CONFLICT AND HEALTH: AN EXPLORATIVE STUDY DURING CONFLICT AND POST CONFLICT PERIOD IN ROLPA DISTRICT, NEPAL

Dissertation submitted to the Jawaharlal Nehru University in partial fulfillment of the requirements for the award of the degree of

MASTER OF PHILOSOPHY

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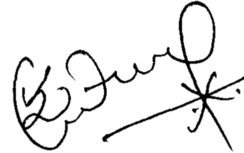
CERTIFICATE

This dissertation entitled "CONFLICT AND HEALTH: AN EXPLORATIVE STUDY DURING CONFLICT AND POST CONFLICT PERIOD IN ROLPA DISTRICT, NEPAL" submitted under the guidance of Dr. Sunita Reddy in partial fulfillment of the requirement for the award of the Degree of Masters of Philosophy. I hereby declare that it has not been previously submitted for any other degree of this or any other university and is my original work.



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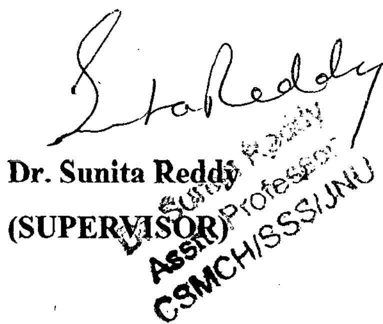

Dr. Sunita Reddy
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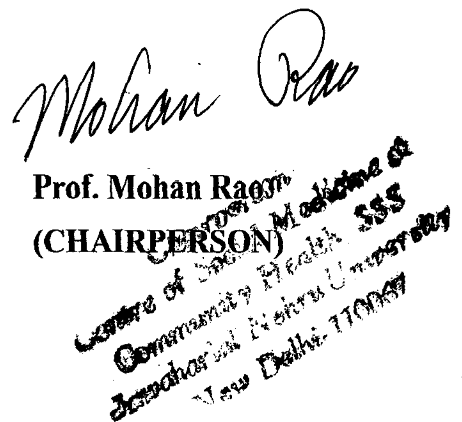

Prof. Mohan Rao
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Dedicated to

the victims of civil war in Nepal

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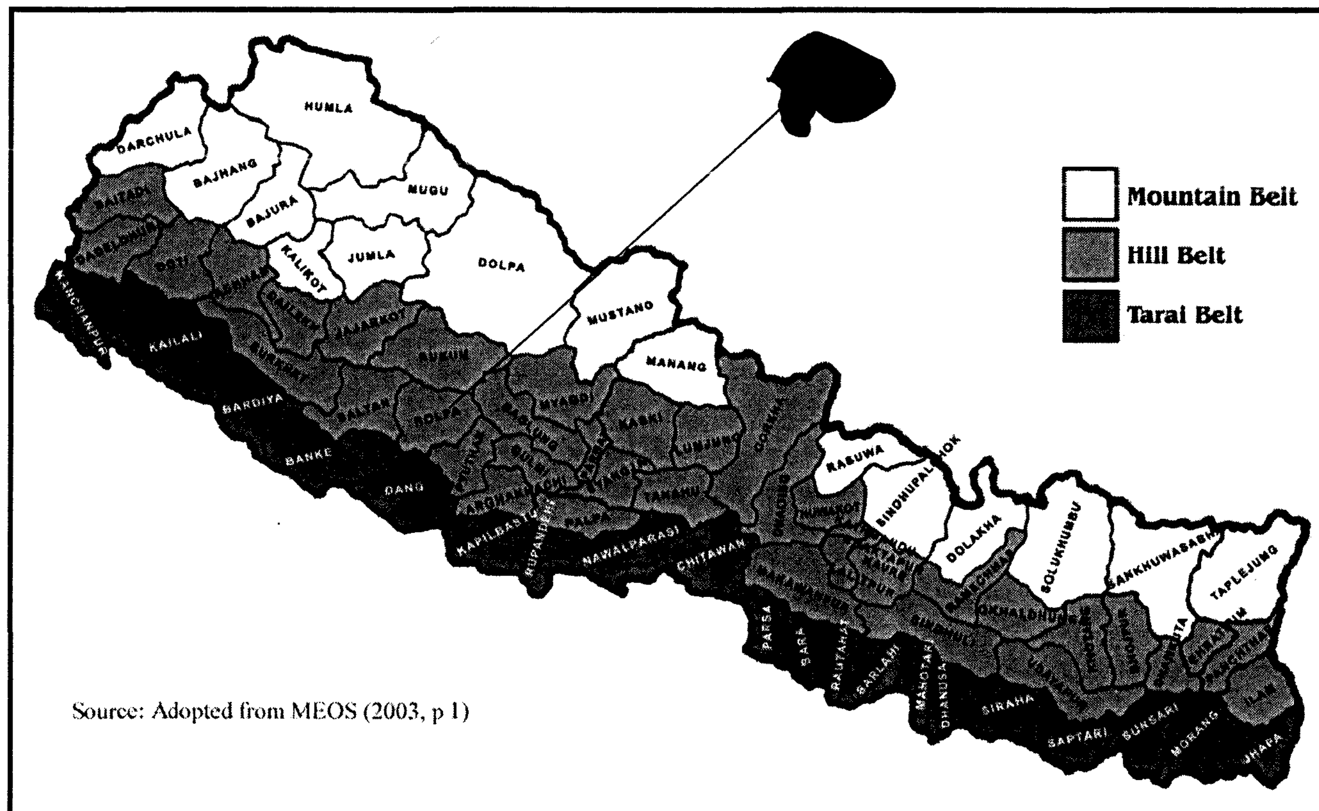
Figure 1: A Map of Nepal with the Administrative Districts Division



Source: Adopted from MEOS (2003, p 1)

ACRONYMS

ANPHWU(R)	All Nepal Public Health Worker's Union (Revolutionary).
BCG	Bacille Calmatte Guerine
CDO	Chief District Officer
CPN(M)	Communist Part Of Nepal(Maoist)
CPN(UML)	Communist Party Of Nepal (United Marxist Leninist)
CAC	Comprehensive Abortion Care
CHD	Child Health Division.
DDC	District Development Committee
DACC	District HIVAIDS Coordination Committee
DAO	District Administration Office
DDA	Department of Drug Administration
DFID	Department for International Development
DPO	District Police Office.
DPT	Diphtheria Tetanus Pertussis
EDP	External Development Partners.
EDCD	Epidemiology and District Control Division.
EPI	Expanded Program of Immunization.
FCHV	Female Community Health Volunteers.
FHD	Family Health Division.
Hbsag	Hepatitis B serum Antigen.
HP	Health Post
HDR	Human Development Report
HIV	Human Immuno Deficiency Virus.
HMG	His Majesty Government
HMID	Human Manpower Institutional Development.
HRH	Human Resource For Health.
HSS	Health Service System.
HSPH	Harvard School of Public Health.
IDMC	Internally Displaced Monitoring Committee.

ISDP	Internal Security Development Plan.
LCD	Leprosy Control Division.
LDO	Local Development Officer.
LHMC	Local Health Management Committee.
LMD	Logistic Management Division.
MSF	Médecins Sans Frontières
MOH	Ministry of Health.
MOHP	Ministry of Health and Population.
NCASC	National Centre for AIDS and STD Control.
NHSP-IP	Nepal Health Sector Program-Implementation Plan.
NHTC	National Health Training Centre
NPHL	National Public Health lab.
NTC	National Tuberculosis Centre
NC	Nepali Congress
NG	Nepal Government
NHEICC	National health education information and communication centre.
OPD	Out Patient Department.
PFAD	Planning and Foreign Aid Division.
PTSD	Post Traumatic Stress Disorder.
RNA	Royal Nepal Army.
RBC	Red Blood Cell
PLA	People's liberation Army
PHC	Primary Health Care
PRSP	Poverty Reduction Strategy Paper.
SHP	Sub Health Post
SF	Security Force
LTTE	Liberation Tiger for Tamil Elem.
ULF	United Liberation Front
UCPN(Maoists)	United Communist party of Nepal (Maoists)
VCT	Volunteer Counseling and Test.
VDC	Village Development Committee.

VDRL	Venereal Disease Research Laboratory.
VHW	Village Health Worker.
WB	World Bank
WDR	Word Development Report

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CHAPTER I

INTRODUCTION

Conceptual Framework.

"Conflict can originate either in goal incompatibility or in hostility, and that it involves a unique type of behavior against each other to attain incompatible goals or to express their hostility" (Bartos and Wehr 2002:13). Therefore, "the definition of conflict offered here implies that conflict behavior can occur not only because the parties have incompatible goals because they feel hostility toward each other"(Bartos and Wehr:19). According to the writers, such incompatibility of goals consists of incompatibility of roles, incompatibility of values and contested resources. Furthermore, these kinds of incompatibility of roles and values arise from whole part differentiation, task specialization, separation and difference in size and technology. Bartos and Wehr (2002:29) defines, resources are contested when there is a sense of injustice, illegitimate power and different level of absolute and relative deprivation. Similarly, belligerent culture or personality also can be the reason to contest the resources. In addition, "resources are contested when a party wants some of the resources the other party has or when both adversaries want the same unallocated resources". On the process of contesting for resources or power, violence is one of the major means of demonstrations to threaten the opposite forces. If the violence is performed, it directly affects human health. "From the health perspective violence is seen as any act of verbal or physical force or life threatening deprivation directed at an individual that causes physical or psychological harm, humiliations and that perpetuates subordination (Sinha:1997). Therefore, incompatibility of goals and the way of manifesting such incompatible values ultimately have its impact on human health. Ill health is an unavoidable phenomenon of arms led hostility. "Violence is a cause of "non health" and death (Sinha: 1997). Violence is negative energy for human lives.

The interplay of theory and research is very important here to conceptualize the research problem properly. In this research, different words such as violence, conflict, war are used interchangeably. The operational definition of "Conflict" in this study represents the

civil war that existed in Nepal during 1995-2006. Moreover, "Civil War", "People's Movement", "Maoist Movement" "Revolution" also denotes the same era of arms led conflict in Nepal. In this war, there were two fighting opponents Royal Nepal Army (RNA) and Maoists. However, Nepal police had also fought against Maoists for a long time. Likewise, operationally, health service system is defined as the state resources. The incompatible goals of these two parties became very detrimental for people's health as well as health service system as the state resources, because of different roles, and values and hostility among the groups, ordinary people had to suffer a lot. "Conflict is an additional hazard to health, not only because it causes injury, death and disability, but also it increases physical displacement, discrimination and marginalization, and prevents access to health services. Constant exposure to life threatening situation in a conflict setting is an additional, specific social determinant of health, which can lead to disease" (Giacaman et. al.: 2009).

