

PROJECT REVIEW: NSMP

Note:

The purpose of this report is to examine the effects of the conflict on NSMP and programmatic/organizational adaptations to the conflict. It is based upon the following:

- selective review of project documentation
- interviews in Kathmandu with project managers
- field visit to Surkhet involving interviews with; project staff, project partners – DDC/VDC members, SAC, SCDP, CDO
- feedback workshop to project managers

BACKGROUND ON THE PROJECT CONTEXT: SURKHET

Security in the valley has improved since Feb/March, but the situation is still tense. There are approx. 4000 security personnel in the district. Plain clothes military personnel and Maoists are reportedly operating in the bazaar. The later are charging taxes on shop keepers. Pamphlets have been distributed by Maoists warning of attacks. Two months ago rumours that the road bridge near to Barendyanargar was to be blown up prompted merchants to stock up on supplies. There is a curfew from 8.30 pm to 4 am. The security situation affects the mobility of people and commodities -- businesses for example have to get a letter of recommendation from the CDO to transport food stuffs and materials – but prices have been stable and businesses in the District centre appeared to be coping – a young man that we interviewed, with a clothing business had moved to to Barendranagar in the past 6 months – because there was more business here (and possibly greater security).

We interviewed a DDC & VDC, both from the CPN-UML. Although B has Nepali Congress MPs, the DDC and VDCs were CPN-UML dominated and the interviewees predicted a CPN-UML victory if elections are held here later this year.

The sense of normality in the District Centre is deceptive. There is the constant fear that ‘something might happen’. Human rights abuses (from both sides) were widely reported. The day before the team’s arrival a women had been brought to the District hospital after she had tried to protect her husband from a Maoist attack. Her husband had been killed and she was injured. Harassment at road blocks, summary arrests and torture were widely reported. In a field visit to K , the VDC spoke about Maoists entering the village 6 months before, which was followed by an army search leading to the arrest of 20 men. The VDC said that eventually he had managed to get the men released.

According to the 2001 census, Surkhet District has a population of 288,000 (26% of which are dalits). Around 15 – 18,000 or 7% of Surkhet’s total population are displaced and of these 50% are living in the district centre. There are also thought to be some

displaced from other districts including Kalikot, Dailekh, Jumla and Jarjakot. However, according to the CDO there are only 200 registered applicants seeking government support. The CDO also reported that more than 2000 youths had left for India – although this may have been precipitated by conflict, it may also be part of an older pattern of seasonal labour migration. Whether young men are returning to the villages for the harvest or staying in India was difficult to ascertain.

The vulnerability of populations to abuses differs between government-controlled and heavily Maoist-affected areas. Conventional notions of vulnerability are reversed in Maoist areas, with the more well to do – Brahmin-chetris, VDCs, Congress Party members, small businessmen etc -- being targeted. These constitute the majority of the displaced in the Surkhet valley. On the other hand in government held areas the poor and low caste groups are most vulnerable to the abuses of the army and police forces. Because of insecurity in outlying areas, government services and aid agencies have retreated to the Surkhet valley. Some development agencies such as Canadian CHDP and SCF UK relocated their offices in March/April to Nepalganj. Development programmes have found it extremely difficult to operate outside of the valley, for instance the Director of the UNDP-supported SPCDP said that he had not been able to monitor projects outside of the valley for the last 6 months. Before, he said that he spent more than 50% of his time in the field but now he was mostly office based.

Government services have been badly affected, although state officials tend to downplay the extent of the damage and disruption. Gaining accurate information is extremely difficult. 13 VDCs out of a total of 50 were reported to have been destroyed by the Maoists. Government health services appear to be barely functioning beyond the Surkhet valley as health workers find it increasingly difficult to stay in their places of work. They face a range of stresses and dangers. DHSP staff reported a growing number of kidnappings of health workers and in June, for example the PHC in charge of Mehalkuna was abducted but managed to escape. Health workers have also been harassed and detained by the security forces. Plain clothes military personnel are said to be monitoring the District Hospital and there is pressure on Doctors to report injuries. Health workers live in fear of treating patients either Maoist or from the security forces

Because of the internal embargo, medicines are reportedly not getting through to sub health posts, although it is understood that some private clinics still function in areas where sub health posts are dormant.

Although the retraction of services amounts to a denial of basic rights, the CDO talked about it as primarily as security problem. More police manpower was required to re-establish control of the hills and to create a security cordon for development activities. He mentioned the postponement of two major road construction projects in the district and the possibility of restarting them by providing special security arrangements – the theory being that development activities would follow on the back of the expanded security arrangements.

