program.

Results

Sociodemographic characteristics

The study participants were 44 people in total: 29 women and 15 men from rural areas of Colombia. 75% are between 19 and 25 years old, and 25% are between 26 and 46.

Past: Initial expectations and perspectives of the program

Some concerns among the trainees were leaving the family behind; the uncertainty generated by the program due to ignorance of health issues, which in some cases generated distrust in their abilities to comply with the program and whether they would meet the expectations.

Several of the trainees were skeptical of the offer and hesitated to accept it. This is due to the abandonment that their territories have suffered, where false expectations have been created and state entities and non-governmental organizations have broken promises.

“Because, well, [the territories] are a red zone [...] many entities have entered that have promised things, but everything has been lies like they just wash their hands [...] Our communities have been very deceived, [...] they are tired of receiving more of the same. (FG-TR-06)

Even getting involved in this technical training created fear, which in some participants was associated with the possibility that it was a plot to threaten their safety:

“P1: No, and even then, [...] we arrived with fear, if it sounds too good to be true, it probably is. [...]

I: What is the thought? [...] A massive kidnapping?
(several people answer yes)” (FG-TR-02)

The trainees decided to join the program and explore the possibility of studying and training to achieve some of their dreams or goals. Most of these expectations are related to improving their material living conditions through their training and access to formal jobs.

Present: Positive aspects and challenges

The focus groups were held after completing the fieldwork stage in the regions, where the trainees returned to their territories to start an internship in local hospitals.

During the focus groups, the participants commented that the program transformed their way of thinking and changed their way of seeing and interpreting things.

“[...] this project [...] has helped me to heal many wounds, and in a certain way, maybe, obviously, I used to say “the one who kills, well we kill him”, and I thought like that. [...] Suddenly they did not choose war, which the same state, the same society has been in charge of, of throwing them as in a corner, and they have not had any other way.” (FG-TR-04)

They also mention that by acquiring knowledge in public health, they were able to take their communities' wellbeing into their own hands.

“P3: [...] one came from there, like from the village, like anyone who walks along it. But when we got back, it was like starting [...] to care about the community. I mean, from the [acquired] knowledge, like start doing, to know more about it, about the history, about the population, about what health problems arose. [...] As an empowerment of our own community, which we did not have.” (FG-TR-04)

A challenge mentioned was reconnecting with the community, creating empathy and credibility to fulfill the purpose of the program:

“To get them again, I mean, to believe again, well, that everyone is not going to deceive them, [...] we still have to get them to trust again, that people are going to do something, that they will want to change, yes, a community, or their minds (FG-TR-06)”

In addition to the difficulties of facing urban dynamics, especially when one has lived in rural areas, trainees reported challenges related to coexisting with trainees from different regions, with different life experiences, tastes, and customs; specifically the coexistence between victims and ex-combatants, and the evolution of preconceived ideas.

“P3: I mean, I'm in a way with those who hurt my family, my mom, right? But then, as I progressed and I continue to advance, and I continue to grow [...], and knowing the world more [...] is that one realizes [...] that it is not because they want to and they feel like it, no. It is because many [things] influence so that, in a certain way, they move on to look for opportunities in another way. [...] So, basically, yes, one came here and started to get to know everyone and knows that there is a story behind each of us.” (FG-TR-05)

Future: Opportunities, fears, uncertainties and difficulties

When inquiring about expectations and thoughts for the future, the participants reported having ideas of opportunities to apply what they learned in their communities. However, they also showed great uncertainty, fear, and difficulty applying what they learned, mainly referring to difficulties related to economic financing and job opportunities in remote regions.

“P2: Our knowledge can help a lot in the community, but it also depends on how you see the importance, or how government entities act in our case, because we can bring knowledge, but if after we finish the program, we have no other way of hiring. [...]

P1: and [...] many of the positions in the state, let's say in the municipalities, depend on clientelism or politics.” (FG-TR-04)

“[...] they make this investment [...], but what good is it? if we finish the practice and nobody assures us that they will continue [...] replicating what we learned here, collaborating with the people who really need it [...].” (FG-T-07)

Lastly, the apprentices expressed fear of facing the workplace in their territories in the future, especially due to security problems in their territories security, and structural deficiencies.

“We are all from different regions of the country, right? There are areas where coca is grown, areas where it is not [...]. But, in a certain way, I say, there was more tranquillity, when it was known that there were one or two groups, which was the FARC and the ELN; as opposed to now, and this is reflected in the deaths of social leaders. How many social leaders have been killed this year, or since the peace agreement was signed. And in one way or another, we are going to do that, we are going to be [social] leaders in our communities.” (FG-TR-04)

Discussion

The objective of this study was to qualitatively explore the experiences, perspectives, and opinions of the participants regarding the program. According to the focus groups, the participants saw the program as an opportunity to meet their goals and have better life opportunities. Likewise, they positively saw that the participants were from the communities to intervene since it empowered the community on its wellbeing. Additionally, they considered that the program helped them change their way of thinking, change their way of thinking, be reflective and open to discussion, and generate understanding about others` context.