"Definition of conflict suggests that conflict behavior is any behavior that helps the party to achieve its goal that is incompatible with that of the opponent or that expresses its hostility toward him or her" (Bartos and Wehr: 2002:22). "Conflict behavior" defined by authors is the result of hostility that arises from different values and roles. In this research, two fighting groups contested health service system as the resources of state to protect their incompatible goals. RNA as the government's army was determined to protect the health service system and government's resources for not to being manipulated and misused by Maoists. Similarly, Maoists as a "revolutionary"[1] force were determined for "tactical utilization" of government resources.

Here, incompatible roles and values of both types of forces were creating detrimental activities against people's health. Because the health service system as a common resources is also most important for ordinary people. As a government army, (Royal Nepal Army) RNA had to perform its role by protecting the state resources and to control

[1] In Most of the CPN(Maoists) documents, they have mentioned this terminology. During interview with Li Onesto for *Revolutionary worker*, CPN(Maoist) Chairperson , Prachanda has mentioned," ...and the subjective means the communist party, the revolutionary communist party, armed with Marxism and Leninism-Maoism."

Maoists from taking unnecessary benefits from government resources. Similarly, as a "People's Liberation army"(PLA) , fighting for "people's supremacy" , according to their roles, Maoists and their PLA had to perform their role by utilizing the government health system and health workers for treatment, taking donation and using to supply medicines in their pocket area. According to the Bartos and Wehr (2002:37), "two parties can have incompatible goals because they play different roles in an institution or an organization." Similarly, RNA were committed not to support Maoists in any cost and Maoists were seeking support from government health workers to fulfill their goals and they should not supply any kind of information to RNA. Such "incompatible goals" of both parties had created harsh situation of "conflict behavior" and "hostility". Bartos and Wehr (2002:22) has further defined, "the relationship between "hostility" and "conflict behavior" is complex. On the one hand hostility adds fuel to and intensifies hostility: as conflict continues and the parties inflict injuries on each other, the participants are no longer motivated solely by a desire to reach their original goals; increasingly they become determine to destroy their enemy," because "when force meets counterforce, either cooperation or conflict can result, depending on many factors"(Bartos and Wehr: 2002:6). In the particular context of this research, the hostility between Maoists and RNA, resulted in deaths of many fighters including local people. As both of them were motivated to kill each other, killing was one of the regular jobs of those fighting opponents. Because of different values and roles, there was no possibility of cooperation between RNA and Maoists rather than indulging in 'conflict behavior" continuously. Because of value incompatibility, both forces were proved "counter forces for each other". As a result, local residents have mentioned, many army operations performed in Rolpa district, damaged the physical, mental and social well being of the general population.

As authors have argued, incompatibility of goals can be further generated because of "whole part differentiation", "task specialization", "separation" and " difference in size and technology". In the context of Rolpa, though health service system as a whole is always committed to provide necessary health care services to people. However, in a part, "old state authority" and RNA had perceptions that some health workers could develop "ideological inclination" towards Maoists. Health service as a whole could be

manipulated by the Pro-Maoists attitude of some "partial" health workers. Here, "partial" denotes the quantity of health workers. Therefore, health service system as state resources is benevolent for everyone, but in the crucial situation of conflict, RNA was more suspicious towards health workers to avoid potential mis-utilization of the resources. Similarly, from the point of view of Maoists, health service system was always advantageous during the time of conflict; however, there were many chances that health workers may also create detrimental action against their goals. One hand, health workers may help RNA by providing information regarding the potential area of hiding, to inform RNA during the treatment process and on the other hand RNA members entered in core area by disguising themselves as health workers. Therefore, though health service system as a whole is always benevolent for Maoists during conflict period, however in "part", there were chances to create obstacles by the "part" of its system. Because, "task specialization" in this context generate different roles of developing hostility toward each other and health service system could be the reason of hostility in many cases. Likewise, differences in institutional orientation creates separate pathways for fighting opponents, very often the roles of health service system can be the reason for increasing hostility between two separate groups having incompatible goals. Likewise, authors have written, "groups that are separated from each other tend to develop different cultures that may advocate incompatible values. That is the standard of rightness and goodness that hold a culture and society together"(Bartos and Wehr 2002:41). Moreover, the difference between size and technology does matter to intensify the level of conflict. In the specific context of Rolpa, the size and technology of Maoists fighters was comparatively smaller and simpler than RNA, in this kind of context, if the health workers played double standard role to provide information to RNA, there could be great loss of fighters. Therefore, health service system was always given close attention by Maoists. In post conflict situation, there is incompatibility of goals between different partners; the government could not allow one part to initiate radical agenda of development. People do have different expectations at grass root level; however, government as a central authority is supposed to take care of overall development of the society. Moreover, incompatible roles and values of ruling government and its partners could not launch specific programs that could address the necessity of general population.

Methodological Framework

Statement of the problem

During fieldwork, I was told that prior to the civil war, the performance of health service system in Rolpa district was not satisfactory. However, basic delivery services were served despite many techno-managerial obligations. Civil war, also known as "Maoist movement" continued in this district for ten years. Likewise, in this period, health service system was badly affected. Health workers in the district public health office have mentioned that because of conflict, many routine services like immunization, vasectomy operations, outreach clinics and other child and maternal care services were interrupted. Likewise, there were severe disturbances in curative and preventive services as well as referral system. Service providers and service seekers were heavily affected by conflict in Rolpa. Both fighting opponents targeted health professionals continuously. The situation had forced many health professionals to leave the rural area. The unavailability of regular health care system finally forced many people to compromise with locally available herbs as well as other irrational form of medical practices. The high rate of conflict induced migration and displacement resulted in growing vulnerability to communicable and non-communicable disease. Without having substantial level of changes in health care system, many people in Rolpa are still compelled to struggle for basic health services. People have to travel long journey to get basic health care services. Conflict has directly and indirectly slowed down the regular process of health service development. Moreover, decade long conflict has damaged physical, mental and social wellbeing of the general population. Health service system is the part of political system. Moreover, it is the integral part of human life. This study argues that, proper function of political system is important to proper functioning of the health service system.

Objectives of the study.

The study aims to explore the fact and findings related to the condition of health service system during the conflict and post conflict period in Rolpa. In addition, this research aims to explore how conflict as a detrimental activity against human health and played a vital role to create ill health in Rolpa. Secondly, this research aims to understand the disturbances in health service system by conflict. The research questions for this

study are derived from those literatures on conflict and health. The broader objective of this research is to explore the interconnection between conflict, health service system and conflict generated ill health in Rolpa. Likewise, the study aims to review literatures on health in conflict scenario from different part of the world and especially from Nepal. Specifically, this research aims to explore different research questions like,

I. To review literature on conflict and health in global and local scenario.

II. To explore the experiences of health care providers and condition of health service system in Rolpa during war.

III. To explore the dimensions of how arms led conflict was detrimental to human health, in accessing health care services in conflicting situation.

IV. To explore the changes that has been realized in health service system during the post war period in Rolpa.

Research Methodology

To fulfill these objectives, various tools and techniques were used like open-ended questionnaires, direct participant observation, using checklist and interview schedule. Moreover, Conflict victims, Maoists workers, workers of other political parties, local villagers, health workers, security personnel's, civil society organizations and school teachers were the key respondents of this study. Following is the research design and tools and techniques.

Research design

This research has followed the qualitative research design to meet proposed research objectives; this study is based on the secondary sources on conflict and health and primary data from the respondents.

Universe

To fulfill the objectives of this proposed research, Rolpa district was regarded as the universe. Patients and other key respondents were interviewed during the research. Total 85 persons were interviewed during the fieldwork. As research was confined to explore the condition of health service system during the conflict period and attempted to analyze the situation of post conflict situation in Rolpa. Health workers, local people, Maoist

workers and other political workers were interviewed and based on their experiences, perceptions and views the objectives were analyzed.

Nature of data

To meet the objectives of the study, this research demands the primary as well as secondary data. Rolpa, as a conflict affected hill district of Nepal was selected for this study, because this district has suffered a long-term impact of conflict. As a starting point of decade long civil war in Nepal, Rolpa district has suffered many severe consequences of war than other districts. Therefore, researcher decided to conduct fieldwork in Rolpa to explore the hidden dimensions as well as many social sufferings induced by conflict. Primary data was collected in different places of Rolpa like Liwang, Sulichowr, Reugha, Bhabang, Mirul, Thawang,Kureli Korchabang and Oat VDCs (Village Development Committee). Interviews with policy makers, Medical and Para Medical professionals, Health activists, concerned authorities of Public health organizations, local people, Maoist leaders and militants were conducted to fulfill defined research objectives. Similarly, for secondary data, different journal articles, books, documents, and archival documents on the selected issue were used.

Technique of data collection:

To collect primary data, Open-ended interview (by using interview guide), participant observation, group discussion, key informant's interviews and case study of respondents were conducted. Similarly, for secondary data, literature review, policy documents, archival materials, internet sources and available academic materials were used to fulfill the objectives of the research questions.

Organization of the study

This study is divided into six chapters. Introduction chapter includes conceptual framework, methodological framework, objectives of the study, methods of the study, rationale of the study, limitations of the study, organizations of the study and ethical issues. Second chapter includes global overview of conflict and health and impact of conflict in human's health in Nepal. Third chapter includes political history of Nepal that

consists of rise and fall of different government in different historical scenarios. In addition, this chapter includes socio-political rationale of civil war. Likewise, fourth chapter includes ethnographic description of Rolpa district. In addition, fifth chapter will be the primary data analysis section. Finally, sixth chapter consists of summary and conclusions. Latter part of this study will be references, annexe and checklist section.

Rationale of the study

I believe this study will be supportive and helpful to be familiar with the disturbances occurred in health service system in conflict-affected situation. Likewise, this study is important to know how people in the conflict-affected area suffered the days of hard-hit in conflict. This study will be a guideline to those researchers and academicians who are interested to conduct anthropological study on similar topics.

This study provides guideline to the policy makers and planners to formulate plans and policies to develop the disrupted health service system because of war. Likewise, I assume, this study will be a reference to those people who are interested in the dimensions related to conflict and health. Moreover, anybody who is interested to know the different dimension of conflict and health can benefit from this research.

In the specific context from Rolpa there are substantial articles published on the cause of civil war and other socio-political dimensions. However, there is no study that have been conducted on conflict and health issue in Rolpa. Therefore, this research is the first of its kind that explores the dimension of conflict and health in war affected district like Rolpa. This research gives empirical reality on conflict-affected situation, the problem faced by the people and the strategies that are to be adopted to provide health care.