NEPAL SAFER MOTHERHOOD PROGRAMME (NSMP)

PROJECT CONTEXT

(See DHSP report)

PROJECT BACKGROUND

The goal of NSMP is to contribute to HMGN safe motherhood programme's objective of reducing maternal mortality. Its purpose is as sustained increase in utilisation of quality midwifery and obstetric services. The three main outputs are:

- (a) Policy and programme development – which involves inputting into government policy documents, piloting training courses etc.
- (b) Service provision –which operates in health facilities to enhance their quality of service. This is sited primarily in district hospitals and to a less extent in Primary Health Care Centres
- (c) Increasing access – which identifies and challenges the barriers to accessing care by supporting district level safe motherhood forums to address locally related access needs.

NSMP operates in 9 districts covering 30% of the population. Total funding is six million pounds over a six year period.

The Surkhet office is also the regional office for Surkeht, Jumla and Darleikh NSMP. During the second phase of the project a greater emphasis has been placed on developing partnerships. In Surkhet this has included building relationships with: the DHO, DDC, 19 VDCs, the District Education Office and 4 NGO partners.

PROGRAMMING

Effects of the conflict on the project and adaptations

Following the first three years of the project, Phase Two was developed after a comprehensive needs assessment. However it was designed prior to the escalation of the violence. Project managers and field staff now question whether the goal and outputs of this second phase are realistic and appropriate in the new context. The conflict has led to an under-utilization of human and financial resources, which may prevent the project purpose from being achieved.

Project staff have attempted to make a systematic assessment of the effects of the conflict from district to district. In Surkhet for instance it was estimated that approximately 40% of planned activities were not undertaken due to insecurity (in Jumla it was as high as 90-

95%). This useful exercise might be developed further for all DFID projects, with a more detailed breakdown of which planned activities were and were not carried out.

Like DHSP, NSMP staff were evacuated from Sukhet in February/March because of security concerns. NSMP staff were out of the district for 10 days.

Specific effects of the conflict on the two main components of the project are as follows:

Effects on Service Provision:

De-motivated and distracted HMG staff: This makes long term planning difficult and affects the quality of service.

Lack of access to PHCCs : In Surkhet staff cannot move out of the Surkhet valley so that it is impossible to provide sustained support to PHCCs.

Effects on Access component:

Negative effects on partners: partners' ability and interest to implement planned safe motherhood work has been compromised. WDO for instance had its field office destroyed, since it was connected to a VDC. The manager of SCDP, another partner has not monitored programmes outside of the Surkhet valley for the last 6 months. Staff working for partner agency feel threatened by both sides and those who do travel regularly between the district centre and outlying areas are liable to be suspected as informers.

Constraints on mobilisation: villagers are reluctant to attend group gatherings and it is difficult to conduct trainings. For field staff there is uncertainty about the kind of governance regime that is emerging in Maoist controlled areas and how/whether to engage with them. The Maoist response to development and mobilisation activities has not been consistent from area to area though, in general they do not appear to regard it positively. From the security forces side, the SOE has placed restrictions on meetings of more than 3 people. Group meetings are of particular concern in areas in which helicopters are frequently flying.

Staff morale: chronic insecurity undercuts staff morale and performance – NSMP and DHSP staff commented on the dual concern of not feeling safe and not being able to do one's job properly.

Effects of the SOE on mobility: Staff reported that the SOE had had an impact on the number of mothers coming to the District Hospital for deliveries. Before the SOE there had been 60 – 65 cases per month, but because of the problems of the curfew and intimidation from the security forces, the number had come down to between 40 – 45 cases.

A number of programmatic adaptations have been made:

Reduction of activities:

Overall there has been a reduction in activities, the level of reduction calibrated to the level of insecurity. Whereas in Jumla 90 – 95% of activities have not been undertaken, in Parbat it is estimated to be 20%, while in Rupendehi, none of the activities have been affected. Within districts the level of disruption also varies. The NW of Surkhet bordering Accham for example is extremely sensitive and no activities are taking place there.

Redeployment/refocusing:

The NSMP has attempted to adapt by changing the weighting of different components within the programme. Under-utilized staff have been redeployed for instance in providing additional support to hospitals such as Bheri Zonal Hospital, Banke District. Attempts are being made to strengthen referral links and like DHSP, provide greater inputs to the Municipality.

New strategies/activities:

New strategies and activities have been developed – widening implementation options and strategies makes sense in terms of spreading conflict-related risks, although it does mean that the original log frame becomes decreasingly relevant – and as a result probably needs to be significantly revised.