Some aspects for improvement on future similar interventions are understanding that the intervened communities have felt governmental and institutional abandonment, so distrust and uncertainty towards the program was a common barrier. Also, being regions affected by war, there was fear for their safety. Therefore, it is important to create friendly and explanatory strategies to create trust in the participants.

In addition, we found that cohabitation among the participants was difficult initially due to the variety of customs in the country and knowing the possible roles that their comrades had before the peace agreement, especially victims and ex-combatants. Then, a good strategy would be to have a psychological accompaniment for the participants to ease successful coexistence and generate well-being. Finally, the participants saw the opportunity to generate jobs and educational projects in their regions in this program. However, lack of funding, and of monitoring by the entities involved in this program, is an important barrier according to the participants, that could prevent this program from impacting the communities.

Finally, as some strengths, this study is a great opportunity to generate knowledge in a little-studied area. We can approach possible improvement in this type of program and the measuring tools to evaluate them and assess the impact on the community. Also, it is important to note that this type of laboratory and participants are very scarce, so the resulting information is striking and unique. On the other hand, as a suggestion for future evaluations, we propose follow-up activities with participants should be carried out during the complete program to have a more accurate view of the experiences. Also, we propose further qualitative research to understand perceptions of a vulnerable population in a context of a post-peace agreement period.

Declarations

Ethics approval and consent to participate

This study was approved by the ethics committee of Universidad de los Andes (947/2018), who restricted open access to the information due to its sensitive nature and will keep it available upon reasonable request. All data collectors were trained to comply with all the ethical and methodological considerations.

Consent for publication

Not applicable

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request

Competing interests

The authors declare that they have no competing interests

Funding

The project Health for peace, strengthening communities was financed by the UN Post-Conflict Multi-Partner Trust Fund for Colombia. This paper was also part of a project funded by the UK Medical Research Council, Economic and Social Research Council, DFID and Wellcome Trust (Joint Health Systems Research Initiative). Grant code: MR/R013667/1.

Authors' contributions

CGU, RMS, OB have made substantial contributions to the conception and design of the work; MAS, SLG, LFAG, DAR and GEHM contributed to the acquisition, analysis and interpretation of data, MAS, SLG, LFAG drafted the work, CGU, MAS, SLG, LFAG and OB substantively revised it. All authors have approved the submitted version (and any substantially modified version that involves the author's contribution to the study) and have agreed both to be personally accountable for the author's own contributions and to ensure that questions related to the accuracy or integrity of any part of the work, even ones in which the author was not personally involved, are appropriately investigated, resolved, and the resolution documented in the literature.

Acknowledgements

We thank the participants in this project, the community health leaders, the National Learning Service (SENA by its acronym in Spanish), and IOM staff members who participated in project implementation.

Disclaimer

The conclusions, interpretations and results expressed in this document do not necessarily reflect the views of the International Organization for Migration (IOM) or its member states. The designations used and the presentation of the contents throughout the work do not imply the expression of any opinion whatsoever on the part of IOM regarding the legal status of any country, territory, city or area, nor of its authorities, its borders, or its limits, nor about the legal status of the people participating in this study.

References

1. Agencia para la Reincorporación y la Normalización. (n.d.). *Espacios Territoriales de Capacitación y Reincorporación (ETCR)*. <http://www.reincorporacion.gov.co/es/reincorporacion/paginas/los-etcra.aspx>
2. Brown, G. K. (2011). The influence of education on violent conflict and peace: Inequality, opportunity and the management of diversity. *Prospects, 41*(2), 191–204. <https://doi.org/10.1007/s11125-011-9186-6>
3. Dajani, K. K., & Carel, R. S. (2002). Neighbors and enemies: Lessons to be learned from the Palestinian-Israeli conflict regarding cooperation in public health. *Croatian Medical Journal, 43*(2), 138–140.
4. QSR International Pty Ltd. (2015). *NVivo* (No. 11).
5. Salvage, J., Rowson, M., & Melf, K. (2012). MPW Course 1: Health workers, conflict and peace. In *The Medical Peace Work Textbook, 2nd Edition*. medicalpeacework.org
6. Tang, K., & Zhao, Y. (2017). Health as a bridge to peace and trust in Myanmar: The 21st Century Panglong Conference. *Globalization and Health, 13*(1), 1–4. <https://doi.org/10.1186/s12992-017-0271-3>
7. UNICEF. (2012). *Negotiating Ceasefires to Save Children's Lives*. <https://www.unicefusa.org/stories/negotiating-ceasefires-save-children's-lives/7272>