Limitation of the study

Both time and financial constraints have limited this study. To acquire a regular academic degree, this research work must be complete within a fixed deadline. Financially, as a student, it is not possible to collect every type of materials and

documents required conducting this study. Similarly, the total duration of time spent in the field area was directly influenced by these factors.

As this research is based on the conflict situation and its impact on health service system. Geographically, it was very difficult to visit every VDCs in Rolpa district for such a short term field visit. Moreover, the sensitivity of the conflict zone and the area being the strong hold of Maoist prevented the researcher to collect multiple perceptions of the villagers. The lack of accurate scientific data regarding the health care delivery, difficult geographical setting of Rolpa has affected this study. Similarly, it was not possible to visit cantonment of people's liberation army. Practically, it was not possible to interview army personnel due to security reasons. Other limitations were lack of a large-scale disease surveillance mechanism and database; it is difficult to analyze primary data.

As this research is based on the conflict situation and its influence on health service system, it is always challenging to explore the past dimension of people's life and activities. Furthermore, there is always the risk of the researcher developing a false sense of certainty about his/her own conclusions. Similarly, 'subjectivity' also can influence the research. Researcher has shown utmost sincerity to maintain the rigor in research by avoiding the 'subjective biasness', 'value laden interpretation' , 'false sense of certainty' ideological inclination" of the research and the findings as well.

Ethical Issues

According to the Oxford Textbook of Public Health, 'health care ethics is best discussed in terms of five principles-non maleficence, beneficence, and respect for autonomy, justice and utility (Detels et al 2004). For the sake of this research, the researcher has consciously given attention to different ethical issues like,

- Researcher has appreciated the process of proper rapport building with the concerned authorities and respondents.
- Any disadvantageous activities that may harm the concerned authorities because of this research were not performed.
- Prior to conducting this research, the researcher had clarified the interest and

purpose of the research.

- After conducting the research, the outcome will be shared with concerned authorities through media, journals and public discussion forums. Moreover, all the concerned authorities are eligible to get a copy of the research as per their interest.
- No interviews and materials were taken without the consent of concerned authorities.
- The researcher has not accepted any kinds of funds, grants and incentives from any of the public authorities which may directly or indirectly influence the findings of this research
- The researcher has not displayed any photographs, names and case studies of patients, which may create further harm. Respondents anonymity is maintained, the name are kept confidential and given pseudo names.
- The researcher has maintained the value of academic research and avoided 'plagiarism' in this research work.

CHAPTER II

CONFLICT AND HEALTH: A REVIEW OF THE STUDIES

Global Overview

Arms led Conflicts are the dark part of human civilization. It destroys humanity, development and exacerbates violence, destruction and backwardness all over the world. "Worldwide, 31 state-based armed conflicts were registered in 2005, affecting 23 countries (Duffield 1998). Most of the conflict-affected countries are underdeveloped with low level of living standards and struggling to meet basic human standards. Struggle for ethnicity, feelings of suppression, access over resources and dispute over the country border are some of the reasons that conflict tends to continue in present days. "Internal conflicts are pursued by ''multiple actors with interdependent interests'' and are driven by ideology and the desire to control resources, ethnicity, religion, greed, power distribution and leadership issues" (Lee 2008). Violence becomes the means of demonstrating hostility if different parties have incompatible values regarding the distribution and control of resources and power.

Similarly, "hatred is abound in the world and it seemingly more about ethnic, linguistic and religious differences than it is about clashing national interests. These differences between people are the raw materials of internal wars"(Berry 1997). Differences in interests perpetuate incompatible values between actors of internal wars that eventually lead to destruction of human lives. "Conflict situations can be caused by many factors such as differences in political ideologies, legal and economic systems, ethnic and social particularities, human rights issues, state-sponsored terrorism, cross-border environmental problems, territorial and resource claims, etc"(Gass 1997). Technologically, war is becoming more complex and fatal than it used to be in earlier days. "A new international system and advanced technologies have dramatically changed the nature of war". At present, advanced chemical weapons replaced bow and arrows similarly; tankers, fighter planes and Navy ships replaced horses and elephants. "Communal violence is perhaps the most frightening form of social conflict. When the members of ethnic or religious groups turn on the members of another, atrocities are

inevitable. The relationship between such violence and mass displacements can be seen in India with the partition of India in 1947, clashes between Muslims and Hindus forced eight million people to move to the new state of Pakistan, while more than six million people made the journey in the opposite direction" (Sinha 1997). Though reasons of conflict may vary in different temporal-spatial condition but the level of sufferings induced by conflicting behaviors are more or less the same in all parts of the world. Thus, human civilization is facing harsh realities to cope with the situations that are extremely detrimental against human health and their quest for peace and development.

As Malinowski puts it, "war is an armed contest between two independent political units, by means of organized military force, in pursuit of tribal or national policy" (Powell 1970). When fighting opponents do not find the rationale of debate, dialogue and democratic discussion to develop understanding in their incompatible values, conflict becomes the final way of attempting to seek the solution, however in many cases it could be 'irrational' from the people's point of view. Thus, "conflict is an integral aspect of political life. It involves efforts of two or more mutually opposed parties to obtain scarce resources at each other's expense through destroying, injuring, thwarting, or otherwise controlling other parties (Mack and Snyder, 1957; Ross 1986). In the process of controlling such scarce resources, human beings are manipulated, mobilized and killed. Such killings not always result in quantitative loss of human body; death and decay of human life but loose social, economic, cultural and emotional attributes that a person has gained during his/her life. Similarly, "skeletal trauma and weaponry in various archaeological contexts can be taken as direct or indirect evidence of the presence of war and violence with everything that implies in terms of cultural meaning, agency, and human suffering" (Helle 2003). In the crucial situation of war, when military forces besieged a town, in addition to sacking buildings and destroying infrastructure they often persecuted and killed health care workers, teachers, administrators, and other service people (Nordsrom 1998). The act of placing land mines to discourage the mobility of enemies eventually discouraged the mobility of humans "and landmines put a heavy burden on health services, which have to provide expensive surgical and prosthetic care to the victims"(Duffield 1998). Placement of such landmines in war zones discouraged

frequent mobility of general population; moreover, it hampers the regular life and creates psychological terror among people of the conflict-affected areas.

In most of the war against humanity, the politico-economic interests of global players directly and indirectly influence the intensity of the war. Those global players could be economically rich and politically powerful countries and could be giant weapon companies. "Conflict plays such a role in the international politics that countries having the most advances weapons of mass destruction are considered the most powerful nations" (Bhatt 2006). Either it was a civil war in Sri Lanka or "war against terror" in the Islam world, global traders have deep economic motive to sell the weapons and mines. Such weapons and mines eventually damaged human life and their pattern of survival. The act of targeting the body destroys human healthiness and disfranchised their social wellbeing. Keen (1996) cited in ADHS manual (2009) writes "part of the problem is that we tend to regard conflicts as, simply, a breakdown in a particular system, rather than the emergence of another, alternative system of profit and power" (Keen 1996;Duffield 1998). Such alternative systems of power and profit always seek its role to manipulate the human sentiments in war. Such manipulated lives and sentiments have to compromise many unintended consequences to maintain their bare survival. Moreover, the profit making interests of war traders operates both in global and local level. In the global level, it is an obvious fact that powerful blocks always define the threats as per their interests. In the local level, general population has to bear the direct consequences of war. Similarly, "power, dominance and coercion almost inevitably connect to warfare and its principal actors, soldiers and warriors. War, is in other words, a central ingredient in social reproduction and change and brutally interferes with human existence everywhere in our late modern world (Helle 2003). Thus, powerless people are more victimized in war than the people in powerful position are. Every kinds of war have class relative characteristics. Powerless people suffer more because of their subordinate position in the society. "Wars make history by creating and destroying states, making and unmaking governments, shifting territorial boundaries and validating the ideologies of the winners and discrediting those of the losers"(Berry 1997).Thus, war is bad engineer of society.

War is one of the world's most serious threats to health. The lives of millions around the world are caught between the vicious spiral of violent conflict and poor health (Singh et al. 2007). "The most important immediate causes of deaths in complex emergencies are acute respiratory infections, diarrheal diseases, maternal and neonatal morbidity, tuberculosis, and vector-borne diseases such as malaria. Disease risk is increased by several conditions common in complex emergencies, including overcrowding and inadequate shelter; malnutrition; insufficient vaccination; poor water and sanitation conditions; exposure to "new" diseases, for which affected populations have not developed immunity; and lack of, or delay in, treatment (Oskar and Rons 2007). Complex humanitarian emergencies are vulnerable for both communicable and non-communicable diseases. "Conflict in Jammu and Kashmir has resulted in limited public health facilities, high prevalence of diseases, low sex ratio, unemployment, rising crime etc and all these factors leading to high mental stress and other related problems (Bhatt 2006). Conflict is completely a loose-loose situation for conflict affected victims.

In many places all over the world, because of war, health service systems have experienced different kinds of panic realities. "Health service performance is praised or criticized according to political allegiance. In Angola, some international NGOs went out of their way in praising UNITA (National Union for Total Independence in Angola)[2] health services at a time when access to areas controlled by the rebel movement was severely restricted. Later, the performance of UNITA health services was found much poorer than previously claimed (Duffield 1998). Similarly, in Chechnya, "years of conflict have resulted in severe destruction of health infrastructure. Many doctors have left the country, while those who remain in Chechnya often fear for their personal safety. Lack of experienced medical personnel, especially in remote rural districts, is one of the biggest problems facing Chechnya's health system today" (Jong et al 2007). Likewise, in East Timor, 50% reduction in the number of births at the National Hospital during the crisis probably reflects a combination of the reluctance of women in Deli to attend the

[2] The national union for total independence of Angola, UNITA fought with the popular movement for the liberation of Angola (MPLA) in the Angolan war for independence(1961-1975) and then against the MPLA in the existing civil war. U.S Library of congress writes, " UNITA provides fairly extensive health care system of its own in rebel -control areas."

hospital due to security fears, the reduced number of pregnant women in Deli and the refusal by some women to be referred to the National Hospital (Wayte et al 2008). Likewise, in East Timor, The 2006 crisis resulted in another cycle of forced migration, for health workers and managers as well as the general population. There was a breakdown of social structures as real or perceived tensions between Loromonu (Westerners) and Lorosae (Easterners) took hold. Access to health services was reduced across the country due to lack of mobility and security fears (Wayte et al). Furthermore, "the health system in Iraq underwent progressive decline since the embargo that followed the second gulf war in 1991. The war in 2003, exacerbated by causing further damage to the infrastructure, with lack of security and making even drug distribution unsafe, with further deterioration due to electricity problems. This makes drug storage even more difficult" (Abbas 2008). In Uganda, "the conflict has greatly disrupted the health system in Gulu district. Health services in the district are provided by a network of public sector, private sector and non-governmental organizations, as well as informal practitioners and traditional healers" (Henttonen 2008). Likewise, "the health care system in Bosnia and Herzegovina felt the dire consequences of the turbulent transition and war, from which it has still not recovered." Likewise, "with the arrival of democracy, this structure of health care system remained more or less the same. The only thing that changed was that people occupying key positions within the Ministry of Health and health care system and the criteria for their selection and appointment: ethnic and ideological affiliations were suddenly more important credentials than professional competence, knowledge, and experience (Simunovic 2007). Similarly, "armed conflict has hampered the international polio eradication campaign, particularly in Somalia and Afghanistan, areas of persistent polio infection and high insecurity" (Ford 2007). Therefore, war directly hampers the regularity of health service system and it further hampers the condition of people's health.

