



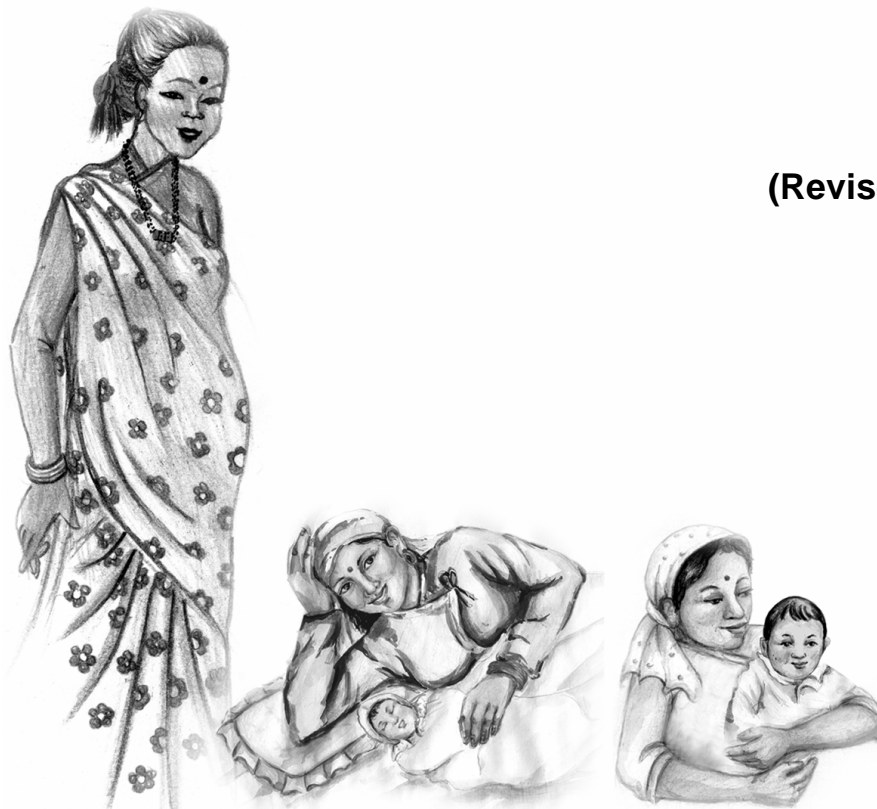
Support to Safe Motherhood Programme, Nepal

A part of HMGN Nepal National Safe Motherhood Programme (NNSMP)

Securing 'Safe Space' For the Safe Motherhood Programme (SSMP) in Nepal: Security and Risk Management, Conflict Analysis, Monitoring and Evaluation: Working Towards Safe and Effective Development in Conflict (SEDC) Through the SSMP

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**March 2006
(Revised Version June 2006)
630/04/DFID**



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ABBREVIATIONS

AI	Appreciative Inquiry
ABCD	Asset-Based Community Development
ARMT	Advanced Risk Management Training
B/CEOC	Basic/Comprehensive Emergency Obstetric Care Services
BOGs	Basic Operating Guidelines
BRMT	Basic Risk Management Training
CARE	CARE International
CBOs	Community Based Organisations
CCP	Center for Communication Programs (John Hopkins University)
CPN (Maoist)	the Communist Party of Nepal, 'the Maoists'
DDC	District Development Committee
DECs	Disaster Emergency Committees
DFID	Department for International Development
DOHS	Department of Health Services
DNH	Do No Harm
EOC	Essential Obstetric Care
GTZ	Deutsche Gesellschaft fur Technische Zusammenarbeit (German Agency for Technical Cooperation)
HMGN	His Majesty's Government of Nepal
IACC	Inter-agency Coordination Committee, a contact group which was to have its first meeting on 2nd March 2006
INGO	International Non-Governmental Organization
JSI	John Snow Incorporated
IACC	Inter-agency Coordination Committee
IEC	Information, education and communication (IEC)
INSEC	Informal Sector Service Centre
INGO	International Non Government Organisations
JHPIEGO	Johns Hopkins University affiliate international health organization
KIRM	Key Information Research and Monitoring
LCP	Local Capacities for Peace
LSGA	Local Self Governance Act
HMGN	His Majesty's Government of Nepal
MOH	Ministry of Health
MoLD	Ministry of Local Development
MOSS	Minimum Operating Security Standards
M & E	Monitoring & Evaluation
NFHP	Nepal Family Health Programme
NPC	National Planning Commission
NHTC	National Health Training Centre,
NNSMP	Nepal National Safe Motherhood Programme
NSMP	National Safer Motherhood Project
OCHA	United Nation Office of the Coordination of Humanitarian Affairs
ODI	Overseas Development Institute
PRA	Participatory Rapid Assessment
RH	Reproductive Health
RAP	Rural Access Programme
RMO	Risk Management Office (GTZ and DFID)
SBA	Skilled Birth Attendant
SCF US	Save the Children Fund (US)

SEAD	Safe and Effective Approaches to Development
SEDC	Safe and Effective Development in Conflict
SMP	Safe Motherhood Programme
SSMP	Support to Safe Motherhood Programme
TOT	Training of Trainers
UGs	User Groups
UMN	United Mission to Nepal
UNICEF	United Nations Population Fund
USAID	United States Agency for International Development
WFP	World Food Programme
VDCs	Village Development Committees
WFP	United Nations World Food programme

EXECUTIVE SUMMARY

Part One – Background

This consists of (**section 1**) an Introduction, which explains the context of the consultancy and provides a brief account of the programme and timetable followed, (**section 2**) an overview of the 'Background of Evolving Conflict', and (**section 3**) a commentary on the ways in which the precursor to the SSMP, the NSMP, had developed appropriate responses to the expansion and intensification of the conflict and a report of the findings of the final evaluation of the NSMP. It also includes (**section 4**) a review of the development of approaches to 'working in conflict', with special reference to Nepal.

The Synthesis of Final Evaluation Findings from the NSMP, produced in 2004 noted, in its Introduction, that 'conflict is a key confounding variable and has disrupted all project processes and the context in which the project worked...(It has) also hampered the evaluation process. It also pointed out that 'NSMP and most NGO partners continued to work in conflict-affected areas despite serious implementation difficulties, and developed positive responses to the Maoist insurgency. NSMP also developed a monitoring tool to track the impact of the conflict on access to safe motherhood services. This marked a major advance in both SM and the broader development sector as a whole'.

The report went on to argue that 'even more pro-active and positive approaches to the conflict will be beneficial for the SM programme, such as: strengthening the focus on disadvantaged populations, decentralising and devolving service delivery, engaging local staff, working with and through local groups to spread information and awareness and developing financing and transport schemes that better respond to the very poor'. It referred specifically to 'community-based emergency transport and funding schemes' as an area to be developed further – something that has been taken up explicitly in the SSMP as a 'cost-sharing' initiative.

Part Two - SSMP Working in Conflict

This section of the report includes (**section 5**) a consideration of the technical proposal for the SSMP with particular reference to the ways in which it incorporated, from the outset, 'a careful, responsive and flexible approach to the particular challenges posed by working in conflict'. It is clear from this consideration that many of the ideas and proposed practices of the forthcoming programme drew on the experience with the NSMP, which had already begun to developing a range of security and risk management, conflict monitoring and evaluation, and conflict analysis tools and procedures, and was already concerned not only to 'do no harm' but to adopt an approach and practices that would help actually mitigate local tensions and conflicts.

The particular challenges posed by working with HMGN in a conflict situation are examined (**in section 6**), and the ways in which the SSMP faced those challenges assessed. SSMP recognised from the start that 'there is a real challenge...associated with a commitment to working closely with HMGN while at the same time developing approaches that allow SSMP staff and SSMP partners to work safely and effectively in the rural areas, where the major need for health services – and maternal and child health services in particular – is to be found and where access to appropriate and adequate services and facilities is most difficult'.

On the other hand, the formal commitment of HMGN to decentralisation and devolution to the District (DDC) and Village (VDC) levels was considered likely to contribute to the creation of a safer and more enabling environment for local level collaboration for safe motherhood. The Local Self Governance Act (LSGA), introduced in 1998-9 'to provide better services to the local population', has led to the initiation of a process of handing over health facilities, as well as schools and agriculture extension services, to local community management. To date, some 12,351 Sub Health Posts, 237 Health Posts and 90 Primary Health Care Centres have been handed over officially to the community in 27 districts of Nepal in all five regional development regions.

The need to revise the log frame of both the SMP and the SSMP is recognised and the work undertaken in this regard during the period of the consultancy is described (in **section 7**). The basic assumption adopted was that the uneasy status quo – that DFID Nepal have (in their scenario planning) identified as 'the erosion scenario' – would continue. This would imply continuing conflict in the rural areas where SMP and SSMP are working, but the existence of 'space' (room for manoeuvre), allowing not only for 'safe and effective work' but also possibly for the expansion of the 'safe space' for safe motherhood activities through a continuing emphasis on the impartiality and value to all of improving access to health services, and particularly on the desperate need of the poor and vulnerable for 'safe motherhood'.

It was agreed that when the logframes are re-visited, there should be some consideration of the possibility that the situation could improve or deteriorate rapidly and dramatically, increasing or reducing the 'space' for safe and effective work and thus affecting programme effectiveness and impact. In other words, some scenario planning should be initiated around the discussion of the logframe in the coming weeks and months. More generally, it was agreed, it would be important that, in re-visiting the logframes, the contours of the evolving political and military situation be considered in some detail and incorporated, not only in the risks and assumptions column but also in activities and outputs.

A four-person 'core group' in the SSMP was identified to be responsible for research and conflict analysis, conflict monitoring and evaluation, security and risk management, and working in conflict. Conflict monitoring in the NSMP was identified as a tool which not only provided information for the M&E of the programme, but also made its own contribution to mitigating the effects of the conflict and strengthening local capacity and sense of self-worth. The conflict monitoring tools already developed for the NSMP need to be re-visited.

The need to draw on the experience of the SSMP partners in conflict analysis, in security and risk management, and in working in conflict was emphasised by the consultant, who briefly reviewed in the report the strengths of the various partners in this regard (**section 8**). UMN in particular has a very long experience of working as an NGO in the field in difficult situations and has developed a distinct approach and set of practices related to security and risk management and to 'working in conflict' over the years. UMN has been actively involved recently in discussions at a regional (south Asian) level on various forms of Do No Harm (DNH) and Local Capacities for Peace (LCP) approaches to development in conflict situations and has generated a good deal of experience as a result. This is now being applied in many of its programmes and projects across Nepal and could prove particularly valuable to SSMP.

Actionaid is a NGO with a long experience of working in the field in Nepal, which has developed its own responses to the conflict situation as it has evolved. It has recently (2005) adopted guidelines for security and risk management. It is anticipated that this document will be updated every few months as the situation evolves. It is recommended that, for the time being, until it has developed its own clear guidelines for security and risk management, that SSMP adopt the Actionaid procedures. SSMP already has identified an individual as the 'focal' person for security and risk management and it should be his responsibility to collect examples of 'good practice' from other agencies and organisations, with a view to developing a coherent and consistent set of guidelines for SSMP in the near future.

Each of the SSMP partners brings specific and distinctive experience to bear and it is important that the programme take advantage of this and work hard to ensure that the partners' heterogeneity becomes a strength rather than a weakness. Routine collaboration and good communication will be important. There is a real need for SSMP and all partners to recognise the crucial role of communication, not only with regard to developing the 'messages' needed to promote safe motherhood, but with respect to the conflict itself. The contribution that can be made, through 'good' communication, to safe and effective working in conflict, is considerable. It is important that whoever is specifically responsible for this component of the SSMP maintain close relations with all other partners.

Working in partnership with the MOH and Department of Health Services in ways that are constructive and take the programme forwards, while avoiding or minimising the undoubted difficulties of collaborating with a large bureaucratic structure, will be a major challenge (**section 9**). As far as issues of working in conflict are concerned, it will be essential that individuals are identified early on in the relevant divisions at central level and in the appropriate areas in the districts who will then be able to act as 'champions' of the agreed approaches and practices developed by the SSMP for working in conflict.

Discussions with Ministers and with high level officials in the MOH suggested that SSMP is well regarded and that there is a significant degree of commitment to the whole Safe Motherhood programme. In the light of HMGN decisions regarding decentralisation and devolution, it would seem that there are no major obstacles to an approach which accords priority to working closely with local communities in a sensitive and 'safe and effective' fashion. The placing of three members of the SSMP team inside the Ministry appears to be a good move, but it is recommended that, in return, in addition to representation of the MOH and Department of Health Services at the proposed monthly meetings of SSMP with its partners, additional efforts be made to secure the active involvement of MOH and Department of Health Services both in the development of appropriate security and risk management procedures and practices and in the development of safe and effective ways of working in conflict.

Ultimately the partnership with the 'government' health personnel will be most crucial at the local level, in the districts. Developing this relationship in a way that maintains close working relations with 'government' health personnel while avoiding the 'taint' of proximity to what the Maoists see as the 'old regime', will be of critical importance. As the SSMP district coordinators are appointed, they will need to be closely involved in the development of security and risk management procedures and practices and also in the development of safe and effective ways of working in conflict. Some of the SSMP staff at least, notably those spending a good deal of time in the field, as well

as those working on a full time basis in the districts, will need training in Advanced Risk Management skills and in negotiation skills.

As regards both security and risk management, and safe and effective work in conflict, the clarification (in both theory and practice) of responsibilities, individual and institutional, will be essential as will the internalisation of these responsibilities. In **section 10**, the report reviews the structures and procedures for ensuring this, and considers the problems of coherence and compatibility in a programme with many different partners. The report notes the commitment of DFID and GTZ to 'endeavour to ensure, through training, support and monitoring, that all staff and partners do their utmost to work according to the principles of the BOGs'. This, in the case of SSMP must include 'government' health workers (see Part Three). A programme of workshops, to develop a clear and common understanding of what it means to work safely and effectively in conflict, taking advantage of the general approval of the BOGs and considering how far they may be extended and developed, is recommended.

Part Three – More 'Safe' Space for Safe Motherhood

Part Three of the report considers in more detail the possibility of creating more 'safe' space through, as well as for, the SSMP. It looks again (in **section 11**), at the BOGS and, while recognising that that 'BOGS in their entirety do not apply to HMGN partners' and that 'HMGN is clearly not a neutral organisation in the current conflict', suggests that healthworkers (those who work in and for the MOH) should be distinguished clearly from the 'old' regime and government *sensu stricto*. It could be argued that the health services should be regarded as 'impartial' in so far as they serve the health needs of local people whoever or wherever they are, whatever their economic and social status, whatever their political and ideological orientation.