New strategies to address the problem of access include; the use of regional radio to disseminate safe motherhood messages; publishing a bulletin and publications in local newspapers; increased use of drama and the performing arts; exploring the potential for child to child campaigns; developing links with non-formal education and forestry sectors; exploring the potential use of the private sector in delivering medicines and materials for example between Surkhet and Dailekh.

As in many other contexts, conflict has been a forcing house for change leading to some innovative thinking and responses within the project.

Potential negative impacts of the project on conflict

Many issues raised in the DHSP review apply here.

Resource transfers: there is limited potential for programme resources to directly finance or fuel the conflict. Taxation on staff salaries would be the most likely channel for this to happen. Although the DFID security guidelines prohibit donations, it was mentioned that in practice it may not be possible to abide by them.

Health structures reinforcing exclusion: the male/high caste/ethnic bias of the health service has already been mentioned. The SOE has most severely affected the access/mobilisation component of the programme – making it difficult to tackle the various barriers to safe motherhood – institutional, social, political etc. Staff felt though

they had made progress in increasing access on the basis of gender, barriers in relation to caste and ethnicity had been less easy to overcome. As health services withdraw to the District HQ, the disparities between groups based on caste and ethnicity increase.

'Taking sides': by working so closely with government institutions one runs the danger of being perceived as supportive to one side in the conflict. As positions become more polarized it will increasingly difficult to remain neutral and impartial – 'you are either for us or against us'. This may be less of a problem in the health sector, than for more politically sensitive areas such as infrastructure development. This risk may also be mitigated by developing a range of government and non government project partners.

Positive effects of the project on peacebuilding processes

Compared to many other development activities, health does appear to be more politically neutral and, as in many other contexts holds the potential to be a vehicle for small scale peace promotion activities. It is in general perceived as a 'pro-poor' activity and health institutions are well respected culturally (Huntingdon, 2002). At the moment we are probably talking more about potential than actual impacts, but positive effects may include:

Tackling grievance: the target group of NSMP – young, marginalized women – is one of the main constituencies of the conflict. The project aim of increasing access to government services and empowering such a group may play a role in addressing some of the grievances which fuel the conflict. This however is a long term mitigating factor and is unlikely to have an impact on the short-term dynamics of the conflict.

Support for human/social capital: this is unlikely to have a significant impact on short-term conflict dynamics, but may be an important justification for continued support for development activities in conflict-affected areas – even when what one can actually 'do' is quite limited. The importance of 'being there' should not be under-estimated – external support can play a role in: protecting and nurturing individuals who might otherwise leave – conflict zones often become denuded of professionals who can potentially play a bridging role across ethnic/political faultlines; helping keep channels of communication/linkages open – for instance health workers attending meetings in the district centre has become one of the points of contact with outlying areas; nurturing institutions and community-based groups that without sensitive external backing will become a casualty of the war. To an extent this is may be more about 'damage limitation' ie. limiting damage to social fabric, than an explicit focus on peacebuilding. But it may be a positive outcome that could be more consciously planned for and developed.

Opportunities for working on conflict: some of the new strategies that are being explored including the development of new partnerships with NGOs, non-formal education and the private sector, and new ways of working through for example the radio and print media, do have the potential to be developed more explicitly for peacebuilding purposes (see below).

ORGANISATION

Conflict Analysis and Security Assessment

There is v close collaboration between NSMP and DHSP in this area – they share the same sources of information, work with many of the same partners and follow the same security procedures. Additional sources of information mentioned by NSMP staff were local journalists and informal contacts with the government Investigation Department (internal security).

The DFID security guidelines were found to be useful, but as with DHSP, staff expressed the need for greater precision in terms of how levels of risk should be determined. The decision about when to evacuate and when to return was a difficult one to call – because of how one reaches an objective assessment of risk given the difficulties of getting accurate information and different perceptions of risk between staff. Ultimately evacuation was less about a particular event than a growing sense of uncertainty and the feeling that ‘something was going to happen’. When one organisation decides to leave this has a ‘domino effect’ on other agencies in the district.

One of the greatest security concerns expressed by staff was over moving between districts – Jumla, Daulket and Surkhet. As mentioned in the Huntingdon report (Feb. 2002), there are dangers for project staff who work alongside government workers -- who are largely Newar/Bahun/Chhetri and are rarely local. Moreover, PHCCs, Health Posts and Sub-Health Posts are often co-located with government institutions. One staff member mentioned the problem of ID cards for people working on aid projects – ‘if you have an NGO ID card you’re in trouble with the Maoists but if you don’t have one you’re in trouble with the security forces.’