People migrate to avoid anticipated conflict, to flee ongoing conflict and to escape the consequences of past conflict (Macklin 2008). Conflict plays a fatal role against human's livelihood. "Given the long duration of many conflicts, displacement may become a chronic, semi-permanent condition for most affected people (Duffield 1998). Displacement from any normal condition means breakdown of family, social wellbeing

and isolation from permanent social surroundings. Physically and mentally, such kind of isolation and separation creates ill health at the population level. The "United Nations High Commissioner for Refugees (UNHCR) reported that over 60,000 people lost their lives, 200,000 had fled abroad and nearly 80,000 were displaced within Sri Lanka"(Nagai et al 2007).Unsanitary conditions, enforced population concentration and overcrowding, a lack of medical provision and the collapse of conventional rules of social behavior further compound the epidemiological unhealthiness of war (Matthew and Andrew 1999). In a 2003 survey carried out by Médecins Sans Frontières (MSF), 54% of the families interviewed in tent camps in Ingushetia stated that their tents leaked, did not have protection from the cold, or had no flooring in conditions where temperatures regularly fall below - 20°C" (Jong et al 2007). Lack of minimum facilities and irregular humanitarian assistance becomes the fertile zone for many diseases to show their opportunistic characteristics. Temporary settlements are physically unhealthy and mentally disturbing. Likewise," according to the study, in Kashmir migrants camps at Jammu, the survey conducted here on three dwellings in migrant camps at *Muthi* phase I and II , found 30 cases of asthma , 46 cases of heart ailments, 98 cases of neurotic disorders, 105 cases of diabetic , 80 cases of blood pressure, and 208 cases of depression" (Bhatt 2006). Displacement gives new identity in new places. Displaced people are labeled as refugees, victims, war affected population and treated as "others" by original inhabitants. Crisis of identity is another common attribute of displaced population. "Even after 18 years of refugee, the local people of Jammu have not accepted the Kashmiri Pundits. There has been a sense of "othering" for Kashmiri pundits by the local people of Jammu" (Bhatt 2006). Moreover, "the mental tensions created by many problems like lack of education, changed lifestyle, loss of employment, loss of property, loss of standard of living and loss of many lives have led to mental and physical problems. (Bhatt 2006) People are enforced to loose lot of things because of devastating effects of war and displacement.

Women and children are always the more affected population in war. There are multiple kind of disadvantages for women in war. Macklin(2008) points out that in conflict situations, women are less mobile then men, due to responsibility of children, elderly or

disabled kin, and obstacles to travel without male accompaniment"(Petchesky 2008). Historically, women have played a much more active role in warfare than usually acknowledged, either as supporters or as combatants" (Simons 1999:90; Helle 2003). Similarly, in conflict situations, women and girls tend to be less mobile than their male cohorts (Macklin 2008). Abduction and rape by militia is recognized as chronic and widespread, especially when women leave the camp to collect firewood" (Macklin 2008). Complex emergencies intensify many reproductive health risks. They decrease access to health facilities and emergency obstetric care, and often exacerbate the risk of sexually transmitted infections"(Wayte et al 2008). In conflict settings, women are disproportionately affected and have poorer pregnancy outcomes than women living in stable areas (Mullany et al 2008). The effect of war on established families is also far-reaching. In many instances, it produces family separation. Husbands and sons are called to military service while wives and mothers remain at home. Each is placed in an unusual position" (Hoffer 1943). "Armed conflict today overwhelmingly kills and maims civilians, and kills men and boys even more than women and girls, but when it comes to many other costs of war, women and girls suffer particular and often very great burdens" (Petchesky 2008). An editorial in Reproductive Health matters (2008) writes, "in Sierra Leone, yet during 11 years of civil war, more than 50% of the country's women suffered sexual violence, and only 11 suspects were indicated. Thousands of women will never see their rapists brought to justice, but they look to the Special Court for hope of ending the impunity". Issue of transitional justice is another important dimension in post conflict situation.

Violence and war all over the world have forced human beings to think in a multidimensional way to find the reasonable solutions to eliminate it from all over the world. "Populations affected by armed conflict have experienced severe public health consequences mediated by population displacement , food scarcity, and the collapse of basic health services, giving rise to the term complex humanitarian emergencies" (Tool and Waldman 1993; Bhatt 2006) Many academic disciplines directly deal with the conflicts and its multidimensional facets. "Historically, the field of conflict epidemiology emerged from public health research in humanitarian emergencies presentation by

Bradley Woodruff, at workshop on "The Epidemiology of Complex Emergencies," Ottawa, March 8, 2007. Beginning in the early 1970s, researchers increasingly realized that epidemiology could help devise needs-based policies and make humanitarian assistance more effective, and in 1980s and 1990s, epidemiological findings were used to create general recommendations for improving the effectiveness of humanitarian assistance" (Oskar and Rons 2007). Moreover," epidemiological studies can also generate important evidence for policy decisions, as witnessed in the case of the Democratic Republic of Congo (DRC), where surveys by the International Rescue Committee (IRC) have called attention to the country's ongoing humanitarian crisis by discovering vast numbers of indirect, war-related deaths" (Oskar and Rons 2007). As a result, practitioner manuals have increasingly included guidelines on using epidemiological methods in humanitarian assessments"(Oskar and Rons 2007). "The relative weight to be given to education, health, roads, agriculture, security, and to certain regions in relation to others, depends mainly on strategic and political decisions" (ADHS manual 2009),however, strong "political will" plays a vital role to deliver such humanitarian needs.

In the process of humanitarian assistance, most of the attention goes directly towards the places where war is ongoing. In this kind of process, chronic and absolute poverty, rise of communicable and non-communicable diseases and other issues of survival prevailing in other parts of the world remains in shadow and once the war gets over people have to again compromise with dire stage of poverty. "In a globalized world, crises are interconnected. Some emergencies become *noisy* at the expense of other remaining *silent*. The gap between *noisy* and *silent* emergencies is widening"(Duffield 1998). In the time of such "noisy emergencies", some organizations play an important role to reach medicines and other humanitarian assistance. The role of the ICRC (International Community of Red Cross) is especially significant in the context of armed conflict because its mandate is guided by international humanitarian laws, which specifically focuses on the laws of war in relation to civilians and combatants" (Macklin 2008). "In neighboring Burundi, three ICRC delegates were fired upon and killed in their vehicle on June 4, 1996, after delivering water, medicines and supplies to an isolated area hard hit by ethnic fighting" (Berry 1997)." The fundamental principles and the code of conduct

the ICRC follows stipulate absolute political neutrality and impartiality in its involvement in both international and internal wars mission" (Berry 1997). Likewise, in India, "Dr. Binayek Sen[3] had been in prison for 22 months, arrested under one of India's most draconian laws, the Chattisgarh special public security act. The act has such a vague, diffused definitions of 'Unlawful Activity' that it renders every person guilty unless he or she can prove their innocence"(Roy 2009). Dr.Sen was accused for providing treatment for "rebellion" in Chattisgargh. In many places all over the world, health workers have been abducted, killed and harassed by the governments. The government has claimed that Dr. Sen was developing solidarity with the fighting opponents. It is very difficult to maintain absolute neutrality in the war field where most of the regions are dominated by 'rebellions'. However, "supporting one side would upset the power relations between the warring parties and thus preclude any access to other side. Avoiding political helps protect humanitarian workers and furthers their relief effort by not making them enemies of any of the warring parties"(Berry 1997). It is very difficult task for health workers to maintain absolute neutrality in conflict affected zone.

In the Post conflict situation, the issues of reconstruction and repatriation are very important. It is one of the most challenging aspects in post conflict situation. Even if there is an agreement, occasional violence may continue for some time" (Gleditsch et al 2002). Likewise, "repatriation' was pushed forward despite the fact that people did not want to return to Chechnya due to the continuation of the conflict and insecurity, and the lack of proper shelter and adequate health services in Chechnya" (Jong et al 2007). "Conflict epidemiologists are particularly concerned with conditions during and after complex emergencies, defined as "relatively acute situations affecting large civilian populations, usually involving a combination of war or civil strife, food shortages and population displacement, resulting in significant excess mortality"(Oskar and Rons 2007). Therefore, without the availability of basic services it is not possible for displaced population to settle in their previous homelands. There should be an emotional

[3] "That Dr Sen should continue to be in prison when the case against him has almost completely fallen through says a great deal about the very grave situation in Chattisgarh today. There is a civil war in this state. Hundreds are being killed and imprisoned. Hundreds of thousands of the poorest of the poor are hiding in the forests, fearing for their lives. They have no access to food, to markets, to schools or healthcare" (Roy, 2009).

integration and political stability to maintain proper settlement. Thus, "stability can be promoted through growth and sustainable development while political violence can be eradicated with co-operative integration and education" (ADHS Manual 2009). "In essence, war is a loud and ugly thing" (Berry 1997). It destroys human civilization and perpetuates hatred among fellow humans.

Conflict and Health in Nepal

"Nepal has one of the worst health service systems in the world. The country is gradually evading responsibilities to ensure the rights to health and other welfare facilities for its citizens" (Ghimire 2008). As a result, the reflection of health indicators of Nepal in World Development Report (WDR), Human Development Report (HDR) and other health reports are manifesting the condition of low human development with low quality of life. "Nepal is the 12th poorest country in the world. Its notoriously unstable politics and mountainous terrain hinder development "(Collins 2006)."Health indicators vary widely in Nepal, often mirroring the distribution of power and resources. Life expectancy is 74 years in Kathmandu, but only 37 years in the mountainous district of Mugu in the mid-western region. And empowerment varies with caste, ethnicity, and gender"(Collins 2006). "Nepal has made significant improvements in the health outcomes over the past 15 years, but the direct and indirect impact of the conflict on the health system delivery is a cause for concern. (WB 2005) Long-term ignorance, capital centric political activities, headquarters centric development programs, low investment in health, rampant corruption in health services, shortage of human resources in health, low per capita income and lack of strong political will to strengthen the HSS are some of the reasons that most of the people face difficulties to access regular health services.