In so far as SSMP is a programme supporting national plans and programmes to achieve improved health for the Nepali people with particular respect to the national Safe Motherhood Programme (which has been signed up to by successive governments of very different kinds), it may wish to provide more extensive briefings and even invite MOH staff as partners to participate in workshops and training sessions which take BOGs as a starting point for developing 'safe and effective' work in conflict and attempt to move further towards creating and enlarging the existing 'space' for 'safe and effective work in conflict'. The more closely health personnel at all levels can be involved in the workshops and discussions organised by SSMP, the better their understanding will be of what is the objective of developing systematic and consistent approaches to security and risk management and also to safe and effective working in conflict.

Section 12 considers the potential for a 'BOGS-Plus' and the specific contribution the SSMP might make in this area. It was rumoured, during the consultant's visit, that 'the Danes' and others were working towards a 'BOGS-plus', in which efforts were being made to extend the 'space' for manoeuvre as regards various development activities. It is taken that the central idea would be to extend the 'space' available for safe and effective development related activities. Given its distinctive partnership with HMGN, it was suggested that the SSMP should take the initiative in exploring the possibilities for 'creating more safe space' for development activities, including safe motherhood initiatives. It was suggested that government commitment to decentralisation and devolution – particularly as regards the health sector – and to local community management of local health services and facilities should assist the creation of 'space' for expanding local capacities for peace (LCP) and for safe

motherhood. The example of the recent measles campaign provides an illustration of what can be achieved in the health sector with the right approach. The measles campaign, which took place during 2004 and 2005 across the country and was the biggest health campaign ever initiated by the MOH, proved how safe and effective health work might be undertaken.

It is striking that almost all of those asked about the extent to which health workers in the rural areas were at risk in the prevailing context of widespread rural conflict answered that, relative to other 'external' agents, they were relatively safe. To determine how valid this general impression really is would require proper investigation, but there is a wealth of anecdotal evidence and some other 'statistical' evidence to support the idea that health workers, more than any other external agents, were relatively 'safe' even in areas of conflict. If it is the case that 'health' remains to a significant extent at least a 'privileged' domain and the impartiality of health workers respected, then it is likely that 'safe motherhood' in particular will be equally – if not more – privileged (**section 13**). The urgent needs of pregnant women, the high mortality and morbidity rate among women and babies as a result of complications in childbirth, the problems of access to quality health care, are concerns shared by all Nepalis.

If the message – conveyed through the approach, practice and communications of those associated with SSMP and SMP – that safe motherhood should be a universal priority and, indeed, a human right, and that those working to increase the prevalence of safe motherhood in the rural areas should be universally regarded as 'not to be harmed', could be widely broadcast (literally as well as figuratively) and understood, then a contribution could be made not only to increasing the safety of staff and those working in SSMP and SMP but also to the effectiveness of the programme. Equally, a contribution could be made to mitigating or reducing the conflict at least in the sense that all parties would come to respect a certain 'space' within which safe motherhood would be prioritised and supported, not only by the programmes, but by local communities and by the Maoists and security forces also.

Current government policy, supported by the major donors, for decentralisation and devolution, and for health sector reform, also works in the same direction. The idea of progressively handing over local health care facilities and services to local communities, at the district and village level is now built into government policy, and steps have already been taken to initiate this process. It is now possible to envisage a situation in which the state no longer bears all of the responsibility and burden of trying to reach out to manage health care services and facilities in the remoter parts of the countryside, but provides certain basic or strategic support (financial and in terms of supply of medicines perhaps) and hands over responsibility to local committees and users' groups, to administer, manage and develop local facilities and services for themselves.

While it was not possible to gain such direct access to the leadership of the Maoist 'government', there is very good reason to believe that such a process of decentralisation and devolution by HMG of health services and facilities would be welcomed. Not only would greater resources be available at the local level, but management and responsibility would also be at local level, where they would anticipate exerting a greater degree of influence over the nature of health services and facilities. In so far as the Maoists are committed to ensuring that the poor and vulnerable communities benefit from development activities and from the resources and expertise made available, they should welcome, in theory and also in practice, such a movement, such a process.

Finally, in so far as they would directly benefit from greater access to health services and facilities, both as a result of the decentralisation and devolution and of the recognition by Maoists and security forces alike of the impartiality of the local health services and facilities, local communities should welcome and embrace – and argue and struggle locally against those who fail to support - such a process.

In **sections 15 and 16** of the report, a preliminary review is undertaken of the idea of 'creating and extending the safe space for safe motherhood', and particularly of 'local capacities for peace' (a concept utilised by UMN in their work), drawing on the experience at the grassroots in Nepal of anthropologists and NGOs and of conflict analysts (specifically Judith Pettigrew and UMN, and Brusset & Regmi) to identify a crucial role for local communities 'creating their own space', working with and making use of government and non-government agencies in their own interests.

The SSMP may have a distinctive role to play here, given its overall approach, the fact that it works in the health sector and its unusual set of partners. Successful collaboration with its partners at the national and local level and the development of a range of appropriate strategies and instruments for working safely and effectively in conflict is likely to be critical in determining SSMP's impact and overall effectiveness in promoting safer motherhood and better health outcomes.

Section 17 includes concluding remarks and recommendations of a practical and immediate kind for the SSMP team.

PART ONE: BACKGROUND

1. Introduction

1.1. This report relates to a consultancy undertaken during February-March 2006 for Options, one of the members of the consortium implementing the Support to Safe Motherhood Programme (SSMP), which is designed to support the national Safe Motherhood Programme (SMP). The TOR for this consultancy are to be found in Annexe 1. The consultant arrived in Nepal on Sunday 26th February and left on Monday 6th March. Details of persons met during the visit to Nepal and documents consulted and referred to are provided in Annexes 2 and 3 respectively.

1.2. The consultancy was essentially to interact with the SSMP core team and members of partner organisations and institutions in the SSMP in order to initiate and make recommendations regarding a process to embed security and risk management and 'safe and effective development work in conflict' within the programme. During the course of the visit, the importance – and the possibility - of creating and widening the existing 'space' for safe and effective work with regard to health services generally and safe motherhood in particular became apparent.

1.3. The consultant participated in a retreat, held at Godavari, from Sunday 26th February to Tuesday 28th February, where he contributed to discussions (involving the core SSMP team and Options senior project manager, Melissa Cole), around the logframe for the SMP and facilitated a number of sessions relating to 'working in conflict'. This led to an agreed workplan and timetable for a series of activities and workshops – including re-visiting the logframes in March, a workshop with partners and a SEDC self-analysis with facilitation by RMO trained guides if possible in April - culminating in a joint workshop in May 2006 with partner organisations and DFID.

1.4. On the afternoon of Wednesday 1st March the consultant led a discussion of 'security and risk management', involving the whole SSMP team (including office staff and drivers). This identified a number of key issues and activities to be pursued by the team as well as some more specific items to be followed up by specific persons. It was agreed to develop a security and risk management guidelines document, based on Actionaid Nepal's document and other materials.

1.5. In the morning of Thursday 2nd March the consultant led a two-hour discussion of 'working in conflict' with representatives of the SSMP partner organisations and institutions, held at the Himalaya hotel. This not only introduced the concepts of working in conflict associated with SEDC but allowed those representing the partner organisations to explain their own approaches and contribute to a discussion. It was agreed that this meeting would be followed up and that a specific workshop for SSMP and partners would be scheduled in April 2006, to explore the SEDC and working in conflict more generally.

1.6. The remainder of the time, the consultant had meetings with a range of individuals, including representatives of the partner organisations and institutions, and others involved in the programme (including DFID), collected and read a range of relevant documents, and engaged in more detailed discussions with members of the SSMP core team. A de-briefing took place on the afternoon of Monday 6th March.

1.7. This report is intended both to provide an account of the outcomes of the consultancy and also to take the process of embedding concern for and routines pertaining to 'safe and

effective development work in conflict' within the SSMP and SMP a stage further. Discussions during the visit and subsequent reading encouraged a more considered assessment of the 'space' for safe and effective work in development in the current situation of conflict in rural Nepal. Some preliminary thoughts on this are set out in the final section of the report.

2. A Background of Evolving Conflict

2.1. The development of efforts to ensure safe motherhood in Nepal has taken place against a background of evolving conflict. The conflict in Nepal largely involves fighting between Maoist guerrillas of the CPN (Maoist) People's Liberation Army and other supporting forces, on the one hand, and the security forces of the Nepalese state under HMGN, on the other. The conflict has both spread geographically and intensified militarily since the 'protracted People's War' was launched, a decade ago, in February 2006.

2.2. Initially geographically confined for the most part to a cluster of districts in the hilly mid-west and one or two others (eg Gorkha), and operating at a very low level of military sophistication, the Maoist insurgency was of marginal significance for the first two years. The government of Nepal responded to it as a 'law and order' issue and the police force was deployed to deal with the insurgents. By 1998, however, it had become apparent that the insurgency was developing rapidly, and threatening to become a political issue. A major police operation was mounted to crush the insurgency.

2.3. From 1998 to 2001, the insurgency became a major political issue as far as the government was concerned and efforts were made to hold talks with the Maoists. During the first part of 2001, discussions between the two sides led to plans for talks in the late summer. In June 2001, virtually all of the royal family was massacred, including King Birendra, whose brother, Gyanendra, now succeeded him as king. Talks did take place, despite this significant event, but the attack on New York and Washington on 9th September significantly altered the international climate regarding 'terrorism', and the position of HMGN hardened towards the Maoists. In November, the Maoists broke off talks and launched a number of attacks on various targets, including for the first time an assault on the Royal Nepalese Army (at its barracks in Dang).

2.4. Already before this new phase of the conflict, development agencies (both government and non-government) were beginning, in a somewhat ad hoc and haphazard fashion, to develop strategies and tactics for working in and around conflict, and to begin to consider more systematically how the conflict affected their programmes. A study commissioned by the Overseas Development Institute (ODI) in London to look at the effect of the conflict in Nepal on rural livelihoods (as part of a wider programme of studies on conflict and livelihoods) was initiated just before the breakdown of talks and resumption of the conflict. That study was published later in 2002 and included assessments by CARE and by ActionAid of the impact of the conflict on their programmes and projects and statements of how they were responding to the situation (Seddon & Hussein 2002)

2.5. After the breakdown of talks and attacks by the Maoist forces, the government declared a state of emergency and from November 2001 the conflict intensified significantly. Government and non-government development agencies, including notably DFID Nepal, which had recently established an office in Nepal, began to commission studies of the conflict and assessments of risk and insecurity to guide their programmes and projects, and their overall response to the conflict (eg Huntingdon Associates 2002; Jackson 2002; Philipson 2002; Nyheim 2002). A major conference was held in June 2002 in London to assess the implications of the conflict for development in Nepal. One of the key background papers presented, by a Nepali analyst, considered 'a radical reform agenda for Nepal to contribute to conflict resolution' (Karki 2002).

2.6. There was considerable discussion during this phase of the conflict in Nepal as to how best to work 'around', 'in' and 'on' conflict, drawing on a range of literature, most of it developed with regard to conflicts elsewhere (eg Goodhand 2001). Mary Andersen's ***Do No Harm*** (Anderson 1999) became a key text and provided, for many, agencies and organisations, the basis for 'safe and effective' work in conflict situations. This will be further discussed in subsequent sections.

2.7. As it became increasingly clear that the government had failed to deal effectively with the deepening crisis, King Gyanendra effectively took power in October 2002, sacking the prime minister and appointing his own interim government, the previous elected government having been dissolved a few months earlier. The term of office of local government officials had expired and was not renewed; it was deemed that elections could not be held because of the likelihood of disruption, and so at the local as well as the national level, Nepal was now without elected government and under the rule of the king and the army.

2.8. The king's intervention had an immediate impact. Over the next few months there was intensive discussion of a ceasefire and talks, and in January 2003 a ceasefire was agreed by both sides. This encouraged many, including the development agencies, to consider that prospects for continued work in the rural areas were promising. During the ceasefire, however, the Maoists continued to extend their control over the rural areas and to construct a system of regional and local government down to the village level. By the time that talks again broke down and the ceasefire came to an end in August 2003, the Maoists had begun to put in place a more or less effective 'alternative government' across much of the countryside.

2.9. The conflict continued throughout 2004, with the development of an uneasy 'status quo' in which the Maoists held sway across most of the rural areas of Nepal, and the security forces remained in control in areas close to and inside the district headquarters. The security forces were able to make significant forays into Maoist-controlled territory from time to time, and even penetrate into their heartlands on occasion. But for the most part the conflict continued through a series of encounters and incidents with the occasional major clash.

2.10. Dissatisfied with this uneasy status quo, at the beginning of February 2005, the king again intervened, this time decisively, to take power. There was a period of considerable repression of civil liberties, to the consternation of the political parties and institutions of civil society and to the disapproval of the major foreign powers (including the USA, UK and India), which stopped their military assistance to the king's regime and called for the restoration of democracy. The king's move failed to alter the underlying situation and the uneasy 'status quo' continued as far as the situation outside Kathmandu was concerned.

2.11. In September, a ceasefire was declared by the Maoists, in order to increase the political pressure on HMG and to enable ordinary Nepalis to enjoy a period of relative security during the annual festivals of Dasain and Tihar, when many working in the towns or abroad seek to return to their villages and spend time with their families. The ceasefire was not reciprocated, and, eventually, after some three months, in January 2006, the Maoists declared an end to their ceasefire and the conflict was resumed. In the meanwhile, the political parties began to engage in discussions with the Maoists and to move very cautiously towards a set of points on which they could agree.

2.12. At the time of the consultant's visit, the uneasy 'status quo' was still in place, but there was growing concern that, in the near future, this might be broken by some dramatic action taken either by the Maoists or by the Palace. In this context, the role of the consultant was to contribute to a process whereby the staff of the Support to the Safe Motherhood Programme (SSMP) and SSMP's partners would begin to incorporate awareness of the conflict and its implications for the implementation of the programme more systematically into programme planning, implementation, monitoring and evaluation, and to initiate procedures and measures to enable the SSMP to respond flexibly and effectively to the changing 'conflict situation'.