The project has usefully developed two types of security monitoring forms – one which compares changes between districts over time (monitoring trends) and another which analyzes individual incidents in particular districts. This combination of trend analysis and critical incident analysis is extremely useful and could be replicated/adapted by other DFID projects. Developing further the ‘critical incident analysis’ (see Van Brabant’s ODI publication) would appear to be particularly important – it is likely to generate useful insights into motivations and incentive systems – several interviewees stated that apparently random violent events, once analyzed could be explained not only in terms of Maoists agendas but also in terms local histories of political competition or social tensions. This kind of ‘fine grained’ analysis is important in terms of understanding how programmes may feed into localized tensions as well as the wider conflict.

Systems and approaches

Like DHSP, a kind of ‘inverse monitoring’ is going on with local field staff who coming to the centre and providing information about the situation in outlying areas. Meetings may be held opportunistically when health staff happen to be in town. Much of the staff

training is done in Kathmandu and staff reported that consultants have not visited the District centre since the SOE.

The problem of communications is becoming a more pressing one for NSMP, since in two of its districts, there are no landlines. Several staff mentioned the need for Satphones. Staff from the Sukhet office are in daily contact with Kathmandu through telephone and email.

Staffing

Many agencies are grappling with the problem of whether one fills district level positions with staff from within or outside the district. In Surkhet, 2 positions (the managerial positions) are filled by ‘outsider’s and 2 positions (more junior, field-based positions) are filled by ‘locals’. While outsiders may be less subject to localized political pressures, they may be more vulnerable to security threats from the Maoists – although it is difficult to get an accurate and coherent picture on this particular issue. NSMP is now considering, in one district changing job specifications for a post so that it can be filled by a local. In other words conflict-related criteria are taking precedence over technical competence. Other DFID projects may need to consider this as a necessary form of ‘conflict proofing’, which involves a trade off between efficiency/effectiveness and remaining operational. This also has implications in relation to evacuation procedure – the project is not liable to evacuate local staff. The post-evacuation effects on offices with mixed local-external staff also needs to be considered – it can be highly disruptive and have an extremely negative effect on staff morale.

NSMP and DHSP have developed a personal code of conduct for staff in the field. Some staff have also attended a training workshop on security issues conducted by Huntingdon.

RELATIONSHIPS

Most of the issues highlighted in the DHSP review apply as they share a number of the same partners.

The NSMP has attempted to broaden its range of partners, partly to compensate for the limitations of government institutions in the current context. There appears to be scope to further develop linkages with the non government/private sector. There will however be increased transactions costs and there may be a need to take on more staff in the district teams to focus on networking and capacity building with local bodies and groups.

LESSONS/RECOMMENDATIONS

Again the DHSP lessons/recommendations are relevant here. Three points can be highlighted:

Conflict-related risks and adaptation:

NSMP has introduced a number of conflict-related procedures and adaptations which can usefully be further developed and shared with other DFID projects. The attempt to quantify impacts on activities, the conflict monitoring forms – of trends and critical incidents – and the code of conduct could all be shared with the wider aid community as part of an effort to develop more conflict sensitive approaches and ‘good practice’ standards.

Two interviewees highlighted differences between DFID implemented projects and those funded by DFID but implemented through intermediaries. It was argued that the later may be under greater pressure to continue operating and therefore they have a higher tolerance of risk. It was also argued that the former were more likely to be able to keep a consistent ‘party line’ and resist pressures from the parties to the conflict. We were not able to test the validity of these claims but this may be a discussion that should be taken further – clearly a close and open relationship with DFID is a precondition for conflict sensitive practice.

New partnerships:

NSMP has been developing innovative approaches to compensate for the problems of security and access experienced outside the district centres. This has involved developing new linkages with a range of non government/private sector organisations – this strategy appears to make sense in terms of spreading risk and reaching out to groups not being reached by the governmental system. As with DHSP, a major challenge is how to develop a more systematic system for monitoring health needs in outlying areas – inevitably NGOs/CBOs will have to be increasingly utilized to fill the gap left by retreating state services.

Scope for working on conflict:

There may be potential, as already noted for innovative thinking amongst health-focused agencies on the subject of health, human rights and peacebuilding. Experience from other contexts of health as a bridge for peace, might be drawn upon and developed – including community-based health monitoring committees, cease fire immunization days, children as a zone of peace, humanitarian corridors etc.

In the light of the above changes, there is clearly a need to revisit the log frame for phase two and make substantive rather than tactical changes.