Conflict and Health Service System

Prior to conflict, in most of the country, the overall performance of health service system was mal-functioning and struggling to provide basic health care delivery. The juvenile stage of health service system has been directly and indirectly affected and disrupted in its evolutionary process of development. The act of severely damaging and attacking health service centers during the conflict period has developed sharp frustrations and exclusion from accessing regular services. "War in Nepal had led to widespread

destruction of limited infrastructure and had adversely impacted access to health-care services and personnel, affecting family planning, maternal and child health programs, and immunization services throughout the country" (Singh 2005). Likewise, "fighting, kidnappings, blockades and curfews had crippled medical services and cut off supplies of drugs and other essentials. Attacks had damaged many health facilities, and staffs were often reluctant or unable to travel in rural areas. Many women were reported to have died during childbirth because they could not reach emergency obstetric care" (Singh et al 2007). "Health education programs conducted by the district public health offices and other private organizations are on the decline due to Maoist and government threats. Health-care workers fear a rise in communicable diseases and several organizations, including Médecins Sans Frontières (MSF), have had to scale back their activities in rural Nepal as a result of the insurgency" (Martinez 2003). Likewise,"40 health posts were completely destroyed between January, 2002, and December, 2004, and tens of others were rendered unusable. Some of these health posts were attached to the offices of the village development committee, which were the Maoists' favourite targets. Maoists also destroyed the electrical supply to Okhaldhunga hospital, a small hospital in eastern Nepal, because an army camp nearby was using electricity from the same source" (Ghimire and Pun 2006). Similarly, in Taplejung, the CPN/M routinely confiscates 40% of government medical supplies administered through the health posts. In Panchthar, approximately 25% of supplies were taken. One sub- health post in Taplejung had been burnt down with the VDC building six years ago and had not subsequently been re-constructed" (IDMC 2008). "The ministry of finance's Economic Survey, 2001/ 02 reported that not a single hospital, health post, or health centre was added during the review period. The numbers of primary health centers only rose by 20 while the number of sub health posts actually went down from 3171 to 3161. Anyway, most of the health posts were abandoned by health workers, fearful of both the Maoists and the security forces" (Thapa and Sijapati 2003:145).

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Moreover, in the villages also, the situation was not adjustable for health professionals. Similarly, "there had been cases of health staff who had treated Maoists being picked up by the security forces. All government workers were the target for Maoist extortion, with staff being taxed up to 30 per cent of their salaries"(DFID 2004).

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"Rural health workers experience a similar situation in their inevitable interaction with the CPN/M and the security forces. The mission met with several health workers. Many were reportedly under pressure from the CPN/M to provide 25% of the government allotted medicines to the insurgents, as well as 7% of their salaries. They also reported being forced to provide 'intelligence' reports on CPN/M activities to the security forces when travelling to the district headquarters (IDMC 2008). "Maoists had demanded treatment and drugs from health posts, plus 5 per cent of health workers salaries. On occasion, those who remain in post were liable to be suspected as Maoists sympathizers by the security forces and may be arrested and detained. On the plus side, there were examples where Maoist pressure has decreased corruption, improving drug supplies to the periphery and pressuring health committees to ensure that staff were available at the facilities"(DFID 2004). Likewise," Maoist demands for money, materials and services were found to cause stress and anxiety amongst health workers. These emotions were amplified by government security personnel who often accused community health workers of conspiring with insurgents by providing them with medical care or use of health facilities. The consequences for assumed conspiracy ranged from verbal or physical harassment to imprisonment or torture" (cited in Potter 2006). In some Maoist-controlled areas, health post staffs were threatened with reprisals if they did not stay at their posts. In other areas, staffs have fled their posts since the beginning of the conflict, both for fear of their lives and because of heavy "taxation" of government employees by the Maoists (Martinez, 2003). Furthermore, in the absence of locally elected bodies, the Local Health Management Committees (LHMC) was not functioning effectively"(WB 2005). "As a result, for the past fiscal year (2005/06), of the Rs 7·68 billion allocated for health, only Rs 2·64 billion (34·5%) had been spent. The remainder was taken away for security purposes"(Ghimire and Pun 2006). "Conflict in low-income countries makes the objective of poverty reduction all the more difficult, since not only is growth retarded, public money is taken for military spending from basic social services, and the poor are themselves disproportionately the victims of conflict" (Murshed 2002). In Nepal, Civil societies have sharply criticized the misallocation of fund to buy weapons and other security related materials that was originally allocated for health.

Special national campaigns such as National immunization days for polio and Measles immunization, biannual Vitamin A supplementation & de-worming programs as well as family planning sterilization camps were not much affected (WB 2005). Several components of the EPI program were dysfunctional throughout the country due to the conflict in a direct or indirect way or to dire and chronic lack of maintenance of equipment" (Martinez 2003). Blood banks and blood testing facilities were almost non-existent in many districts (Martinez 2003). The health workers have migrated to safer places fearing physical actions by the Maoists. Moreover, the Maoists force the health workers to work for them and torture, abduct or physically harm them if they did not do what they say. The supply of medicines, which used to be distributed for free by the government, now has been stopped. The few private drug stores transport whatever medicines they can and sell to the people" (IDMC 2008). Government has started rigorous security checking to control the "mis-utilization" of the medicines and other items.

"Nepal Society for Medical practitioner's (NSMP's) increasing access component depends on a functioning health system for referral, but the health system in rural areas was increasingly under stress. As a result, the expected growth in utilization had not been realized. There was a decrease in patient flows at night and when there was a *Bandh*. Health workers were intimidated by both sides in the conflict and in practice they were afforded no formal protection" (DFID 2004). "There was a recent report of an attack on a vehicle carrying medical supplies to a health post. In the time of conflict, the directive stated that all health professionals were to deny treatment to suspected Maoists. Health professionals who did not report alleged "terrorists" were at risk of imprisonment. The lack of confidentiality and arbitrary detention by security forces of people seeking health care led to a reduction of help seeking at medical facilities" (Stevenson 2002). Moreover, "the presence of multiple military checkpoints (which significantly increases travelling time), strict curfews, destroyed bridges and roadblocks are only some of the problems people face when travelling to a health facility seeking medical care. Others were related to fear of travelling because of the risk of being shot at either by the Maoists or the security forces and the presence of some "sealed" areas where the Maoists do not

allow people to travel to the district headquarters, or medical supplies to get in" (Martinez 2003). The government's directive that health professionals who provide treatment for injuries without appropriate notification can be prosecuted as supporters of terrorism has created a difficult scenario for health workers, who risk incarceration" (Cited in Martinez 2003). "The government had been preparing its Integrated Internal Security and Development Plan (ISDP) for the districts most affected by the Maoist insurgency. It was to be implemented with security provided by the army"(Thapa and Sijapati 2003:115) Moreover, maintaining "connectors" – especially education, markets and basic health services that can help prevent increased polarization"(DFID 2004). "That is probably the reason why the army is attempting to win the public's trust from the very beginning with gestures such as establishing health camps in villages" (Hutt 2004: 45). Suck kind of program resulted in complete failure, because it was the strategic interest of security force to enter the core areas of Maoists domination.

Conflict and Human rights violation

"Many Nepalese, however, lived in fear of random imprisonment, extra judiciary executions, torture, and severe injury or death if caught in crossfire between government forces and Maoist rebels" (Stevenson 2002). Amnesty International continues to receive reports of torture, including rape, of those in army and police custody. A large number of those people released from detention in army barracks, between August and April 2004, reported being subjected to beatings, denial of food, and having water poured over their faces, making it difficult for them to breathe" (AI 2004). The insurgency had affected health services due to a large number of undesirable factors noted in the field as: intimidation, harassment, extortion and threats. Most of the health workers reported that they were compelled to pay levy and donations to the insurgents. Health workers reported that they were also facing problems by security forces, who would pressure the health workers not to treat the insurgents"(WB 2005). The regular harassment of health workers by both the Maoists and the SF and the disruption to the delivery of essential medical supplies indicate that there was a strong need for the dissemination of human rights and humanitarian principles to both parties to the conflict (Martinez 2003). However, it was not easy for health workers to do their jobs during the insurgency. "The government

issued a directive to all health workers not to treat Maoists without notification of security personnel. In cases of defiance, doctors were to be regarded as supporters of terrorism and punished accordingly. It was impossible to work under such conditions when Maoists demanded treatment for their wounded" (Ghimire and Pun 2005). The problems for medical professionals had been almost impossible to manage as the numbers of injured multiply, and doctors, improperly trained in the treatment of severe trauma injuries, were faced increasingly with patients presenting shrapnel and bullet wounds" (Stevenson 2002). "One health worker shared the experience of being severely threatened and verbally abused by the SF. In addition, all health workers reported that they pay one-day salary per month in tax to the CPN/M. (IDMC 2008). In such kind of torture and pressure, health workers were severely frustrated.

In the same time period, "The CPN (Maoist) retaliated to the alleged extra-judicial executions on 1 September 2003 in Ramechhap, by killing the village's senior rural health worker Reli Maya Moktan (wife of Chandika Lal Moktan) and Bhim Bahadur Shrestha, a member of the Nepali Congress Party. The two victims were charged with having passed on information to the army about Maoist movements in the area, thus precipitating the army attack of 17 August (AI 2004). According to UNICEF, "Nepali children suffered the second highest rate of injuries caused by explosives in the world." "Hundreds of children suffered as a result of the landmines and unexploded ordinance left behind by the warring sides, particularly as a result of the Maoists' penchant for using—and leaving behind—improvised explosive devices" (HRW 2007). Children who have remained with their families have not fared well either. Their access to education and health services has been severely affected as there are hardly any health care service providers and teachers in remote and conflict affected areas"(IDMC 2008).Children have also suffered from the social and economic disruption caused by the conflict, including the psychological impact of seeing family and community members killed or tortured, destruction of family units, illness due to malnutrition and lack of health services, cessation of their education, and in some documented cases among girls, sexual abuse from either Maoists or security forces" (IDMC 2008). Such kind of harassment has deeply affected the mental cognition of many children. In war-affected zone, many children do have different kind of mental illness.