2.13. The visit (and discussions with SSMP staff and partners) revealed both the range of different responses to 'working in conflict' already developed by SSMP staff and SSMP partners and also the need to develop a more coherent yet flexible framework for 'working in conflict' for such a heterogeneous partnership which, most significantly, included 'government' ministries and departments – the Ministry of Health and the Department of Health Services – and the local health services as the major implementing institutions for the national Safe Motherhood Programme which the SSMP is designed to support.

3. Safe Motherhood in Nepal

3.1. HMGN and Safe Motherhood

3.1.1. Nepal has one of the highest maternal mortality ratios in the world. The low social status of Nepalese women is played out through early marriage, poor nutrition, low female literacy, poor reproductive health (high parity, short birth intervals, high unmet demand for family planning), and social norms that leave women out of family decision-making, undervalued and disempowered. In addition, accessible, affordable and client-oriented health services that women and their families trust and want to use are largely inadequate and insufficient.

3.1.2. It is in this context that the government of Nepal has embarked in recent years on a programme to improve maternal health and reduce the risk around pregnancy and childbirth. Since its initiation in mid 1992, the Nepal Safe Motherhood Programme (SMP) has been a priority programme in the 'New National Health Policy'. The goal of the SMP Plan of Action (1994-1997), adopted in December 1993, was 'to reduce maternal and neonatal mortality and morbidity among women and newborn during pregnancy and childbirth in the selected SM districts'. The SMP was to be implemented in ten districts in three phases over the three years of the programme.

3.1.3. Successive governments (including the new government of November 1995) confirmed that Safe Motherhood remained a high priority and planned a high level seminar to launch the programme in 1996. The programme was duly initiated, and was implemented over the following years. From 1996 onwards, the SMP was supported by a programme funded by the British Overseas Development Administration, subsequently renamed under a new Labour government the Department for International Development (DFID).

3.1.4. This programme was the National Safer Motherhood Project (NSMP), designed to support the government's Safe Motherhood Programme in selected districts and to provide a demonstration of what might be possible in other districts across the country. The Inception Report set out the major features of the actions to be undertaken and this was followed by the 'rolling out' of the programme over several years, eventually until 2004.

3.1.5. With the support of DFID, the Nepal Safer Motherhood Project (NSMP) was designed and implemented from 1997 to 2004.

3.2. NSMP and conflict

3.2.1. In the early years, the conflict was barely visible and progress reports made no mention of it. Where there were difficulties or constraints, they were seen essentially as 'political'. In the Project Progress Report for 1998, for example, in the section on risk management (1.6, section 5), nine potential constraints had been identified at inception phase, including 'social and physical barriers to access'. Now, an additional constraint identified was 'political activity in project districts, particularly in the mid-West (5.3.1., p.34). The effects of the Maoist insurgency - which was shortly to give rise to the counter-

insurgency measures adopted by the government (Operation Kilo Sierra II) - were just beginning to emerge as 'political activity'.

3.2.2. The next year, the Project Progress Report for July-December 1999 identified a number of constraints (section 3) and the project logframe was revised in December to take some of them into consideration. For most project outputs 1-4, it was now formally 'assumed' that there would be 'no major political events which disturb project progress during inception or implementation'. And for most activities, the same 'assumption' was now also built into the logframe. Even in May 2000, in a discussion of NSMP's Monitoring Systems, the Project Director (MacDonagh 2000) makes no reference to the insurgency or the conflict.

3.2.3. Only a short while later, the situation had changed, and the insurgency and its effects were beginning to be felt, if only at this point in a preliminary fashion. In 'Critical Issues for Design of Phase Two' (Clapham 2000), the then Project Director identified, in addition to the now well recognised concerns, 'other areas of concern' (p. 11, section 4): 'there has been an increase in the level of insurgency within the country. This will impact on NSMP's design insofar as it is a factor when selecting new districts. *It is also a factor when designing ways to operate.* For instance, is it safe for cash to be carried to VDCs? Finally, the impact on the quality of services and people's utilisation of them in remote areas where insurgency is in place is as yet unknown, but a negative impact may be occurring' (my italics).

3.2.4. The first report on the Key Information Research and Monitoring (KIRM) process that had been adopted by the NSMP (NSMP 2001a) made no reference to conflict as an issue, and the same was the case for an initial discussion of 'sustainable monitoring' for the NSMP (NSMP 2001b), documents which were produced in September and October 2001 respectively – just before the breakdown of talks, the attack by the Maoists on the RNA barracks in Dang and the declaration by the government of a state of emergency.

3.2.5. Further discussions, in May 2002, of the Key Informant Tool (Price 2002) and of the monitoring of NSMP's Increasing Access component (Whiteside et al 2002), did, however, refer to the conflict. The latter states, in section 2 (Whiteside et al 2002: 9) that 'a third type of working relationship is now emerging, driven by the deteriorating security situation in the country. This is described here as 'security compromised partnership'... here the only realistic approach to monitoring is a periodic assessment of whether such inputs (mass media approaches) have been made, who was aware of them and whether the key messages communicated were understood by a particular audience'.

3.2.6. The Project Progress Report for July to December 2003, has a passage in the Introduction and Summary (p.1.) which refers to the end of the long February to August 2003 ceasefire and notes that the 'deterioration in security has affected project activities, with the conflict more widespread than pre-ceasefire... (district level partners) have had to adapt their activities ceasefire due to restrictions on group gatherings and their breadth of reach within the VDCs has diminished. Activities aimed at improving service provision have been less affected, though conflict does present an additional barrier to utilisation'. In the discussion of outputs, conflict constraints are again mentioned (p.9, 5.1.) and the section on project management and programme issues (p.11, 6) refers to the effects of the intensified conflict post-ceasefire.

3.2.7. A major piece of research, undertaken in recognition of the need to understand better the effects of the conflict on the programme and its participants, published in June 2003, on the Impact of Conflict on Accessibility of EOC Health Services (Beun & Neupane 2003) explicitly focused on the way in which the conflict adversely affected access to emergency obstetric care and health services for pregnant women. It found that there was a significant impact on travel and transport to hospital and also explored the effects on attitudes, awareness and decision-making as well as on the availability and quality of services provided.

3.2.8. The Synthesis of Final Evaluation Findings from the NSMP, produced in 2004 (Aitken & Thomas 2004) noted, in its Introduction, that 'conflict is a key confounding variable and has

disrupted all project processes and the context in which the project worked... (It has) also hampered the evaluation process. It is difficult to disaggregate the effect of conflict from the achievements of NSMP and to postulate what the achievements might have been in the non-conflict scenario the project was originally designed for'. It was also suggested that 'the dissolution of elected bodies, at all levels, is one of the many consequences of the conflict and State of Emergency'. The evaluation noted (p.7) the effects of conflict on access to maternal health services and referred to 'the Conflict Study' (Beun & Neupane 2003).

3.2.9. At the same time, significantly, it also noted (p.10) that 'NSMP and most NGO partners continued to work in conflict-affected areas despite serious implementation difficulties, and developed positive responses to the Maoist insurgency. NSMP also developed a monitoring tool to track the impact of the conflict on access to safe motherhood services. This marked a major advance in both SM and the broader development sector as a whole'.

3.2.10. The report went on to argue that 'even more pro-active and positive approaches to the conflict will be beneficial for the SM programme, such as: strengthening the focus on disadvantaged populations, decentralising and devolving service delivery, engaging local staff, working with and through local groups to spread information and awareness and developing financing and transport schemes that better respond to the very poor'. It referred specifically to 'community-based emergency transport and funding schemes' as an area to be developed further – something that is taken up explicitly in the SSMP as a 'cost-sharing' initiative.

3.2.11. The evaluation of the NSMP concluded that "a number of key recommendations come out of the study. They are found discussed in detail throughout the study, and are defined in context within various sections of the report, and summarized at the end of the most relevant chapters". They are all oriented towards implementation of the new national Safe Motherhood (SM) Programme, which will take over from the NSMP:

- 1) We recommend that the new SM Programme moves forward, away from merely reacting to the perceived 'barrier' and 'delays' that affect access to EOC services, to an even more positive approach that utilises the local culture and social structure in pro-active ways, and encourages more citizen involvement and inputs of community knowledge and skills in the process.
- 2) To achieve that aim, we recommend that the new SM Programme engage social science expertise to assist with designing and implementing a more comprehensive and bias-free built-in monitoring and evaluation systems, and the analysis of data, including continuation of research and documentation in a progressive and adaptive learning environment.
- 3) We suggest the implementation of learning strategies such as social and geographical audits, citizen report card and other participatory tools to more accurately assess change and improvement in the access of Nepalese women to EOC services. There are many available tools in the social science of development toolkit, including such contemporary, progressive, participatory and socially sound methodologies as Participatory Rapid Assessment (PRA), Appreciative Inquiry (AI), and Asset-Based Community Development (ABCD), to name some of the most prominent and useful. (At the same time, avoid dependence on single solutions, facile assumptions or 'quick fix' tools for promoting access messages and activities.)
- 4) A minimum package of inputs for future IA activities is suggested, but final selection should be preceded by careful study of the effects of selected components, in order to understand their impacts and more adequately design them for best results.
- 5) Continue support to emergency transport and funding schemes, but with further study of effective approaches especially for the ultra-poor and most isolated citizenry.
- 6) Continue the Foundations for Change workshops for field staff, and expand it (perhaps with modifications) for implementation among community groups, as well.

- 7) Continue with the district partnerships involving NGOs and line agencies, but following the suggestions for improvements noted in Chapter 2 (more transparent selection of NGOs, more attention to addressing the poorest and most isolated VDCs, more sharing of good practice strategies and methodologies, etc.). Pay particular attention to the lessons learned among NGOs working effectively in conflict areas.
- 8) Design a more socially inclusive and meaningful approach to the involvement of Dalits, poor Janajatis, and the ultra-poor of all social identities, using SM forums and other reliable and representative ways to identify the most vulnerable populations, especially for their involvement in emergency fund and transport schemes. This requires adopting strategies and methodologies to significantly improve equity and inclusion, including commitment to prioritising the poorest areas for programme activities, budgeting to cover the higher costs of targeting poorer and more remote populations, disaggregating programme data by socio-economic status and locality, monitoring inclusion at all levels of the programme, conducting and analysing social appraisals of the effects and impacts of the programme, building social inclusion into institutional strengthening processes, and promoting inclusion of the poorest and most disadvantaged in district partnership strategies.
- 9) Other general recommendations: (a) expand and promote a functional referral system; (b) increase the empowerment and participation of women along with their families and community members and leaders (their encouragement to join SM group activities is recommended); (c) ensure better overall documentation, analysis and utilisation of the lessons learned from project and programme experience over time; and (d) pursue IA activities more holistically – i.e., encourage the inclusion of IA messages within other development activities such as literacy programmes, savings and credit schemes, and other group-oriented development activities in health and other sectors.

3.2.12. The NSMP was judged by and large to have made significant improvements in delivery of, and access to, essential obstetric care in project districts, as well as feeding into policy and planning processes at the national level. The Government of Nepal decided to scale up the initiative and to develop the national Safe Motherhood Programme (SMP) further. The recommendations of the evaluation report were to be incorporated into the SSMP

3.2.13. In the light of the positive contribution made by the NSMP, DFID Nepal decided to fund a 'support programme' for the extended and expanded SMP.

3.3. Towards the SSMP

3.3.1. A Technical Proposal for the new support programme was produced in 2004 by Options, to build on and take forward key successes achieved under NSMP in terms of assisting HMGN to plan and implement improvements in Safe Motherhood. The focus was to be on scaling up what had been proven to work at district level – both in terms of improving delivery of quality services, and improving access. The goal of the programme was 'maternal and neonatal health improved', and its purpose was 'sustained utilisation of quality maternal health services'.

3.3.2. Plans for the first year (2005) were to include careful review and planning activities, to ensure the Support to Safe Motherhood Programme (SSMP) took the most effective approach to scaling up. It was recognised that effective and sustainable capacity building takes time but also that there is an imperative to maintain momentum in service delivery, especially when working in 'conflict affected areas' (p.1) The Technical Proposal outlined 'an ambitious programme of activities for years 1-2, to ensure that the programme delivers visible improvements in delivery of quality safe motherhood services'.

3.3.3. During 2004, planning for a new national Safe Motherhood Programme (SMP) to be implemented as a partnership between HMGN, DFID and other organizations from 2004 to 2007, was initiated. Work continued throughout 2005, as the SSMP came 'on stream', with one major task being that of developing relationships with appropriate partners.

3.3.4. Early in 2006, it was considered appropriate to bring in a consultant to accelerate the process of incorporating and embedding into the SSMP 'culture and practice' appropriate security and risk management procedures, and to contribute to the process of developing 'safe and effective approaches' in implementation at the level of activities and outputs. The development by the DFID/GTZ-supported Risk Management Office (RMO) of a new tool for 'working in conflict' – SEDC- and DFID's concern that all its programmes be fully aware of all the requirements for working safely and effectively in conflict, meant that there was a recognised need to move swiftly in this area.

3.3.5. The visit of the consultant took place in February-March 2006 at a time when there was great uncertainty regarding the future, both as regards political developments and as regards the security and military situation on the ground. A short ceasefire, initiated by the Maoists, which lasted for three months, had not been reciprocated by HMGN and the conflict had recently resumed with a higher degree of intensity and some threat of greater intervention by the Maoists in the urban areas, in both the terai (eg Nepalgunj) and in the hills (eg Terathum). Developing strategies and procedures for security and risk management, and for working in conflict, was now a priority for the SSMP.

4. 'Working in Conflict'

4.1. Lessons from elsewhere

4.1.1. In the last decade or so, with the growth of concern about the historic separation of institutional structures dealing with 'normal' development activities on the one hand and 'emergency' interventions on the other, there has developed a significant body of literature and practice relating to 'working in conflict' in ways that seek to reconcile 'developmental' and 'humanitarian' approaches, in order to maximise the benefits to local populations involved in 'complex political emergencies' and conflict situations, through a combination of short term and medium-to-long term measures.

4.1.2. In particular, there has been growing recognition that even well-meaning interventions in conflict situations may increase tensions and divisions, and thus conflict, and that great sensitivity and understanding of local contexts and of the specific contours of the conflict and its impact on local communities is required if 'no harm' is to be done by development programmes and projects.