Conflict, Health and Illness

"Regarding the perceived *increase in psychological distress*, doctors at a rural hospital reported increased presentations of psychological complaints during the conflict period despite the overall decrease in hospital presentations for fear of referral to security forces" (Singh 2006). "The conflict had a particularly harsh impact on the lives of adolescent boys and girls. Gunmen had frequently invaded schools or ordered them closed. Teachers had been kidnapped and intimidated. Students traveling to and from schools were routinely captured and forced to transport supplies for the rebels. Fear had led many to drop out and flee to safer areas" (Singh et al 2007). The Maoist rebellion also *threatened child development* through a number of pathways. Children were impacted through forced separation when caregivers were killed or abducted. Children were forced to watch the humiliation of adults by Maoist insurgents, often consisting of violent harassment of teachers and caregivers" (AI 2004). "In a study done among the internally displaced population, posttraumatic stress disorder was found in 53·4percent, anxiety in 80·7 percent, and depression in 80·3 percent (Ghimire and Pun 2006)."Torture methods included rape, *falanga* (beatings on the soles of the feet), electric shocks, *belana* (rolling a weighted stick along the prisoner's thighs causing muscle damage), beating with iron rods covered in plastic and mock executions" (IDMC 2008). In addition, the research that had been conducted in Rukum Rolpa, Salyan and Jajarkot has shown that, help-seeking non-refugee torture survivors in mid western Nepal showed high prevalence of psychiatric symptomatology. This study points to the clinical relevance of PTSD and anxiety symptoms for Nepali torture survivors; these complaints were strongly related to disability"(Jordans et al 2007)."Another consideration is that although nearly all people confronted with war will suffer various negative responses such as nightmares, fears, startle reactions and despair, they will not all develop mental disorders" (Jong et al. 2007). Cross, culturally, people could have own kind of coping strategies.

A UNICEF study found that 30 percent of children and youth interviewed in prisons reported psychological problems related to torture, including sleeping disorders, nightmares, anxiety, palpitations, and uncertainty about their lives" (HRW 2007) "Conflict-induced migration might also be fuelling a localised HIV epidemic in Nepal" (cited in Singh et al. 2007). "By 2004, NGOs working with displaced women were

warning that the combination of conflict, displacement and prostitution had contributed to the spread of HIV/AIDS in Nepal (IDMC 2008). The conflict has fuelled displacement and large-scale male migration to Kathmandu, India and further for work. According to hospital records, many male migrant laborers are HIV-positive when they return to their villages"(IRIN 2005). UNAIDS said at least 10 percent of 2-3 million Nepali migrant workers in India, are estimated to be HIV-positive, and many infect their spouses when they return home. This has been seen most notably in Maoist controlled districts such as Accham, Kailali and Doti, where around 6-10 percent of migrant labourers were reported to be HIV-positive" (IRIN 2005).

"In rural Nepal more than 90 percent of birth deliveries are at home. Women face a one in 24 risk of dying during pregnancy and childbirth, and current levels of insecurity are increasing this risk further, as the conflict is hindering pregnant women from reaching hospitals for delivery" (cited in Martinez 2003). Moreover, "the causes of maternal mortality are the three Ds—delay in seeking care, delay in reaching care, delay in receiving care" (Collins 2006). "The recently released Millennium Development Goals Report is optimistic that Nepal will meet the goals of: halving the proportion of people living below the national poverty line; reducing the under-5 mortality rate by two-thirds; achieving gender equality; improving maternal health; and ensuring environmental sustainability by 2015, but in the current political and developmental climate, it seems unlikely that child health goals will be met. The goals of achieving universal primary education and reversing the spread of HIV/AIDS are also unlikely to be realized" (Martinez 2003). A situation has been created that someone suffering from even a minor disease had to go to the capital city for treatment. The increasing cases of curfew and strikes have had adverse impact over the health of the people because they were dying for want of timely treatment. There were cases when mothers die during labour period for lack of timely treatment. Two such incidents were published in newspapers where people had to die for want of timely treatment because there were no vehicles on the streets to take them to the hospital" (IDMC 2008). Conflict largely prevented people in accessing health care services.

Conflict, Food Security and Nutrition

Children face food insecurities due to frequent blockades and cutbacks in local food production caused by the exodus of merchants from rural areas, lack of access to markets, and the displacement of able members of some households (cited in Martinez 2003). The Mid western Region and the Far-western region have been particularly affected by the violence and the food/medicine scarcity"(IDMC 2008). "Identifying what food deficits result from conflict, as opposed to chronic underdevelopment, has been difficult (IRIN 2005). Economic disruptions caused by fighting and frequent blockades and checkpoints have curtailed food production and distribution, resulting in high rates of malnutrition and associated childhood maladies" (HRW 2007). The malnutrition situation is particularly serious in many parts of the mid-western region, which are badly affected by the conflict, with *Humla* district having the highest rate of malnourishment in the country" (cited in Martinez 2003). "Nepal's cities due to the war, have also taken their toll on the population. A record number of children now suffer from malnutrition. According to UNICEF, about 48 percent of children under the age of five, suffer from being underweight"(IRIN 2005). "The highest number of malnourished children were found in the Rajhena internally displaced persons (IDPs) camp (73 percent) near the southern border city of Nepalganj. At least 55 percent were suffering from common illnesses like diarrhoea, fever, acute respiratory infections and skin ailments, the report said, adding malnutrition rates and prevalence of common illnesses (82 percent) in small children, especially in Rajhena, could be considered as worrying" (ACR 2006). Drought, government restrictions on supply of food and medicines, restrictions imposed by the Maoists on the transport of food to district headquarters, fighting and fear of threats have led to the internal displacement of tens of thousands. (IDMC 2008) "Life has been very difficult in the Mid western region and the far-western region because of the violence. These people have to cope with food scarcity during the normal time and during the conflict period such scarcity has reached heights. The hilly areas suffer from food scarcity for almost half the year and now with the security forces and the Maoists imposing bans and the latter's looting has further increased food scarcity in the areas. The villages also suffer from scarcity of medicines. The government has reduced the supply of medicines to the districts fearing looting by the Maoists" (IDMC 2008)."A

combination of drought with government restrictions on supply of food and medicines to areas controlled by the Maoists on the one hand and restrictions imposed by the Maoists on the transport of food to district headquarters on the other, has led to increasing concern among development and aid organizations(IDMC 2008). In many places, conflict had fueled the existing trend of food insecurity in Nepal.

Conflict and Displacement

"According to the IDP definition contained in the UN Guiding Principles, all those who flee their homes in order to avoid the effects of armed conflict, situation of generalized violence or violations of human rights are considered to be displaced. This applies to those who fled direct attacks but also to those who fled in anticipation of these attacks (IDMC 2008). "There is a lack of any systematic and coordinated information available on the internally displaced in Nepal"(Singh et al. 2007). Nepal had witnessed a humanitarian crisis since the Maoist conflict began ten years ago. The plight of internally displaced persons (IDPs) in Nepal had received little international attention despite being rated one of the worst displacement scenarios in the world. An estimated 200,000 people had been displaced as a result of the conflict, with the far-western districts of Nepal being the worst affected. Internal displacement had stretched the carrying capacity of several cities with adverse physical and mental health consequences for the displaced. Vulnerable women and children had been the worst affected" (Singh et al 2007). The displaced women and children lack access to medical personnel and basic health services such as immunization"(Singh et al 2007)."Assessments of IDPs in Kathmandu and the city of Nepalganj, indicate especially poor nutritional status and vulnerability among IDPs. Women are thought particularly vulnerable, with local NGOs reporting a rise in sex work and trafficking as displaced women struggle to make a living" (IRIN 2005). Direct causes of displacement include among others: murder of a family member, threats, violations of human rights, forced recruitment into Maoists forces, taxes, arrests and harassment by security forces" (IDMC 2008).

"While humanitarian action helps meet basic needs and alleviates suffering, it cannot cure the root causes of suffering. No crisis can be solved without political action" (Berry

1997). "Reports of abductions, extortion and recruitment by the CPN-Maoist have increased and attempts to interfere in the humanitarian and development programmes have continued. Due to security concerns, for the time being most persons displaced by the conflict have been reluctant to return"(IDMC 2008). In the present days, many displaced persons do not feel comfortable to return home. Lack of emotional integration and occurrence of frequent attacks are some of the reasons that displaced people do not feel like going home and settle. In many cases, people do not have their grabbed land and homes back. The level of Illness and sickness generated by conflict -induced condition were not acknowledged and many people are still struggling with those burdens of diseases. In post conflict situation, there was no attempt made to revitalize the health service system effectively.

1.3 DISCUSSION: REVIEW OF THE STUDIES

Conflict and health is one of the emerging areas of study. Experiences of different civil wars and arms led conflicts have given suggestive picture that this kind of human made disaster everywhere result in destructions loss and decay of human lives and civilization. Arms led conflict is a back gear of human civilization. It has always produced devastating effects on physical, mental and social well being at the population level. Moreover, academia all over the world has explored the role of conflict and its multidimensional relationship with human health. Evidently, conflict destroys people's health, health service system, and destroys the channels of health care delivery and outreach programs. Many people do have infinitive amounts of health related experiences and sufferings all over the world. Substantial literatures can be found in conflict and health related topic. However, there are very few literature that are available which related to the impact of conflict and health service system in Nepal. There is hardly, any material available which provide an in-depth picture related to civil war and health service system in Rolpa district in Nepal. The role of civil war and its impact on health service system and people's health has been studied in many dimensions.

Different forms of diseases are the direct outcomes of conflict. Many researches have shown the relationship of illness and war. The study done in Congo by Thoms and Ron

(2007) shows that civil war was the main reason for the sharp of increase of infectious diseases. It shows that "immediate causes" of deaths in complex emergencies are acute respiratory infections, diarrheal diseases, maternal and neonatal morbidity, tuberculosis, and vector-borne diseases such as malaria. Likewise, they have discussed that overcrowding and inadequate shelter; malnutrition; insufficient vaccination; poor water and sanitation conditions; exposure to "new" diseases, for which affected populations have not developed immunity; and lack of, or delay in, treatment can increase the disease risk in complex emergencies.

Similarly, in Jong et al (2007), a study done in Chechnya, has shown that "people suffering from chronic or traumatic stress often report non-specific complaints such as headaches, stomach problems, general body pain, dizziness or palpitations." In the same way, authors have mentioned that "chronic exposure to traumatic events is associated with higher levels of mental health problems and poorer physical health, and witnessing and self-experienced extreme violence is also associated with psychosocial and mental health problems, including depression, generalized anxiety disorder , and post-traumatic stress disorder ."Supporting this argument, Lancet (2009) has written an editorial on the Shri Lankan war against LTTE and ongoing humanitarian crisis, citing the quote of Médecins Sans Frontières, it has mentioned, "that anxiety is high among those in the camps, many of whom have been separated from their families (Lancet 2009)." All these studies provide the suggestive pictures that arms led conflict always damage the physical and mental health of the population. Moreover, traumatic events generated by conflict related situations are always vulnerable for rising threats of both communicable and non-communicable diseases. These researches have substantially highlighted some of the dimensions like the role of traumatic events and rising threats of both communicable and non-communicable diseases including mental health. Likewise, rigorous methodology is always required before labeling certain symptom as a mental health disorder. Otherwise, without having a scientific basis, rough generalization of symptoms that exist in war victims can not be addressed properly. Moreover, it would be a very plausible explanation if the role of traumatic events and rising threats of both communicable and non-communicable diseases can be supported with certain evidences.