4.1.3. An influential text has been that of Mary Anderson, ***Do No Harm: how aid can support peace – or war*** (Andersen 1999). Others have also developed guides to 'working in conflict', including a group of people who contributed to the collection edited by S Fisher, ***Working with Conflict: skills and strategies for action*** (Fisher 2000). There are many other texts, however, on which those working in Nepal could draw. There is also now a substantial literature outlining the origins and evolution of the Maoist insurgency and the conflict in Nepal (see documents), which should be consulted to understand the distinctiveness of the Nepal conflict situation.

4.2. Working in conflict in Nepal

4.2.1. During the last two to three years, particularly after the breakdown of the ceasefire of 2003 and resumption of the conflict, major efforts have been made by almost all of the government and non-government agencies working in Nepal to develop a framework,

strategy and guidelines for 'working in conflict'. As a result, there is now a significant literature and experience of different approaches and strategies. Mary Anderson's 'Do No Harm' began to be used in Nepal around 2001.

4.2.2. Particularly influential in Nepal since then has been the work of Jonathan Goodhand (2001), whose synthesis of work in several conflict situations, including Nepal, provided useful material and elaborated what came to be a much used distinction between working 'around' conflict, working 'in' conflict and working 'on' conflict. In the period 1996 to 2001 most development agencies in Nepal, government and non-government, worked around conflict. Areas were classified as 'highly conflict-affected', less 'conflict-affected' and not 'conflict-affected'. Some agencies tended to avoid working in areas that were highly affected in favour of the other two categories; some actually pulled out of particularly 'conflict-prone' areas.

4.2.3. As the area under Maoist control expanded, however, this classification became of less value and it was increasingly recognised that it was impossible to avoid working 'in' conflict. It was also increasingly recognised that, given the distinctive contours of the conflict in Nepal it remained possible to work in conflict on a more or less continuous basis, if certain practices were observed and sensitivities – of Maoists, security forces and local communities - were respected. Efforts were made to develop basic operating guidelines (BOGs) or principles to maintain impartiality and enable development agencies to continue working safely and effectively in rural Nepal.

4.2.4. Several agencies in Nepal, including USAID and several of those INGOs which it supports (including CARE and UMN), have tended to adopt the basic Do No Harm approach and have developed training programmes and packages making use of Andersen's ideas. Among SSMP's partners, the United Mission to Nepal (UMN) has probably made most extensive use and had the longest experience of this approach, although UMN's experience is also relatively recent (see documents). The Nepal Family Health Programme (NFHP) has also been involved in Do No Harm training.

4.2.5. The DFID Nepal and GTZ Risk Management Office was established in 2002 to provide a range of 'services' to the programmes and projects funded by these two agencies. The services included: an information/intelligence service, providing detailed reporting and analysis of 'incidents' for all of the programme and project managers; a regular risk assessment, summarising and interpreting the reports; a regular monthly meeting for all programme and project managers/coordinators/ directors to discuss issues of security and insecurity; and a more general overall conflict analysis on a periodic basis.

4.2.6. The RMO also began to provide special training for programme and project staff, as appropriate, in risk management and 'safe behaviour'. Drivers were provided with a special short course; programme and project managers and identified 'focal persons' within programmes and projects were also provided with risk avoidance and risk management training. The RMO also trained a number of persons, whom it called 'guides', who would be available to provide specific training and to facilitate workshops and courses organised by programmes and projects. Intensive work on security and risk management, and on 'working in conflict' (drawing on the **Do No Harm** approach), led to the production of a handbook – Safe and Effective Development in Conflict (**SEDC**) – which was produced and made available – in English and Nepali - during 2005.

4.2.7. DFID Nepal has taken up the idea of Safe and Effective Approaches to Development (**SEAD**) as set out in the SEDC handbook and now regard it as essential that all programmes and projects conform to its basic principles. One of the stated tasks of the consultant on this visit was to introduce the SSMP staff and its partners to the principles underlying the guidelines set out in the SEDC handbook, and to establish a process whereby these ideas

and practices would be progressively built into and embedded in the approach, strategy, and everyday practice of the SSMP, and its partners. As we shall see below, a start has been made in this regard.

4.2.8. It is important, however, to recognise that many other development agencies and NGOs working in Nepal have also developed their own approaches to and guidelines for security and risk management and for working in conflict. As was mentioned earlier, INGOs, like CARE and **ActionAid Nepal**, were already developing systematic responses to the conflict as early as 2001; most of these have taken their initial guidelines and protocols much further in the last few of years. The United Mission to Nepal (**UMN**) in particular has been working with a systematic Do No Harm approach for several years and is planning to undertake an evaluation in the very near future (June 2006) of the effectiveness of the approach.

4.2.9. One of the SSMP's partners is **UNICEF**, which has a wealth of experience itself in working in conflict and, as part of the UN family, is guided by a complex and elaborate set of protocols and procedures with respect to security, risk management and working in conflict. The experience within the UN family of agencies like the WFP and OCHA, as well as of other agencies, such as UNICEF, of working in conflict is extensive and intensive.

4.2.10. But finally, SSMP has its own 'heritage' of security and risk management and of working in conflict, from the experience of the **NSMP**, which was extremely pro-active, at an early stage in the evolution of the conflict in Nepal, in developing its own conflict analysis, monitoring and evaluation tools and guidelines for safe and effective work in conflict. So too do some of the other partners of the SSMP.

PART TWO - SSMP Working in Conflict

5. SSMP – the Technical Proposal

5.1. Significantly, the technical document prepared for the SSMP highlights the need for 'a careful, responsive and flexible approach to the particular challenges posed by working in conflict' (p. 2).

5.2. The Technical Proposal noted (section 2.1.3, p. 11) that 'in the period 1998 to 2001, the Maoist insurgency spread geographically and the conflict became considerably more serious in terms of the level of violence and impact on lives and livelihoods in the rural areas of Nepal. Conflict has escalated still further since November 2001, when a state of emergency was instituted by the government following failure to achieve consensus through peaceful negotiation. In 2002, due to a lack of political consensus regarding the insurgency, parliament was dissolved and the prime minister sacked by the king, who then formed his own interim government. This first 'royal' government was replaced in mid-2003, and the second in mid-2004.' A third cabinet had been formed by the time of the Technical Proposal, but it was noted that continued ministerial change seriously affected on-going health service planning and budgeting.

5.3. The Technical Proposal stated (section 2.1.3, p. 11) that 'the conflict is now characterised on the ground by increasing violence, abuse of human rights, absence of elected representative government at all levels, migration from rural to urban areas and abroad, and a general reduction in the level of economic activity in the country. The Maoists have their own structures of government and almost every district in Nepal is now affected to some degree by the insurgency. In a significant number of districts, the previous structure of local government and administration, together with the provision of basic government services through line agencies, has been disrupted, if not substantially curtailed'.

5.4. As far as working in conflict is concerned, it was recognised that '(the programme) will pay careful attention to the implications of working in a conflict situation' and lays out its detailed approach – 'dynamic approach to working in a conflict situation' - in section 2.3. Here it is noted that 'Options has excellent experience of working in insecure situations and those of emerging conflict, in particular in NSMP in Nepal. NSMP has actively responded to the changing context by adapting strategies to ensure that the project continues to contribute to its purpose, without exposing project staff to unreasonable risk. Following detailed research, NSMP developed a Conflict Monitoring Tool, which was used to appraise the degree to which conflict affected access to safe motherhood services. (This programme will support the further development of this vital appraisal tool, for use by the government and their counterparts in forming a response to the negative effect of conflict on utilisation of services' (p. 17).

5.5. 'Emphasis will be placed on collaboration with local communities and other sections of civil society, and on reaching and positively affecting marginalized and remote segments of Nepali society. There is evidence to suggest that where projects are transparent as to their procedures, and the activities and outputs are visibly and tangibly of benefit to poor and vulnerable sections of the population, the insurgents are prepared to recognise these as legitimate, and not harm those involved. The approach taken will therefore not be merely 'protective' of those involved in the (programme), but will actively seek to prioritise support of activities and processes within NNSMP which are recognised as contributing to the wellbeing of the poorest and most vulnerable segments of society'.

5.6. The conflict situation will require continuous monitoring and assessment during implementation. As regards security, the risks of disruption to (programme) activities and to the wellbeing of programme personnel and stakeholders must be assessed regularly, and measures to minimise risks adopted. As regards programme progress towards purpose and

goal, planning for and responding to the multiple impacts of the conflict on demand for, access to and delivery of appropriate services will be required'.

5.7. 'Activities would include:

- Identifying as precisely as possible the risks posed by the conflict to programme implementation and a range of possible, and alternative, responses to ensure effective implementation, even under less desirable circumstances;
- Exploring with primary stakeholders and other key actors within the districts and villages the effect of the conflict on care-seeking behaviour, including mobility, financial security and broader social contextual change;
- Continuing to explore the use of participatory M&E mechanisms as a tool in conflict mitigation by providing an arena in which different community groups can voice their concerns and suggestions. This will include developing NNSMP's Conflict Monitoring Tool;
- Assessing the potential and actual outcomes of the (programme) to ensure that the benefits are equitably distributed amongst poor and marginalized communities, thereby minimising the risk of exacerbating existing community-level tensions and patterns of social exclusion;
- Providing a range of alternative strategies for rolling out B/CEOC service delivery throughout Nepal. Strategies proposed will take account of and build on the experience of the DFID-funded and UNICEF safe motherhood projects. We would analyse and map a range of options that might mitigate the impact of the conflict both on health seeking behaviour and on access to safe motherhood services' (p. 17).

5.8. It is clear from this that many of the ideas and proposed practices of the forthcoming programme drew on the experience with the NSMP, which had already begun to developing a range of security and risk management and conflict monitoring and evaluation and conflict analysis tools and procedures, and was already concerned not only to 'do no harm' but to adopt an approach and practices that would help actually mitigate local tensions and conflicts.

6. Working with HMGN

6.1. The second 'key issue' identified as 'critical for the successful implementation of SSMP was 'programme not project focus'. SSMP would 'support the Nepal Safe Motherhood Plan, and all activities will be led by HMGN. The support package outlined... will stress capacity building, enabling the relevant ministries/departments in HMGN to develop the capacity to plan, manage, monitor and evaluate the national plan'. The fifth key issue was that of 'working in the context of health sector reform'. It is proposed in the Technical proposal that this should be the 'flagship' programme within the wider NHSP led approach to developing the sector' and that SSMP would 'support NHSP objectives as appropriate. Close and effective communication between S-SMP and NHSP at all levels would be essential for this approach to work.

6.2. In the current climate of conflict and of hostility between the Maoists and HMGN, there are important issues, associated with SSMP's commitment to working with the Ministry of Health and the 'government' health services that are not explicitly recognised in the Technical Proposal. Increasingly, over the last two or three years, the Maoists have established their own structures of regional and local government through much of the countryside. Those employed by HMGN to provide services to rural communities are, to a high degree, confined to district headquarters and limited areas around these urban centres. Local government buildings have been attacked and in many cases partly or entirely

destroyed and in remoter areas where health posts and sub-health posts are often not separate buildings but part of the same building complex, they also have come under attack.

6.3. 'Government' personnel are, understandably, frightened of being caught 'in between' the Maoists and the state security forces if they remain working in the rural areas and attempt to provide the government services they are employed to provide. This applies to health workers as well as to HMGN employees working in other sectors – albeit arguably to a lesser degree (an issue we shall discuss further later in the report).

6.4. There is a real challenge, therefore, for the SSMP, associated with a commitment to working closely with HMGN while at the same time developing approaches that allow SSMP staff and SSMP partners to work safely and effectively in the rural areas, where the major need for health services – and maternal and child health services in particular – is to be found and where access to appropriate and adequate services and facilities is most difficult.

6.5. On the other hand, the formal commitment of HMGN to decentralisation and devolution is likely to contribute to the creation of a safer and more enabling environment for local level collaboration for safe motherhood. The Local Self Governance Act (LSGA) - which was passed in 1998 (with regulations promulgated in 1999) - was introduced by HMGN in order 'to provide better services to the local population'. With Local Self Governance Regulation, HMG started to hand over health facilities (e.g. Primary Health Care, Health Posts and Sub Health Posts) as well as schools and agriculture extension services.

6.6. The process of handing over health facilities started in 2002 and so far as many as 12,351 Sub Health Posts, 237 Health Posts and 90 Primary Health Care Centres have already been handed over officially to the community. These health facilities are located in 27 districts of Nepal in all five regional development regions. In the case of Health Posts, responsibility is being handed over to a local management or users' committee under the Chairmanship of the VDC Chair (ex officio). In the case of the sub Health Post the person in charge is the member-secretary. Others should include representatives from the dalit and janajati communities, a teacher, three mothers and a Female Health Volunteer (1). There should be nine members in the committee, of which three will be mothers and one a female health volunteer.

6.7. Every year, the National Planning Commission (NPC) along with the Ministry of Local Development (MoLD) decides the number of sub health posts to be handed over, and the National Health Training Centre, with financial assistance from USAID (in some districts only), provides an orientation course to the newly formed Health Facility Operation and Management Committee. The two-day workshop is geared to developing their capacity to run the health facility and define their role on so doing.

6.8. It is not clear how resources will be allocated to enable these local management committees and users' groups to function effectively and to ensure that the health posts and sub health posts also function effectively to provide quality health care. It must be assumed that an allocation of resources will be made by the district authorities (DDC) and that it is expected that there will be some form of local contribution to supplement this.

7. Planning SMP/SSMP - Re-Framing the Logframe

7.1. One of the urgent tasks facing the SSMP is the revision of the SMP and also the SSMP logframe. Work has already been undertaken on this, with specific working parties set up to consider and develop approaches to specific outputs. For example, as regards 'equity and access', as regards 'service delivery', as regards 'procurement and logistics', etc.

7.2. During the SSMP retreat, much of Monday morning was devoted to re-visiting the SMP logframe. While it was possible to focus at that time only on the key issues and to consider goal, purpose and outputs, it was possible to make a start on revising the 'risks and assumptions', in the light of the evolving conflict, at all levels. The basic assumption adopted was that the uneasy status quo – that DFID Nepal have (in their scenario planning) identified as 'the erosion scenario' – would continue.

7.3. That would mean that there would be continuing conflict in the rural areas where SMP and SSMP are working, but that there would also be 'space' and room for manoeuvre, and for activities which might serve not only to make possible 'safe and effective work' but also possibly create more space for 'safe motherhood' through a continuing emphasis on the impartiality and value to all of improving access to health services, and particularly the need of the poor and vulnerable for 'safe motherhood'.

7.4. It will, however, be important, when the logframes are re-visited in mid March, that there be some consideration of the possibility that the situation could improve (unlikely) or deteriorate rapidly and dramatically, reducing the 'space' for safe and effective work and reducing programme effectiveness and impact. In other words the some scenario planning be initiated around the discussion of the logframe, to be taken forward as a separate exercise in the coming weeks and months.

7.5. More generally, however, it is important that, in re-visiting the logframes, the contours of the evolving political and military situation be considered in some detail and incorporated, not only in the risks and assumptions column but also in activities and outputs (such as the cost-sharing and compensation scheme) which might help to mitigate or reduce some of the foreseeable barriers and constraints (arising from the conflict).

7.6. It is anticipated, that having identified a four-person 'core group' in the SSMP with particular concern for research and conflict analysis, monitoring and evaluation, security and risk management, and working in conflict, the discussions of the logframe will be well informed and sensitive to the need to incorporate as appropriate these dimensions. Conflict monitoring in the NSMP was identified as a tool which not only provided information for the M&E of the programme, but also made its own contribution to mitigating the effects of the conflict and strengthening local capacity and sense of self-worth.

7.7. The conflict monitoring tool developed for the NSMP needs to be re-visited for revision and further development in the new SSMP. A good deal of extremely valuable work has been done on the development of this tool – both in theory and in practice - and this experience should be utilised.

8. Drawing on the Experience of Partners

8.1. SSMP is a programme which involves a number of rather different partners and associates. It is important to understand the structures and dynamics of these other organisations in general, so as to be better able to collaborate effectively with them, and to appreciate in particular the distinctive strengths (and possible weaknesses) of these partners, with respect to security and risk management and 'working in conflict', and to draw on their experience and specific capabilities.

8.2. During his visit, the consultant managed to have discussions with representatives of most of SSMP's partners, but the process of 'getting to know each other' needs to be taken forward through a series of monthly workshop meetings, where common issues (and specific different issues) can be worked through.

8.3. **DFID** is not only the funding source, but is a crucial partner in the SSMP. Not only does DFID Nepal have its own experience and capacity with respect to 'working in conflict' – with a dedicated 'conflict adviser' and support staff, and the capacity to bring in 'conflict specialists' for shorter-term inputs – but it has set up the joint DFID/GTZ Risk Management Office (RMO), which has for some time now provided a focal point for information, advice and training with regard to 'security and risk management' and also 'working in conflict'. It is the RMO that has developed, with inputs from many sources, the Safe and Effective Development in Conflict handbook (in Nepali and English), on the basis of which SSMP will be developing its own specific approaches.

8.4. It is particularly fortunate that the DFID Nepal health adviser has very considerable experience specifically in the area of safe motherhood and working in conflict, having been the coordinator of the NSMP for several years and having been instrumental in the development of a series of studies and tools related to safe and effective working in conflict.

8.5. **UNICEF**, as part of the UN family, has very considerable international experience and has, as a consequence, developed very sophisticated tools and procedures for security and risk management and for working in conflict. All of the UNICEF staff have received appropriate briefing and training in this regard and are aware of the procedures and practices in place and mandatory for all UN personnel working in Nepal. Discussions with Dr Locatelli Rossi and with Mr David Pakes during the consultant's visit revealed the complexity and extent of these UN procedures.

8.6. Further discussion, however, revealed that even in the UN (UNICEF) security protocols and procedures, there were grey areas, particularly as regards the area of legal responsibility where MOSS compliance was not effective. Where individuals are directly employed by the UN or have a contract which clearly specifies the legal responsibilities of all parties there is generally no difficulty. But where contracts do not specify legal responsibilities or where there are no formal contracts (as when members of a local partner organisation accompany and/or travel with UN personnel) there are areas of uncertainty. *Discussion between SSMP and UNICEF regarding these 'grey areas' would be helpful to both parties. In general, however, UNICEF will remain under UN auspices both as regards security and risk management and 'working in conflict'.*

8.7. **UMN** has a very long experience of working in the field in difficult situations and has developed a set of practices related to security and risk management and to 'working in conflict' over the years. A representative from UMN was present at the 'partners briefing' and she explained how UMN had taken the initiative in developing the Do No Harm approach in Nepal. Various documents were received from UMN relating to their recent experience of working in conflict and training for their partners in Do No Harm. These are listed in the documents consulted (Appendix xx). The documents provided indicate that UMN has been actively involved in discussions at a regional (south Asian) level on various forms of Do No Harm (DNH) and Local Capacities for Peace (LCP) approaches to development in conflict situations and has generated a good deal of experience as a result. This is being applied in many of its programmes and projects across Nepal.

8.8. In a recent report UMN states that 'since 2003, UMN, after 50 years of service, has been developing a new strategy to work and meet the needs of the present situation of Nepal. There have been a lot of changes since then. Most of the UMN former programmes and projects have turned into independent Non Government Organizations. UMN has shifted its role from direct implementation to capacity building through partners. UMN now functions through 10 strategic directions and eight areas of work in five clusters (geographical areas). The areas of work are Women and Children, Education, HIV/AIDS, Enterprise Development, Food Security, Disaster Management, Peace and Conflict Transformation and Advocacy. UMN works through the local partners in the clusters and also at a national level'.

8.9. 'Activities were especially focused to the cluster areas for Do No Harm orientation and TOT. Orientations were also conducted in Kathmandu as well according to need though not planned for. Our plans were very ambitious during the first year to reach out all the clusters but this was not possible within the first year due to various reasons such as the cluster set ups delayed because of the security situations and the partners not being ready yet, following a series of partnership processes. One of the clusters is still yet to set up. It also took a full time job for one person to carry out plans from the national to cluster level of UMN. Though delayed, the programme has been very successful in relaying the message to all levels through various orientations workshops. It has conducted more orientation workshops than planned. It has taken the LCP approach as one of its programmes contributing to peace'.

8.10. Results (achieved and expected) included:

- DNH/LCP became a part of UMN programme under the Technical Advisory Team of the Programme Team. The Do No Harm mainstreaming plans have been incorporated within the peace and conflict transformation area of work.
- 72 staff have received orientation on DNH/LCP. Most UMN staff are now conscious and aware about DNH/LCP approach.
- 48 Members and staff from partners have been orientated. Some of the partners like the Red Cross Society have been able to transfer the tool to their members and staff.
- Two staff have received TOT training from PISA. They have also conducted a first Do No Harm TOT by themselves to staff in Mugu cluster.
- Peace and Advocacy staff have increased confidence in conducting orientation programmes to staff and potential partners. Both have now conducted till 5 orientation workshops and 1 TOT during this year.
- Dividers and connectors were analysed during the workshops in Mugu and Sunsari in regard to cluster set up and partnership approach process in the cluster level and a process developed on how to really deal with such. Some of the issues were brought to the management level for more discussion and decision for change.
- UMN Policy and Strategy Team developed a cluster set up guidelines in the do no harm approach last year. It includes basics such as keeping the organization in a low profile especially in the clusters so as not to create conflict within the community. It also helps staff to be aware of the conflict between communities, understanding the connectors and dividers, accepting and complying with the community values etc. This guideline is orientated to all staff before settling to the clusters.
- The clusters share that they are enlightened to good relationship building with all parties present in the community at the cluster level and also being aware that the capacity building role as a mediator does not interfere with the values, beliefs and norms of the community.
- Partners are reached and selected without bias in regard to gender, faith, power and caste in the cluster level. There is inclusion of all levels and types of partners from a small cooperative to an institution including newly evolving faith based organizations.
- UMN has developed a transparent staff employment process. People Management Framework, a policy guideline and other necessary information is given out to all staff equally while signing employment contract letter. Staff are also employed from various faith, gender, caste and class etc. The gender ratio of staff is 45% female staff to 55% male staff in the programme team structure.

8.11. UMN recognises that there are always tensions and conflicts within local communities and work with their partners and local communities on 'Peace and Conflict Transformation' measures to reduce tension and mitigate conflict. UMN plans later in 2006 to undertake an evaluation of the various Do No Harm tools already in use. *SSMP should seek to participate in or at least share the results of this evaluation, with a view to learning about what works*

and what does not work, and why. Furthermore, SSMP should begin to familiarise itself with the approaches and materials adopted and used by UMN – perhaps through a series of bilateral meetings and through the proposed monthly workshops where SSMP staff and representatives from partner organisations will meet to discuss a range of issues.

8.12. **Actionaid** is an INGO which has a long experience of working in the field in Nepal and has developed its own responses to the conflict situation as it has evolved. It has recently (2005) adopted a major document, which provides guidelines as regards security and risk management. It is anticipated that this document will be updated every few months as the situation evolves. *It is recommended that, for the time being, until it has developed its own clear guidelines for security and risk management, that SSMP adopt the Actionaid procedures.*

8.13. *At the same time, it would be good if SSMP could begin to develop its own clear set of procedures for its own staff, ensuring as far as possible that they are compatible with those of its partners. SSMP already has identified an individual as the key person (focal) person for security and risk management (the Finance and Administrative Manager) and it should be his responsibility (together with the consultant) to collect examples of 'good practice' from other agencies and organisations, with a view to developing a coherent and consistent set of guidelines for SSMP.*

8.14. **The Nepal Family Health Programme (NFHP)** is also a partner of the SSMP. NFHP is itself a programme supported by a consortium of INGOs and by USAID. The other partners include / JHPIEGO, John Snow Incorporated (JSI) and Engender and Health. The consultant met the team leader of the field coordination team. The NFHP has some activities in all 75 districts of Nepal but mainly operates in 17, with limited technical assistance in 10 of these.

8.15. According to the team leader, who was previously with CARE and who is also responsible for security and risk management as well as for working in conflict, the programme has developed 'Dos and Donts', which are distributed to all of the field staff. These are summarised in a security and risk management manual (which needs to be brought up to date – the consultant was able to see the first draft, produced in 2003). These include all of the basic principles of security and risk management.

8.16. The team leader himself has participated in a Do No Harm workshop run by UMN but has not taken the 'training of trainers' (TOT) course run by UNICEF. He provides briefings before any field mission, based on the basic principles (Dos and Donts) and also on the latest trends and intelligence, provided by other agencies and by his own field staff. He has also provided basic safety training for drivers, receptionists and security guards.

8.17. Districts are 'mapped' every quarter as to the effect of the conflict on access – this is something initiated by the team leader himself, drawing on the practice of other organisations (such as CARE, SCF US, etc.). A security update is also part of the routine reporting for the programme – the field officers report regularly on the situation in their districts and assess the effects of the conflict on different activities and outputs. There are also monthly meetings to share information across the districts held at Nepalgunj, Hetauda and Biratnagar. Field offices have satellite radio communication and those in the districts communicate by telephone landlines.

8.18. Although the NFHP clearly has established its own procedures and materials, and training, in security and risk management and, to a certain extent, has developed an approach to working in conflict, there is little doubt but that it could benefit from closer interaction with the SSMP and from sharing new principles and practices in these areas. A representative (from JHPIEGO) of the NFHP consortium participated in the public session held at the Himalaya hotel for SSMP and partners to discuss SEDC and working in conflict.

Unfortunately, following the period of this consultancy, the budget from SSMP received, in common with all programme budgets in DfID Nepal and other DfID countries in the region, a severe budget reduction. As a result of this cut, the work with JHPIEGO has not been taken forward (no contract had been developed at that point in time).

8.19. SSMP is also working informally with the **Reproductive Health** component of the GTZ supported Health Sector Support Programme. Joan Venghaus, a consultant working with EPOS is the major coordinator of the RH component. The programme operates in nine districts and involves mainly training (including on-site coaching), but also a range of ad hoc contributions to support reproductive health services and capability in those districts. In Dhading, the RH component works with UMN. As regards security and risk management and working in conflict, the DFID/GTZ RMO provides the necessary support, advice and training. GTZ staff are covered by GTZ (just as DFID staff are covered by DFID), but the position with respect to partners and associates is less clear. There is a risk management coordinator based in Nepalgunj and should be a RMO security and risk management coordinator in each programme district.

8.20. The **Organisation Development Centre (ODC)** is the national member of the consortium responsible for managing SSMP, along with Options and Hlsp. It is a professional consultancy, research and training organisation, involving a team of professionals with experience in management, economics, marketing, finance, education and engineering, and working with Development and Corporate Sector organisations to improve their management and organisational processes. ODC provides services in seven main areas: policy development and advice; organisation development; competency development (involving training and learning programmes); research and education; facilitation and moderation; knowledge management, information dissemination and publications; and partnerships.

8.21. Three representatives from ODC participated in the public session held for SSMP and partners, and the CEO met the consultant during the week. ODC has no formal guidelines or documents relating to security and risk management, but it has experience of setting up guidelines for 'working in conflict', 'conflict-sensitive development' and 'communicating in super normal conditions' for other organisations, including GTZ, WFP and Water Aid. It has designated specific individuals to conflict related issues and a named person to participate in the RMO risk meetings. Some of the staff have been involved in training with the RMO, while others have participated in Do No Harm training. ODC often draw on the advice and services of Colonel Karna Bahadur Thapa (author of a book in Nepali on Personal Security), who helps with the training of NGOs on security related matters.

8.22. In so far as the objective is to develop a shared understanding and common framework for SSMP and its partners, as far as is possible, while recognising the different experiences and expertise of the partners, *ODC should certainly be brought into the regular workshop meetings of SSMP with its partners.* It is likely that they also have a significant contribution to make to the development of organisational and management approaches to 'safe and effective work' in the field. Judging by comments made in the public session, they may also be able to contribute to the analysis of the potential for extending the 'space' for safe motherhood in the rural areas.

8.23. The **Center for Communication Programs (CCP)** at Johns Hopkins University is linked to the JH School of Health and specialises in 'health communication'. It has been involved in strategic health communication in Nepal since 1998 and has a history of working with various programmes mainly on radio-based communication, community level and inter-personal communications. It works with all media and is involved in radio/TV, the printed media, producing materials (pamphlets, brochures etc), developing curricula, organising meetings and workshops and supporting entertainment.

8.24. In Nepal it has worked with USAID in support of the Nepal Family Health Programme (NFHP), and from 1999/2000 to 2003 they helped various programmes including the Maternal and Neo Natal Health Programme, linked with the NSMP, for whom they developed joint communication strategies and messages for their programmes. They developed a programme called SUMATA (Care, share, prepare and campaign), which was implemented through the NSMP. So there is a long and close history of effective collaboration, both with Safe Motherhood and with the MOH, which must be sustained. The international adviser has 75 per cent of her time allocated to supporting and working with the SSMP.