Simunovic (2007) has conducted research , that has shown the impact of war on the health service system in Bosnia and Herzegovina. On the pre-war scenario, the author has mentioned that, "the standards and skills of the clinicians in former Yugoslavia were mostly satisfactory. Routine diagnostic and treatment procedures were performed in accordance with the standards applied in far more developed countries. Although there were not many internationally renowned physicians, not few received at least part of their training in the best medical centers in the world. The main health indicators, such as newborn mortality rate of 14.5/1,000 live births, were comparable to those in West European countries. Moreover, he further writes, "during communist rule, the health care system in the former Yugoslavia was centralized. Primary health care, provided by general practitioners at municipal health centers and their outpatient facilities, secondary health care was provided at both municipal health centers and regional hospitals, while tertiary level health care was provided at teaching hospitals linked to universities. Public health was organized through municipal, regional, and national institutes. Health insurance was state-controlled and literally, everybody had complete health protection." Similarly, the author has highlighted the worsening condition of Health care system in Bosnia and Herzegovina during the 1992–1995 war. No preparations were made, no stockpiling of medications, no reorganization plan to help quickly at the wartime conditions – if the need raised. As a result, the hospitals in Sarajevo ran out of basic surgical material (dressings, bandages, sutures, cleaning solutions, and similar) within the first three months of the siege. Essential medications, oxygen, and anesthetic gases were at a premium, and the power and water supply were cut off after several months." He has given the worsening conditions of medical service during the conflict situation.

Nagai et al (2007) writes, though there had been a long-term conflict in Sri Lanka, "the analysis of a 20-year trend of health service systems reveals the steady improvement of basic health indicators of the national average and underprivileged areas in Sri Lanka, in spite of the prolonged conflict. Authors have argued that, well-designed social service systems which had been established before the conflict, and continuous provision of social services during the conflict made this stable improvement possible. In addition, Nagai et al. writes, "in comparison to Sinhalese dominant area, Northern Province dominated by LTTE has shown the worse health indicators than other under privileged

area of Sinhalese zone. Likewise, Nagai et al (2007) further writes, "shortage of HRH and people's negligence for health was perceived as the major obstacles to improving the current health situation in Northern Province." Similarly, the uneven distribution of HRH inside the country is a worldwide phenomenon both in industrialized countries and in developing countries. The shortage usually occurs in three axes: the public health sector in contrast to the private health sector; rural areas in contrast to urban areas; and primary levels of the health system in contrast to tertiary levels. International migration of HRH especially physicians from the lower income countries to the higher income countries makes this problem more complex."

In Simunovics (2007) study, it has fairly addressed the shortage of human resource because of war related cause. Likewise, "when the war began, the health professionals divided into two groups: the one that stayed and the other one that left. The estimates are that the number of people employed in the health care sector dropped from around 19,300 in 1991 to 11,857 in 1996. By the end of the war in the south-west part of the country, the number of local physicians and nurses had decreased by 1,200 and 3,752, respectively. None of them were either prepared or trained to work under war conditions." Likewise, Lancet (2009) has written an editorial on the medical emergency in Sri Lanka. It has mentioned, "the situation in the conflict zone constitutes a medical emergency. Both sides of the conflict have shown complete disregard for international humanitarian law. The medical community, including the many Sinhalese and Tamil health professionals who work abroad, must denounce the wholly unacceptable actions of both sides of the conflict, who are committing atrocities against innocent civilians in their name." It is quite suggestive that either it is in Sri Lanka or in Bosnia Herzegovina, high intensity conflict always damage the health service system and creates an uneven situation for health workers to perform their duty without any fear.

Nagai et al (2007) has shown that, "the major health problems in Northern Province were high maternal mortality, significant shortage of human resources for health (HRH), and inadequate water and sanitation systems. Poor access to health facilities, lack of basic health knowledge, insufficient health awareness programs for inhabitants, and mental

health problems among communities were pointed out. Supporting this argument, in Lancet (2009), an editorial entitled "Medical emergency in Sri Lanka" mentioned, "the conditions in the conflict zone are grim. Civilians are forcibly being prevented from leaving by the LTTE, who are opening fire on those who try to escape. They are also being shelled by the Sri Lankan army despite residing in a government-declared no-fire zone. Many are sheltering in dirt bunkers and under plastic sheeting with little access to sanitation, food, and clean water, and are at increased risk of infectious diseases."Additionally, Conflict and role of government is highlighted by both abovementioned studies. Simunovic (2007) writes, "the specific characteristics and needs of the population have not been accurately identified and taken into account, and the greater part of the promised aid did not reach the affected at all. Therefore, the quality control of the proposed aid projects should be increased and they should be assessed for feasibility before being put in action. Also, those for whom the aid is intended should be more actively involved in the realization of such projects as they probably know what kind of help they need and how they need it." Moreover, the author has further written that, "The *'Crisis Headquarters,'* responsible for the organization of medical services in war conditions, were also dominated by aggressive and incompetent people, whose main qualifications were the ability to ardently express nationalistic, patriotic, and religious sentiments and a lack of any serious ethical restraints. For example, a semi-retired professor of dental medicine, specialized in prosthetics, assumed the post of Minister of Health." The editorial in the Lancet (2009), about Sri Lanka shows that "the list of war crimes being committed by both sides of the conflict, in breach of the Geneva Conventions, continues to grow. Independent journalists and human rights monitors have been barred from the conflict zone."

Similarly, studying post conflict condition of war-affected population is one of the major dimensions of conflict and health studies. Thomas and Ron (2007) writes, "although peace should theoretically be associated with greater physical and mental well-being, this is not always true. For example, Physicians for Health Rights (PHR) studied health conditions in Chiapas, Mexico, years after insurgents ended their armed rebellion, and their survey of 2,997 households in 46 communities discovered that health conditions had

in fact deteriorated alarmingly, with some communities being denied healthcare for political reasons. Thus, while Chiapas' shooting war had ended, health conditions were in fact getting worse, not better. Unfortunately, researchers may find similar post-conflict deterioration elsewhere."

Moreover, Nagai et. al. (2007) study from Sri Lanka has given substantial attention to reconstruction of destroyed health service system during conflict period. The author further writes, "to remedy the HRH shortage in the first three axes, different strategies have been applied in different countries: development of rural health infrastructure; recruitment of candidates from rural areas; reform of medical education from specialist to generalist oriented; compulsory public services; financial incentives; equal opportunities of rural physicians for post-graduate training and career advancement; recognition and improvement of the social status of rural physicians." In addition, the community-based health awareness program and the community-based construction, operation and maintenance of water and sanitation systems can contribute to this project. Those programs will empower the inhabitants and contribute greatly to rebuild the community." Finally, authors have concluded, "the health status and public health services have deteriorated in Northern Province because of the prolonged conflict. The HRH development and allocation is one of the most crucial strategies for effective reconstruction. To promote the peace process, it is indispensable to enrich the mutual understanding between Tamil and Sinhalese by providing objective information, and keeping balance for the reconstruction and development between conflict-affected areas and other underprivileged areas."

Likewise, related to the post conflict situation, Qadeer (1985) writes, "USSR, China, Cuba, Angola, Nicaragua, Vietnam and some East European countries, after throwing away the yoke of feudalism and imperialism are exerting themselves to build up a health system which serves their entire population. In doing so, while some have depended upon allopathy and other has tried to make use of their traditional system of medicines." Similarly, Simunovic (2007) has further given description about the reconstruction phase of postwar 1995–2005 period. He writes, after the war, various international health

organizations, governmental health agencies, and countless non-governmental organizations entered the scene. Both western and eastern oil-rich countries were earnestly declaring their intention to pour dollars into the devastated health care system and build a new one, better than any other in the world. Everybody was determined to implement nothing less than "*the world's best practice*" and "*European standards*." Furthermore, "it is difficult to believe how quickly the *heroes in white*, as journalists used to call us, transformed themselves into in an interest group offering minimal service for maximal gain under the new market rules, while showing little compassion for the impoverished population. A large number of private practices, some legal but most illegal, opened, charging the same fees to the haves and the have-nots, the first group representing only 5% of the population. Even professional solidarity among colleagues disappeared." Nagai et al (2007) writes, "mental health care is considered one of the most important issues in post conflict reconstruction period. A systematic national mental health policy is still under development in Sri Lanka. First, there is an overall shortage of psychiatrists at the national level."

(Singh 2005) writes, "war in Nepal had led to widespread destruction of limited infrastructure and had adversely impacted access to health-care services and personnel, affecting family planning, maternal and child health programs, and immunization services throughout the country. Likewise, attacks had damaged many health facilities, and staffs were often reluctant or unable to travel in rural areas. Many women were reported to have died during childbirth because they could not reach emergency obstetric care" Similarly, Ghimire and Pun (2006) also highlights the disturbances in HSS during war. According to authors,"40 health posts were completely destroyed between January, 2002, and December, 2004, and tens of others were rendered unusable. Some of these health posts were attached to the offices of the village development committee, which were the Maoists' favourite targets. Likewise, Thapa and Sijapati (2003:145) writes, "The ministry of finance's Economic Survey, 2001/ 02 reported that not a single hospital, health post, or health centre was added during the review period. The numbers of primary health centers only rose by 20 while the number of sub health posts actually went down from 3171 to 3161." Potter (2007) writes, "Though the conflict severely worsened the

government health care system, it is important to note that it was not a well-functioning system prior to the conflict either. It will likely suffer most of the same inadequacies in the future that it did ten years ago." Most of the literatures reveal the fact that arms led conflict has played negative role against the health delivery system in Nepal.