8.25. As the SMP is revised and SSMP gets under way, there is a real need for a coherent and consistent communication strategy at all levels. There are opportunities here to influence Actionaid Nepal and others – including local NGOs - in their communication strategies. Experience suggests that radio programme in the vernacular are very successful, particularly among marginalized and vulnerable sections of the population, and that including radio listeners' groups in developing the communications strategy is crucial. *There is a real need for SSMP and all partners to recognise the crucial role of communication, not only with regard to developing the 'messages' needed to promote safe motherhood, but with respect to the conflict itself. The contribution that can be made, through 'good' communication, to safe and effective working in conflict, is considerable. It is important that whoever is involved in this component of the SSMP maintain close relations with the SSMP and participate in regular workshops.*

9. Working with 'Government'

9.1. Perhaps the major challenge will be working in partnership with the MOH and Department of Health Services in ways that are constructive and take the programme forwards, while avoiding or minimising the undoubted difficulties of collaborating with a large bureaucratic structure. As far as issues of working in conflict are concerned, it will be essential that individuals are identified early on in the relevant divisions at central level and in the appropriate areas in the districts who will be closely involved with the SSMP and act as 'champions' of the agreed approaches and practices developed by the SSMP for working in conflict.

9.2. Discussions with the Minister and with high level officials in the MOH suggested that SSMP is well regarded and that there is a significant degree of commitment to the whole Safe Motherhood programme. A subsequent meeting between the SSMP Senior Adviser and the Junior Health Minister confirmed this general impression of will to collaborate and, more specifically, a concern to pilot community participation/management. In the light of HMGN decisions regarding decentralisation and devolution, it would seem that there are no major obstacles to an approach which accords priority to working closely with local communities in a sensitive and 'safe and effective' fashion.

9.3. The placing of three members of the SSMP team inside the Ministry appears to be a good move, but they will need to maintain close relations both with SSMP and with the Ministry in order to act as a bridge and in order to contribute to an ongoing process of appreciation on the part of MOH and Department of Health Services officials and personnel of the approach being adopted by the SSMP and built into the SMP.

9.4. It is recommended that, in addition to representation of the MOH and Department of Health Services at the proposed monthly meetings of SSMP with its partners, additional efforts be made to secure MOH and Department of Health Services active involvement both in the development of appropriate security and risk management procedures and practices and in the development of safe and effective ways of working in conflict. A series of

workshops specifically with MOH and Department of Health Service personnel might be appropriate – but this requires further consideration and discussion.

9.5. Ultimately the partnership with the 'government' health personnel will be most crucial at the local level, in the districts. Developing this relationship in a way that maintains close working relations with 'government' health personnel while avoiding the 'taint' of proximity to what the Maoists see as the 'old regime', will be of critical importance. *This will require more attention as the SSMP district coordinators are appointed. They will need to be closely involved in the development of security and risk management procedures and practices and also in the development of safe and effective ways of working in conflict.*

9.6. *Indeed, it may be that some of the SSMP staff, notably those spending a good deal of time in the field (eg members of the 'equity and access' group and members of the 'service delivery' team) as well as those working on a full time basis in the districts, will need training in Advanced Risk Management skills and possibly also in specific negotiation skills.*

10. Clarification of Responsibilities

10.1. SSMP

10.1.1. Formal responsibility for staff safety remains a priority for all of the partners with whom SSMP works. The DFID Nepal and GTZ RMO has recently (November 2005) issued a document, which aims to clarify levels and types of responsibility for staff safety and SEDC issues within DFID and GTZ. It explains that the purpose of the RMO is to enable programmes to work safely and effectively, without worsening the conflict. RMO provides general risk and crisis management support to programmes. Programme managers and team leaders, however, are responsible for the implementation of risk management and SEDC in their own programmes, using the support and advice of the RMO where necessary.

10.1.2. DFID/GTZ are legally responsible only for the safety of their own staff (contracted directly by DFID or GTZ). It is also noted that there may be differences in the duty of care between staff employed away from their 'home' station and those who are 'home-based' (please consult DFID Nepal's ***Responding to Emergency Situations – Duty of Care***, October 2005). RMO is responsible for ensuring that 'level 1' programmes (those programmes directly contracted by DFID or GTZ) receive training, advice and support on staff safety issues. DFID/GTZ will bear costs in the event of a risk-related accident.

10.1.3. Programmes directly funded by DFID or GTZ, but whose staff are not directly contracted by DFID or GTZ (level 2) – which includes SSMP – are responsible for the safety of their own staff and will bear costs in the event of a risk-related incident.

During his visit to Kathmandu, the consultant discussed with all of the SSMP staff, including office staff and drivers, the issues and implications of this clarification of responsibility. It was recommended that SSMP begin to develop its own clear guidelines regarding security and risk management, regarding the ActionAid Document as the starting point. Several other documents exist (see documents consulted) and will be collected and made available in the coming weeks.

10.1.4. The RMO will ensure that level 2 programmes receive training, advice and support on staff safety issues, but has no direct responsibility for programme staff or partners. Level 2 programmes are responsible for ensuring that they follow RMO advice, hold necessary equipment and have necessary training. The RMO will provide Basic Risk Management Training (BRMT) to all level 2 staff and Advanced Risk Management Training to appropriate staff, including DECs. But Level 2 programmes are responsible for sharing and disseminating ARMT to its own staff. It was suggested by the consultant to SSMP that the drivers, who had

already received some training, participate in at least one further session (organised by the RMO). Other staff members should also receive appropriate training in risk management. The SSMP coordinator/manager/team leader received risk management training by RedR in 2005 (RedR 2005), but it is recommended that she undergo the Advanced Risk Management training and that all other members of the SSMP staff undergo the Basic Risk Management training provided by the RMO as soon as is feasible.

10.1.5. According to the DFID/GTZ note (of November 2005), level 2 programmes – like SSMP – should ensure that all their staff are covered for accidental death, injury and medical insurance. Equipment not owned by DFID or GTZ should be adequately insured. Insurance coverage needed to be checked, but it seemed that all SSMP staff are covered by a comprehensive insurance scheme for accidents and emergencies wherever they are in Nepal. It was not entirely clear, however, whether this scheme covered 'risk-related incidents' associated with the conflict situation. It seemed that it did not cover evacuation costs for injured persons. It is recommended that the whole issue of insurance and coverage against different risks be explored fully as a matter of urgency and that, if risks cannot be covered by insurance, SSMP management needs to consider alternatives and the funding of alternatives. Level 3 partners are responsible for coverage for accidental death, injury and medical problems, as well as providing for the evacuation of their own staff, but level 1 and 2 programmes are urged to encourage (and even help) level 3 programmes to make their own provisions and contingency plans.

10.1.6. As regards access to routine information, advice and support, SSMP already has a designated person responsible for liaison with the RMO. He receives regular security bulletins and attends the monthly meetings. It is strongly recommended that he now report routinely to the RMO – in the format that is available for this task from the RMO – on the security situation as experienced by SSMP staff, partners and local communities (reporting incidents and also lack of incidents). It is also recommended that the Senior Adviser continue to participate regularly in the monthly meetings of the RMO, both to receive and to provide relevant security-related information, analysis and advice.

10.1.7. If the focal person identified during the consultant's visit is to continue with his responsibility for 'working in conflict', then it is advisable that he also attend these monthly meetings and establish contact with the RMO and with his counterparts in other DFID/GTZ programmes and projects with a view to sharing information and analysis and contributing to a better understanding of the evolution of the conflict. This will assist him in developing a clear idea of 'safe and effective' approaches, procedures and techniques to be adopted by SSMP and its partners. (He has already been introduced to the RMO staff).

10.1.8. Other staff members of SSMP should feed any information relating to security and risk management (incidents in the field etc.) directly to Prakash, to Carol and probably to Nirmal also. It would probably be appropriate to raise security and risk management issues as a matter of routine in regular staff meetings, on a weekly basis, if only to note lack of incidents or issues.

10.1.9. Security issues should be generally built into the monitoring and evaluation procedures. The RMO provides a format for reporting, but NSMP has developed its own Conflict Monitoring Tool and this should be developed and elaborated as a key tool for monitoring the conflict and routinely assessing the impact of conflict both on the programme activities and outputs and on progress towards achievement of purpose and programme impact. The impact of conflict on the local healthworkers, SBAs etc. and on the local communities, as well as the effect on the context in which households are making decisions which impact on progress towards 'safe motherhood', must also be monitored and assessed.

10.1.10. As regards 'working in conflict' (including SEDC), the RMO will provide SEDC orientation and materials to level 2 programmes, but individual programmes should conduct SEDC analysis and orientate staff at the centre and also at the district level. During his visit, the consultant made sure that all SSMP staff and partner organisations had copies of the SEDC handbook in English and/or Nepali, and provided an initial briefing session for both SSMP staff (during the retreat of Feb-March 2006) and for partners (at a more public session later in the week). It was agreed, during the retreat, that SSMP staff would undertake their own SEDC self-analysis during April, possibly with assistance and facilitation provided by the 'guides' already trained in SEDC and the SEAD by the RMO. The consultant recommends that a key person from UMN, with extensive experience of the Do No Harm training, be invited to participate also.

10.1.11. The DFID/GTZ document (of November 2005) suggests that level 1 and 2 programmes assist level 3 partners with SEDC analysis in order to encourage them to work safely and effectively. SSMP will soon appoint its district coordinators. At some point in the reasonably near future (June-July), these new members of the team should be involved in a workshop/workshops for 'working in conflict', together with other SSMP staff and partners.

10.2. Coherence and compatibility: SSMP and Partners

10.2.1. The DFID/GTZ (November 2005) document notes that 'all programmes are expected to use their influence and contractual agreements to encourage partners to ensure that their staff safety is given priority'. Discussions with other partners indicated that some have their own security and risk management structures, procedures and routines.

10.2.2. **UNICEF**, for example, as a part of the UN family, is guided by a complex set of documents and guidelines. Even the UN, it seems, however, on further exploration, has grey areas as regards partners and associates and our discussion raised issues that they will now explore. So the visit proved valuable in unexpected ways. The DFID/GTZ document notes explicitly that 'the UN is responsible for the safety of their own staff and will bear costs in the event of a risk-related incident'. UNICEF is covered by this rubric.

10.2.3. **ActionAid** has its own clear guidelines regarding security and risk management. It has a Risk Management document (developed in 2005), which was initially 'rolled out' six months ago (in September 2005) and is to be reviewed every three months. (It also has a Disaster Preparedness Plan for Action, prepared by Shyam Sunder Gyawali, head of the Chitwan resource centre). Actionaid Nepal maintains a good intelligence network and has links through UN OCHA with the Nepal Information Platform. It is also a member of the Inter-agency Coordination Committee (IACC), a contact group which was to have its first meeting on 2nd March.

10.2.4. It also has a key or focal individual (as part of the management team) – Anil Pant - who has been responsible for security and risk management, as part of his brief, since September 2005. Senior management meet once a month to review issues; security matters are always the first item on the agenda. Minutes are sent to the security focal person (Pant). Actionaid Nepal sends a briefing on security and other matters every two weeks to the regional office in Bangkok. A meeting is due to be held in London at the beginning of March to discuss the security situation in Nepal and Actionaid's work. SSMP should seek to obtain feedback from this meeting (via Hom Nath).

10.2.5. ActionAid is also (I think) a level 2 programme, funded by DFID, but maintains responsibility for its own staff, as does SSMP. As a partner of SSMP it is contracted to undertake specific work on 'equity and access' but would presumably have greater rights than the usual sub-contracted NGO to call on the RMO for training, advice and support.

SSMP should actively explore with Actionaid Nepal (through Hom Nath) the participation of the members of the Actionaid Nepal 'equity and access' team (Bharat, Binda, Pushpa and Sunil) in briefing and training sessions on security and risk management at the RMO.

10.3. Field situations

10.3.1. The DFID/GTZ note (of November 2005) states that level 2 programmes are responsible for providing 'casevac' (evacuation procedures) for their own staff. Programmes should have plans for casevac in all districts, but it is likely that they may need to call on the RMO for assistance. SSMP, which will be appointing district coordinators in the near future, should also start preparing its own casevac.

10.3.2. In case of an emergency, level 2 programmes – like SSMP - are responsible for the evacuation of their own staff who do not normally reside in that location, if it is judged to be the best course of action. Programmes should have emergency plans for emergency evacuation from all districts, but they may need to call on the RMO for assistance.

10.3.3. UNICEF can call on the UN system for assistance as and when required, and UNICEF staff associated with the SSMP should do so.

10.3.4. At the field level, Actionaid Nepal has three resource centres (regional centres), in Nepalgunj, Chitwan and Biratnagar, each of which has a RC coordinator and a programme coordinator responsible for reporting every day on security matters to Kathmandu. These staff members have had Do No Harm training and have attended briefing sessions by the RMO. By the end of March 2006, it is hoped that there will have been training in security and risk management for all staff in all of the resource centres. A small document of 'Dos and Dots' (in Nepali) is currently being prepared for this. It seems the training (over two days) will be provided by Actionaid Nepal – but whether through a contracted institution or by Actionaid staff was not clear.

10.3.5. SSMP and Actionaid Nepal staff working together in the field will need to be clear as to responsibilities. There is, apparently, an emergency coordinator (organised by the RMO for DFID and GTZ programmes and projects) in each district, but SSMP is, apparently, planning to appoint its own district coordinators within the next month or so. Actionaid Nepal's programmes and activities take place in 12 districts, only two of which will overlap with SSMP's 10 districts (Morang and Chitwan). But the SSMP-Actionaid Nepal equity and access team will, presumably, develop appropriate links with the three resource centres: in Dadeldhura, Dailekh and Surkhet, with Nepalgunj; in Baglung, Myagdi, Prab, Nawal Parasi and Rupendehi with Chitwan; and in Okhaldungha, Solukhumbu and Morang, with Biratnagar.

10.3.6. **United Mission to Nepal (UMN)** also has its own specific concerns with respect to security and risk management, and has identified these in various documents and procedures. UMN has also been at the forefront of INGOs in Nepal adopting a Do No Harm approach and developing appropriate training for its staff and partners. It has its own safety procedures and recognises its responsibility for its own staff in cases of emergency.

10.3.7. **HMGN** is formally responsible for the safety of their own staff and, it is suggested by the DFID/GTZ document, will bear costs in the event of a risk related incident. In its routine interactions with HMGN staff, however, SSMP should take a pro-active role in raising issues of security and risk management (as well as of 'working in conflict') with HMGN officials, so that the legal responsibilities of HMGN towards its staff are clearly identified and recognised by all parties. Discussions with higher level MOH personnel suggest that the legal responsibilities of HMGN for staff safety may not be fully appreciated or recognised. The

DFID/GTZ (November 2005) document notes that programmes should try to ensure that government partners understand and appreciate risk-related issues and plan accordingly'.

10.3.8. At their discretion, level 1 and 2 programmes 'may provide additional risk management training to HMGN partners. They may in this case ask for RMO assistance and training materials'. This is likely to be of importance at the district level, where local health partners may all benefit from security and risk management training.

10.4. District level partners

10.4.1. The recent (November 2005) DFID/GTZ note on responsibilities for staff safety and SEDC makes it clear that 'NGOs, private companies, consultants that are contracted by level 1 and 2 agencies' – and grassroots organisations (CBOs and UGs) - are in effect 'level 3' (or '4') programmes, which are responsible for the safety of their own staff and will bear costs in the event of a risk-related activity. SSMP staff will need to make their partners at the district level very clear about the limits of SSMP's and its central partners' responsibility for staff of 'level 3' and '4' organisations, institutions and groups.

10.4.2. It is recommended that all programmes should have a budget line for risk-related equipment and training. DFID/GTZ will provide appropriate funding to level 1 and 2 partners, and level 1 and 2 programmes may use programme funds at their discretion to assist other partners reach a satisfactory state of preparedness and training. It is strongly recommended that SSMP consider its budget – which has apparently been reduced as a result of more general cuts being made by DFID Nepal and by DFID in Asia as a whole – and dedicate a certain amount to training and support to level 3 and 4 organisations, institutions and groups for security and risk management, and for 'working in conflict'. It is much needed at this level, where – as will be argued in Part Three – it would support approaches and activities which have the potential to contribute significantly to SEDC and conflict mitigation.

10.4.3. Under this rubric should be included workshops and training to develop further the elaboration and application of the Conflict Monitoring Tool already initiated and applied under the NSMP. Conflict monitoring in a way that creates and reinforces a sense of security and confidence, and protects private 'space' for local people (especially mothers and fathers to be), local households and local communities, provides not only important information for security and risk management but can contribute to strengthening local community structures and increasing their resilience, thereby enabling them better to reduce the adverse impact of conflict and even to help them mitigate the conflict.

10.4.4. The note from DFID and GTZ ends by re-affirming that 'DFID and GTZ will endeavour to ensure, through training, support and monitoring, that all staff and partners do their utmost to work according to the principles of the BOGs'. This, in the case of SSMP must include 'government' health workers. *A programme of workshops to develop a clear and common understanding of what it means to work safely and effectively in conflict, taking advantage of the general approval of the BOGs and considering how far they may be extended and developed (this is discussed further in Part Three)*

10.4.5. *On a practical note, it is suggested that members of the SSMP staff who spend a good deal of time in the field, and the SSMP district coordinators be provided with Advanced Risk Management Training and also, possibly, with negotiating skills. The importance of these last cannot be underestimated. Experience in other DFID-funded programmes (such as the RAP) indicates that it is crucial to have skilled negotiators, able to interact safely and effectively in difficult situations with both Maoists and security forces. There are several good general guides to negotiating with armed groups available, but these need to be adapted to Nepal's specific conditions. SSMP might explore the possibility of developing negotiation skills training with the RMO.*

PART THREE - SSMP - Creating More 'Safe' Space

11. The Basic Operating Guidelines (BOGS)

11.1. The development, over the last year or two of basic operating guidelines, supported by a significant majority of the development agencies operating in Nepal. The DFID/GTZ note (of November 2005) indicates that 'BOGS in their entirety, do not apply to HMGN partners. HMGN is clearly not a neutral organisation in the current conflict'. But it could be argued that those who work in and for the MOH should be distinguished clearly from the current regime and government *sensu stricto*.

11.2. The Minister may be a political appointment, but he is also charged with providing a national health service to Nepalis throughout the country. It could be argued that the health services should be regarded as 'impartial' in so far as they serve the health needs of local people whoever or wherever they are, whatever their economic and social status, whatever their political and ideological orientation.

11.3. The DFID/GTZ note (of November 2005) suggests that 'programmes should brief government partners on the principles outlined in the BOGS in order to explain how we try to work'. 'Programmes should also assess observance of BOGs principles by government partners and report to DFID/GTZ and RMO if they believe BOGS' principles are being compromised'. *The more closely MOH personnel at all levels can be involved in the workshops and discussions organised by SSMP, the better their understanding will be of what is the objective of developing systematic and consistent approaches to security and risk management and also to safe and effective working in conflict. The clearer they will be regarding the BOGs and any further initiatives to extend the BOGs.*

11.4. It is also suggested, however, in the DFID/GTZ note, that 'at their discretion, level 1 and 2 programmes may provide additional risk management training to HMGN partners, and may ask for RMO assistance and training materials'. It is also suggested that 'level 1 and 2 programmes assist government partners in appropriate aspects of SEDC'. *In so far as SSMP is a programme supporting national plans and programmes to achieve improved health for the Nepali people with particular respect to the national Safe Motherhood Programme (which has been signed up to by successive governments of very different kinds), it may wish to provide more extensive briefings and even invite MOH staff as partners to participate in workshops and training sessions which take BOGs as a starting point for developing 'safe and effective' work in conflict and attempt to move further towards creating and enlarging the existing 'space' for 'safe and effective work in conflict'.*

11.5. Already, in a public session, attended by representatives of the MOH, the consultant introduced the basic concepts and approach of SEDC and distributed the handbook on SEDC produced by the RMO and available in English and Nepali to representatives from HMGN. There was also discussion in that session of the experience of other organisations and institutions, including UMN, which had practised and developed the Do No Harm approach to working in conflict. *It is recommended that SSMP press the MOH and Department of Health Services to identify a limited number of key persons who might act as effective representatives of MOH in SSMP organised sessions and report back to MOH in various ways.*

11.6. It is already proposed that some SSMP staff will be physically located within the MOH and Department of Health Services in order to promote mutual understanding, similar or at least compatible outlooks and approaches and closer cooperation in the field of safe motherhood. *Regular meetings with SSMP and even specific sessions for MOH and*

Department of Health Services staff to discuss security and safety matters, and to consider 'safe and effective' working in conflict, should be planned and programmed.

12. Beyond the BOGS or BOGS plus

12.1. It was rumoured, during the consultant's visit, that 'the Danes' and others were working towards a 'BOGS-plus', in which efforts were being made to extend the 'space' for manoeuvre as regards various development activities. The idea apparently was to encourage the 'protection' of some activities and initiatives from threat, either by Maoists or by the security forces, presumably through the clear identification of these as 'impartial' and non-threatening to either side.

12.2. While further details of this 'initiative' are being sought (by Nirmal), it is still worthwhile, outlining how this might be of direct and immediate relevance to the SSMP and working in conflict'. It is taken that the central idea would be to extend the 'space' available for safe and effective development related activities. SSMP may wish to consider a closer interaction with 'the Danes' or whoever is exploring the idea of BOGS-plus, with a view to increasing the 'space' for health work and particularly for safe motherhood.

12.3. Government commitment to decentralisation and devolution – particularly as regards the health sector – and to local community management of local health services and facilities should assist the creation of 'space' for expanding local capacities for peace (LCP) and for safe motherhood.

12.4. The example of the recent measles campaign provides an illustration of what can be achieved in the health sector with the right approach. The measles campaign, which took place during 2004 and 2005 across the country and was the biggest health campaign ever initiated by the MOH, proved how safe and effective health work might be undertaken. Vigorous preparations were made at district level before the campaign began and included not only the mobilisation of health personnel but of human rights activists who took the initiative to demand the right of the child to receive immunisation against measles.

12.5. As a report on the campaign states: 'the anticipated threats of bandhs and looting of logistics by insurgents was minimised by a joint appeal made by the National Human Rights Commission and HR activists, UN agencies, journalists, educational institutes, political and non-political alliances etc at different levels. This measure was found to be very effective in mobilising the community...(S)ome disturbances were reported in a few places (during the first phase of the measles campaign), which were settled at local level without any serious impact on coverage or quality of campaign. In some places, information was that even the insurgents helped in disseminating the messages about the measles campaign'.

12.6. At the central and local level various information, education and communication (IEC) activities – electronic and printed – were undertaken before and during the campaign. Altogether 12 different IEC materials were developed and used during the campaign, including banners, posters, stickers, caps, aprons, brochures and leaflets. Besides these, training material and micro-planning guidelines were also developed and widely used. Teachers associations and other related associations were also 'oriented' and informed about the campaign so that they could be actively involved in supporting it.

12.7. While, clearly, there is a difference between a one-off campaign, even if it took place over a year or so, and a longer term programme like Safe Motherhood, there is no reason why lessons cannot be learned from this experience of a successful health campaign and initiative.

13. Making 'safe motherhood' safer

13.1. It is striking that almost all of those asked about the extent to which health workers in the rural areas were at risk in the prevailing context of widespread rural conflict answered that, relative to other 'external' agents, they were relatively safe. To determine how valid this general impression really is would require proper investigation, but there is a wealth of anecdotal evidence and some other 'statistical' evidence to support the idea that health workers, more than any other external agents, were relatively 'safe' even in areas of conflict.

13.2. It is clear that this is by no means universal, as the media have certainly reported instances of health workers being harassed and threatened, as well as being attacked. Information collected and reported by INSEC in their Human Rights year Books shows that health posts and even sub-health posts have been attacked and partly or wholly destroyed, on occasion, and that health workers have been harassed and intimidated both by Maoists and by security forces.

13.3. But if it is indeed the case that 'health' remains to a significant extent at least a 'privileged' domain, and the impartiality if not neutrality of health workers respected, then it is likely that 'safe motherhood' as a particular branch of the health 'sector' will be equally – if not more – privileged. The urgent needs of pregnant women, the high mortality and morbidity rate among women and babies as a result of complications in childbirth, the problems of access to quality health care are concerns shared by all Nepalis.

13.4. If the message – conveyed through the approach, practice and communications of those associated with SSMP and SMP – that safe motherhood should be a universal priority and, indeed, a human right, and that those working to increase the prevalence of safe motherhood in the rural areas should be universally regarded as 'not to be harmed', could be widely broadcast (literally as well as figuratively) and understood, then a contribution could be made not only to increasing the safety of staff and those working in SSMP and SMP but also to the effectiveness of the programme.

13.5. Equally, a contribution could be made to mitigating or reducing the conflict at least in the sense that all parties would come to respect a certain 'space' within which safe motherhood would be prioritised and supported, not only by the programmes, but by local communities and by the Maoists and security forces also.

14. Government policy

14.1. Current government policy, supported by the major donors, for decentralisation and devolution, and for health sector reform, also works in the same direction. The idea of progressively handing over local health care facilities and services to local communities, at the district and village level is now built into government policy, and steps have already been taken to initiate this process.

14.2. Discussions with the current Minister of Health revealed quite clearly that he was broadly in favour of this government policy and practice. He envisaged (it was 'his vision', he said) a situation in which the state no longer bore the responsibility and burden of trying to reach out to manage health care services and facilities in the remoter parts of the countryside, but provided certain basic support (financial and in terms of supply of medicines perhaps) and handed over responsibility to local management committees and users' groups, to administer, manage and develop local facilities and services for themselves.

14.3. He recognised that, in the current conflict situation, this might mean handing over responsibility for health services and facilities to local communities, some of whose members might be Maoists, and that this might prove controversial. But, in his view, all would benefit from such a decentralisation and devolution of responsibilities in the health sector. This general position was confirmed in a subsequent discussion between the SSMP Senior Adviser and the Junior Health Minister, who expressed an interest in assessing the effectiveness of the progressive handover of health posts and sub health posts to local community management and participation.

14.4. While it has not been possible to gain such direct access to the leadership of the Maoist 'government', there is very good reason to believe that such a process of decentralisation and devolution by HMGN of health services and facilities would be welcomed. Not only would greater resources be available at the local level, but management and responsibility would also be at local level, where they would anticipate exerting a greater degree of influence over the nature of health services and facilities.

14.5. In so far as the Maoists are indeed committed to ensuring that the poor and vulnerable communities benefit from development activities and from the resources and expertise made available, they should welcome, in theory and also in practice, such a movement, such a process.

14.6. Finally, in so far as they would directly benefit from greater access to health services and facilities, both as a result of the decentralisation and devolution and of the recognition by Maoists and security forces alike of the impartiality of the local health services and facilities, local communities should welcome and embrace – and argue and struggle locally against those who fail to support - such a process.

15. Struggling for 'space' at the local level

15.1. In her detailed description and analysis of the difficulties, and opportunities, of 'living between the Maoists and the army in rural Nepal, Judith Pettigrew suggests – based on her long and deep personal experience of one village - that in many villages across rural Nepal today, local people live in a constant state of anxiety and fear, with sporadic bursts of terror. She suggests that fear has become chronic. In the past, she suggests, major concerns 'revolved around obtaining overseas employment for family members, the frequency and size of remittances, securing quality education for the young, obtaining health care, and building a new school. People felt safe in the village, in contrast to the town, which they considered to be unsafe and morally degenerate'. These concerns remain, but added to them now are being frightened, fearing the worst and fearing death.

15.2. She suggests that 'despite the outward appearance of mundanity in Maurigaun, fear is widespread. People go to work, visit neighbours and kin, occasionally sing and dance, marry, have children, plan for the future, leave or decide to stay. Surface normality is maintained but at a deeper level the cracks reveal themselves in the embodied manifestations of chronic fear, the ever present vigilance, the disturbed sleep patterns, the violence-themed dreams, the adapted work patterns and in the emergence of new approaches to child socialisation'.

15.3. The impact of the conflict, she argues, is embedded not only in the social landscape and in people's bodies but also in the geographical and spiritual landscape. Neither the Maoists nor the security forces respect village distinctions between public spaces (paths, water taps, meeting places) and the private space which intersects public space but which is marked by ever creasing circles of intimacy from courtyard to verandah to house interior. The

actions of the Maoists and even more so of the security forces have tended to violate these local distinctions between public and private space and effectively to violate local 'space', narrowing 'safe space' to the point where – as with forced entry into a house, into the living and even sleeping space of the household – no safe space remains.

15.4. Pettigrew asked a friend of hers who worked in the local health post whether the changed circumstances had affected people's health. He confirmed that people were experiencing a high level of fear: 'everyone is frightened and no one knows what will happen next', he commented. The health worker was trained in mental health care and had some basic medications available, but he observed that 'most people do not seek treatment for these problems as they don't realise that they can be treated. Instead, people come with headaches and stomach aches, and some people come because they are having trouble sleeping'. When Pettigrew asked villagers if there were new healing rituals for the changed situation, people replied that there were not. A local healer said that 'we can do protective rituals for people, for hamlets of the village or even for the whole village, but we don't have any special rituals against the Maoists or the army'.

15.5. But despite this, the health post is still open and people apparently come for a variety of ailments. Furthermore, as Pettigrew emphasises, 'villagers... not only endure but also creatively respond to the fear in their midst' (Pettigrew 2004: 282). With the Maoists at least – who are generally less feared than the security forces, who visit less frequently but bring with them not only acute fear but 'terror' – villagers can 'create space' through a variety of social and cultural interactions and exchanges. 'Fear remains a way of life but agency provides a possibility for creative resistance' Pettigrew 2004: 283).

15.6. UMN has worked on ways of encouraging 'local capacities for peace' (LCP) in the Nepalese context and has a good deal of experience in this regard. SSMP should consider how best to draw on that experience and build it into its own approach, procedures and practices.

16. Creating 'space' for safer motherhood – working 'on' conflict

16.1. This discussion of the changing nature of local 'safe space' in the situation of pervasive fear and anxiety resulting from the conflict, and the specific interventions of the Maoists and the security forces, suggested that there may be ways in which the SSMP can encourage not only 'safe and effective development in conflict', but also help make a contribution to the definition and even expansion of 'safe space' in the rural areas, through its approach, its actions and activities, through various forms of LCP work, and through its methods of conflict monitoring.

16.2. In its key findings and options section, the analysis of 'Conflict and Development in Nepal' (Brusset and Regmi 2002) suggested that some important traits of the conflict can be drawn out from the preceding discussion which reveal the distinctiveness of the conflict situation in Nepal:

- one finds aid programmes operating across the frontlines, and in areas known to be Maoist strongholds. This presence of aid is directly relevant to our three issue areas and can contribute to conflict reduction. Programme presence and acceptance in the field must be considered an asset.
- The government has remained functional throughout the conflict, and the population continues to look to the state for solutions, even if in widely divergent perspectives.
- There is considerable scope for improvements in creating an independent and non-factionalised civil service.

- Development aid as it is currently designed is in a position to contribute to conflict reduction, particularly in terms of the reduction of inequality, strengthening the rule of law, and supplementing services which are withdrawing from the districts.

16.3. Nearly four years later, one finds that, although much has changed in the meanwhile, the findings remain still remarkably valid. The Maoists have made it even clearer that they do not reject development assistance, provided it is directed towards real needs of the people, is transparent and effective, and reaches poor and vulnerable social groups and local communities.

16.4 The government remains functional, but has begun to recognise in some respects that it cannot reach out effectively beyond the district headquarters and provide reliable and effective services; handing over responsibility to local communities is part of the general thrust of decentralisation, to which HMGN remains officially committed, and this may mean that the population will look somewhat less to HMGN for solutions and devote more to their own capacities and resources to the provision and maintenance of local services. The Maoists, who have now developed a more or less effective 'alternative' system of governance throughout much of the countryside would welcome this.

16.5 Much of the civil service, particularly in the health services, and particularly at district and village level, remains committed to its brief of providing effective services to the local population, but is beset by problems of poor pay and working conditions, corruption, inefficiencies and poor resource allocation, and other factors which inhibit their capacity and willingness to do their job efficiently and effectively. The conflict is just one more factor that inhibits the effective provision of quality services.

16.6. Brusset & Regmi suggest that 'development assistance remains capable of contributing to conflict reduction, not by reducing but by re-aligning financial and other assistance towards meeting real and immediate needs, particularly those of marginalized and vulnerable sections of the population...programmes must be grounded in the long term needs of the communities which make up Nepal, with an aim to reduce their polarisation, and restrain violence and injustice'.

16.7. 'The first option suggested by Brusset and Regmi is to concentrate on a low profile process of improved quality control of existing programmes; the second option is to shift the emphasis towards local governance, to be supported through alliances with various donors. Under the short term option, 'programme staff need to be given a better understanding of the new concern with conflict reduction'. This they suggest 'could lead to new initiatives being proposed which would take advantage of local conditions. Programmes should also blend as much as possible into the villages and districts, and 'actively cultivate the existing space of acceptance to intervene' (p. 27)

16.8. SSMP has already developed a conflict-monitoring tool, which not only helps provide important information for the programme, enabling it to be more responsive to local conditions and more effective, through its responses, in delivering safe motherhood while working in conflict, but also makes its own contribution, according to several evaluations, to reducing local tensions and conflicts and may prove a valuable tool for working 'on' conflict.

16.9. Successful collaboration with its partners at the national and local level in developing a range of appropriate tools for working safely and effectively in conflict is likely to be critical in determining SSMP's impact. The experience of SSMP (through the NSMP) and of its partners, and of the measles campaign, should contribute to SSMP's capacity to promote safe and effective health work, for safe motherhood, in Nepal, despite the on-going conflict.

17. Concluding Remarks

17.1. During his visit to Kathmandu in February-March, the consultant was able to interact with the staff of SSMP and with most of the SSMP partners. As a result of this it was possible to initiate a process which should assist SSMP to develop appropriate security and risk management strategies and procedures, and to develop safe and effective ways of working in conflict in the specific context of Nepal.

17.2. It was agreed to identify specific responsibilities for security and risk management and for working in conflict (making use of SEDC guidelines and drawing on other experiences and approaches) within the SSMP team, and to establish a timetable of workshops and meetings over the coming three months (March to May 2006) to take forward discussions on the revised logframe, discussions with partners and with DFID regarding security and risk management and regarding working in conflict.

17.3. It was agreed that although planning should be based on the uneasy 'status quo' (DFID's 'erosion') scenario for the time being, there should be some scenario planning for alternative situations – including improvement and dramatic deterioration. Conflict monitoring would be very important in guiding strategic decision making as to if and when the situation was considered to have 'changed' from one scenario to another. This needs to start at once and the SSMP must ensure that it is in close contact with the RMO at all times. Indeed, as this report goes to 'press', a major blockade has begun, affecting travel and transport on all main roads and also commercial activity in most urban areas.

17.4. It was agreed to develop a security management protocol, drawing initially on the Actionaid Nepal Security Guidelines, to be actively followed by the team and, as far as can be ensured, its partners at all time.

17.5. It was agreed to undertake a SEDC self-analysis during April, with facilitation if possible by one or two of the 'guides' specially trained in SEDC by the RMO. If this proved successful it was suggested that one or both of the 'guides' could act, in effect, as 'national consultants' on security and risk management, and on SEDC and more general issues of working in conflict. The consultant would assist, if required, in drawing up terms of reference for the 'guides' if it were decided by SSMP to employ them in this way.

17.6. This report is the next stage in the process of 'mainstreaming' and embedding security and risk management, and 'working in conflict' issues, within the SSMP and of bringing its partners to a shared and common understanding and, as far as possible, a shared practice in this regard. It includes a commentary on the DFID guidelines in relation to the security management procedures of partners and contains a number of suggestions and recommendations, particularly as regards working with partners, which it is anticipated will be picked up by SSMP management and the team as a whole and 'internalised' over the next 3 to 6 months.

17.7. The report emphasises the need to negotiate with partners in order to achieve a shared and common approach to security and risk management and 'working in conflict' and to satisfy DFID and the Programme management that procedures are adequate and that conflict monitoring in particular is built into all SSMP activities.

17.8. It is recommended in particular that specific attention be given in the coming months a) to sharing with UMN and Action aid Nepal – both of which have considerable field experience in Nepal – and b) to working closely with MOH and Department of Health Services personnel at all levels to ensure that they too share, as far as is possible, a common understanding and approach to safe motherhood that is itself safe and effective.

17.9. It is recommended that the proposed May meeting with partners and DFID provide an initial opportunity for a review of progress towards establishing and effectively mainstreaming issues of security and risk management, and of working in conflict, into all SMPP procedures and practices.

17.10. It may be appropriate, in the aftermath of that meeting, to produce a short document, reviewing progress to date and establishing clear guidelines and a timetable for the next three and six months – to the end of the calendar year.

Appendix 1: TOR

Options

Support to the Safe Motherhood Programme, Nepal (SSMP)

Terms of Reference: To Advise the Support to Safe Motherhood Programme in Relation to its Mode of Operation in a Conflict Situation

David Seddon February 2006

1. General Background

The National Safe Motherhood Programme (SMP) is a priority within His Majesty's Government Nepal's (HMGN) Nepal Health Sector Strategy which works towards meeting the Tenth 5-year Plan/PRSP and the health sector targets set out in the Millennium Development Goals (MDG). The goal for maternal health is to reduce the maternal mortality ratio (MMR) by three quarters between 1990 and 2015. The framework for implementation of the SMP is the National Safe Motherhood Plan 2002-2017, the goal of which is, "maternal and neonatal health improved" and the purpose, "sustained increase in utilisation of quality maternal health services".

In July 2004, DFID committed £20 million for the next 5 years in support of the National Safe Motherhood Programme (SMP). DFID support to safe motherhood in Nepal will be termed "Support to the Safe Motherhood Programme" (SSMP). Inputs will be designed with MOH/DOHS, other government departments and non-governmental partners to the national programme. SSMP recognizes the need for support to health systems strengthening in order to enhance the quality and quantity of services.

2. Specific Background

The Support to Safe Motherhood Programme (SSMP) is designed as such – support to a government strategy to achieve Safe Motherhood good practice nationally in Nepal, which is expressed in the Safe Motherhood Plan (SMP) (currently being revised).

The current political situation in Nepal is one of conflict, and SSMP must, on the one hand, be designed in such a way that attention is given to maximising its positive effects in a conflict situation, while making every effort to ensure that the Programme does not inadvertently have negative effects on development or indeed on the conflict itself. At the same time, SSMP must endeavour to work in a way that at all times puts the safety of its own staff and those of partners with whom it works, at a premium.

The Programme is funded by DfID, and as such is subject to the regulations and follows the advice offered by the Risk Management Office (RMO), which is jointly funded by DfID and GTZ. Advice has recently been set down concerning the responsibilities of different partners in DfID-funded activities and this will be provided to the consultant as a key document. The RMO has also recently developed a manual "Safe and Effective Approaches to Development", which has been issued to SSMP staff and will also be provided for the consultant.

DfID also expects all Programmes to monitor conflict and report their findings on a regular basis, and advice as to how to achieve this monitoring will also be of great value.

3. Purpose

To review the structural relationships between the SSMP and the various partners with whom it works, and in the light of DfID advice about good practice in a conflict situation, advise SSMP as to the approach to its overall work in terms of: what will constitute a safe and effective approach to development; on what needs to be done to establish safe working practices for its own staff and partners; and what might be the components of a suitable conflict monitoring system.

4. Tasks

- (a) On arrival, the consultant will join a Programme Retreat at which the topic of Safe and Effective Development (SEDC) will be the main topic for discussion.
- (b) At a convenient point within the first day after arrival, meet with the SSMP Senior Adviser in order to discuss the Terms of Reference and approach to the work.
- (c) Be briefed by the SSMP team as to the way the Programme is structured and how it is functioning, in the course of his first session with the team - this session is programmed to review the development of the revised logical framework for the SMP.
- (d) Plan and facilitate a full day of work within the retreat (Monday lunchtime on February 27th through to Tuesday lunchtime on February 28th, when the workshop ends), on how the SSMP can best strategise to achieve SEDC. It is expected that this should start with a teaching session to introduce the concepts, and then lead to discussions about the kinds of approaches that might be adopted, and what work is required to achieve these. The end-point for the work might be to revisit the logical framework which is under development, and identify where conflict considerations must be built in. (NB: the team are anxious to ensure that SEDC is seen as a different topic to that of security management. For that reason they prefer to have discussions later in the consultancy on the latter topic, and stick only to SEDC at the retreat.) The output from this stage should be an agreed plan for the team, of what further work is now needed in this area.
- (e) Following the retreat, visit and interview representatives of the main partner organisations working with and for SSMP, namely the government (Director General of Health Services, Director Family Health Division and if possible the Secretary for Health and Population or his nominee); UNICEF, UMN, Action Aid, Johns Hopkins University and JHPIEGO. SSMP will undertake to brief him concerning the roles of and relationships with these partners in advance of the meetings.
- (f) Facilitate a meeting (of perhaps 3 hours including lunch) with all the above partners in which the consultant will be requested to offer a similar teaching session to that offered at the retreat, with some time for discussion following this; dates are being discussed with partners.
- (g) Importantly, visit the RMO and meet with staff there at some point.
- (h) Meet with the SSMP team to discuss how a set of security guidelines for the team might be evolved, and the extent of their duty of care for, and legal obligations towards, other partners [also in consultation with DFID to clarify and compare their view].
- (i) Discuss the need for a national consultant to follow up these issues with the team. If deemed appropriate, develop terms of reference and a person specification for such a post and discuss with the national consortium partner, ODC and the Senior Adviser.
- (j) Before departure, attend a debriefing meeting with the Senior Adviser and other selected team members.

5. Outputs

A consultancy report, following the Options format and including advice as to what SSMP will need to do to:

- develop Programme strategies that effectively ensure SEDC;

- ensure that it has a security management protocol in place which will be actively followed by the team at all times;
- if required, a set of TORs and a person specification for a national consultant to follow up some of this work;
- ensure the Programme is following DfID guidelines in relation to the security management procedures of partners, and that will achieve an acceptable (to DfID and the Programme management) level of conflict monitoring.

6. Timeframe

Sunday 26th February – Sunday 5th March 2006, with 2 days for preparation and report writing. There may also be a follow up visit later in the year.

7. Reporting

The report should be sent to the Senior Adviser for SSMP [cc Melissa Cole at Options] in the first instance, within two weeks of the end of the consultancy in-country. The final draft must be approved by Options.