Stevenson (2002) writes, during the civil war because of crossfire's between two government militaries and Maoists militants it was very challenging for village medical professionals to manage all wounded, trauma injured, and war victim people and fighting groups. The situation was very threatening to medical professionals because both sides were abusing medical facilities and staffs. Government was giving close attention to prevent insurgents being benefited from government resources. Abduction and killing of health workers during conflict prevent health workers to fulfill their duty confidently. It further harms the health delivery services. Similarly, Potter (2007) writes, " one of the chief causes of project delays was Maoist-announced *bandhs* (transportation closures/strikes), where roads and highways could be shut down at any time, sometimes for hours, sometimes weeks. Those who refused to adhere to the closures risked facing consequences, ranging from verbal warnings to explosive devices on highways. As a result, many staff could not travel to and from field sites as easily, supplies were not always delivered on time and project-related trainings were occasionally postponed." Though international humanitarian principles allow every health workers to fulfill their duty, in many cases, health workers were tortured, abducted and killed that prevent health workers to perform their responsibilities without any fear. Stevenson (2002) writes, during the civil war Maoist insurgents arrested by Nepalese army were severely beaten up and forced doctor to write the report explaining death in crossfire though the person was died because of severe torture in the army custody. Moreover, "directive from the Nepal Ministry of Health was issued that instructed all doctors to immediately provide information to security officials about individuals seeking treatment for wounds linked to the conflict; mainly bullet wounds and injuries caused by explosions. Doctors who disobey this directive are considered supporters of terrorists according to the Terrorist and Disruptive Ordinance 2001 and liable to arrest and imprisonment." This act was severely criticized. Likewise, International Red Cross also had criticized government for

not delivering prompt medical treatment to those severely injured in the fighting. Stevenson (2002) argues," the committee was formed to provide necessary treatment be given at the earliest possible opportunity to anybody who approaches a health center after being injured and that the patient must be treated immediately without inquiring where and how he or she was wounded or fell sick". One hand Nepal government has agreed to follow international humanitarian principles; on another hand, disregarding such conventions to suppress the insurgents was showing double standard characteristics of government.

Singh et al. (2007) has mentioned," currently ordinary civilians constitute a large proportion of those displaced: the displaced now include the affluent landowners, government officials and teachers who are threatened by the Maoists as well as the poorer civilians who have fled violence and insecurity, including young men and women who have fled their villages for fear of forced recruitment and harassment by the Maoists and intimidation by the security forces". mental health is another important dimension in conflict and health study. Dahal (2007) has further mentioned, "increasing work burdens as a result of difficult economic situations further underpins their psychosocial health problems." Citing Desjerlais (1992: 123) argument in his study, "grief is transformed into pain that clings to different parts of the body." Moreover, Dahal (2007) study is highly insightful to explore some additional dimensions like physical and mental health condition of war victim single women. Likewise, the role of government policies to rehabilitate such war-affected people can be further areas of exploration that would be interesting dimension in post conflict period. Similarly, Singh et al (2007) has mentioned, the conflict has had an impact on the physical and mental health of the displaced. A recent cross-sectional survey among 290 internally displaced people in Nepal found high rates of post-traumatic stress disorder (53.4 per cent), anxiety (80.7 per cent) and depression (80.3 per cent)". Mental morbidities are huge problem in war affected areas. Reconstruction and Repatriation is another important dimension in post conflict situation. Collins (2006) writes ", a ceasefire has now been declared and a source close to the Maoists assures *The Lancet* that they guarantee the safety of health workers and of internally displaced people who wish to return home". However, displaced people are

still reluctant to return homes and many commitments of peace accord were remaining unfulfilled.

CHAPTER III

BACKGROUND

Rise and fall of Nepal: Political history

Nepal is the oldest nation state in South Asia. "The history of nation state of Nepal is generally considered to have begun in 1768-69. This was when Pritihivi Narayan Shah ruler of the small kingdom of Gurkha, completed the conquest of Kathmandu valley, culminating in a military campaign that he had begun nearly a quarter century before"(Thapa and Sijapati 2003:13). "From the kingdom of Gurkha's in western Nepal he moved to Kathmandu. After his death in 1774 AD his successors pushed both towards the north and towards some adjoining parts of India in the south. By the beginning of the nineteenth century, the Union jack[4] was rising in the hills of India and after the defeat in the Anglo -Nepal war of 1816 the Nepalese had to turn their attention more to the north than they had been doing" (Bhatt 1996). Moreover, "The rise of the Gurkhas coincided with the growing influence of the mercantile power, the English East India Company, in India. It was natural that the two expanding powers -the English East India Company and the Gurkha Empire should find cause for conflict. This happened in 1814 and the Gorkhalis were worsted in the war that followed. As per the terms of the 1816 peace treaty that ended the war, the geographical extent of Nepal was largely confined to its current boundaries"(Thapa and Sijapati 2003:13). The colonial expansion of Nepal ended after the signing of the Sugaulai treaty.

Though the nation state building process was initiated by the Shah dynasty, because of severe power and resource contradiction in this dynasty, Jung Bahadur Rana, a powerful person from the Rana family had performed an army coup (1846 A.D) against the Shah rulers and declared himself the *supremo* of the nation. During the Rana regime, the role of the Shah kings were minimized as a rubber stamp and the country was completely under a single-family authority. The Rana aristocrats were the rulers and Nepal was completely under feudal law and order. To get rid from this kind of harsh situation, the Nepalese people revolted against that authoritarian model of the Rana government and

[4] It is the name of the flag of United Kingdom, it is a superposition of the flags of Saint George (for England) , Saint Andrew (for Scotland) and Saint Patrick (For Ireland).

again placed the king in his own throne. As a result, after the abolishment of the Rana regime in 1950, the Nepalese people became sovereign citizen. Bishwesor Prasahd Koirala became the first elected prime minister of Nepal and the Shah King remained as a constitutional monarch. Once again, because of the traditional power of the Shah Kings and the infancy of its democracy, King Mahendra performed another political coup against democracy in 1960. There after Nepal was under the autocratic Shah regime for the next 30 years in the name of Panchyat System (1960-1990 AD).

Different literatures on political analysis suggest that in the active period of the monarchy, large sections of the Nepalese people were marginalized from state resources and opportunities. However, voices for change were rising. Again, in 1990, the Nepalese people had made a long-term protest against the autocratic Shah regime. In a month long people's movement, after loosing a number of people's lives, the Shah King Birendra was forced to declare himself to obey to the people's decision, which once again set aside the Shah King as a constitutional monarch. Democracy again re-established in Nepal in 1990. Prior to this, there was absolute monarchy. Despite frequent changes in the political structure, the Nepalese people could not find reasonable solutions to uplift their backward and rampant living condition. After 1990, "the parliamentary exercise proceeded, there was no improvement in the socio-economic conditions of the people. Governance remained in shambles as political parties expended their energy in power plays. Corruption soared unchecked. The gap between the poor and the rich grew wider while conspicuous consumption became the norm in the capital and other urban centers" (Thapa and Sijapati, 2003). In February 1996, the Communist Party of Nepal (Maoist) declared a “People’s War” against the “old state authority” by catching the sentiments of the people, those being marginalized and excluded from state resources. Their political manifesto was set out in 40 social, political and economic demands"(DFID 2004). Approximately, 15, 000 people were killed in a decade long civil war along with many other hundreds being disappeared, displaced and tortured. Moreover, After the 10 years of bloodshed arms led movement, in 2007 a peace accord had been signed between 'old state' and the Maoist “revolutionaries”. Similarly, because of the changing political development the Shah Monarch Gyanendra had to depart from the royal throne. The

constitutional assembly had declared the abolishment of kingship from the ruling structure of Nepal. After the election that was held in April 2007, the Maoists succeeded to place themselves in political mainstream. After running a nine months long coalition government with Madheshi Janaadhikar Forum and Communist party of Nepal, United Marxist Leninist (CPN UML), the Maoist had to resign from the government in May, 2009. The CPN (UML) is now forming another coalition government with the help of other parties. At present, the UML is leading the coalition government with the support of other major parties like Nepali congress (NC), Madhesi Janaadhikar(MJF) and other regional parties. The UCPN (Maoists) are in the opponent and are continuously raising the issue of "National Government" with the consensus of all other parties. In the political context of Nepal, the history of the rise and fall and the continuous political instability after all could not draw attention towards the demands of the people. Thus, the political crisis that leads to a crisis in resource generation and distribution is historically excluding peoples' rights to have their basic needs. The notion of "overall development" is such a rhetorical phenomena that it afterwards creates political frustration among the general population.

Nepal and Civil War (1995-2006).

Nepal had a long inter and intra-conflict history. Before, 1990 the country was completely under autocracy. Most of the rulers had not given any priorities to solve the inherent socio-cultural contradictions of the Nepalese society. When the Panchayat-era and monarchy were ended by a mass movement during the 'spring awakening' in 1990 and a multi-party democracy was introduced, people's expectation were rising high. "The new system, however, did not deliver. Nepotism as one of the main mechanisms for the reproduction of economic inequality was not eradicated, but merely taken over by new staff, and the enthusiasm of the first years of formal democracy soon gave way to 'deep disappointment' with the administration and political system perceived as thoroughly corrupt and unaccountable to the people"(PfaffCzarnecka 2004, cited in Rinck 2007). "The political order continued to be dominated by the same elite who failed to improve the lives of the poor rural majority" (IDMC 2008). Moreover, "the fiscal year 1993/94 saw some promising results. There was an unprecedented growth in agriculture of 7.6 per

cent; GDP registered a 7.9 percent increase, the tourism sector was able to contribute 4 percent of GDP and in the manufacturing sector, the carpet industry emerged as the major foreign exchange earner with the value of its exports tripling within three years" (Thapa and Sijapati 2003:57). However, this growth rate could not fulfill the aspirations of the large majority. "Consequently, in the absence of an effective national strategy for economic planning, the role of state has historically been one of surplus appropriation through taxation and other means to reinforce the control of the 'centre' over the 'periphery' and the ruling classes over the 'subject' classes" (Thapa and Sijapati 2003:60). There have been enormous amount of socioeconomic inequalities and deprivation between rural and the urban population. The vertical centralization of infrastructures, resources, and other facilities has resulted in severe frustrations and exclusionary feeling among the people living in rural areas."One of the tragedies of the post-1990 Nepal has been the unstable politics at the centre which saw twelve changes of government between 1991 and late 2002"(Thapa and Sijapati 2003:87). Temporary governments could not channelize their plans and policies to address the basic needs of the people.

"The Nepalese far-left parties went through a complex process of split-ups and reunions after 1992. The Communist party of Nepal (Maoist), the fraction that was split from United people's front (UPF), following an inner-party power struggle in 1994. The UPF had already been a relatively small party but with strong support in some of the mid-western hill districts. The tiny new faction having splintered from it and with little hope of successfully contesting national elections, openly started mobilizing for a "People's War" in the hill districts of Rolpa and Rukum in 1995, both of which have a long history of support for leftist activism and extremely weak state control"(Whelpton 2005, cited in Rinck 2007). Other parts of Nepal had been severely marginalized, however, because of the political seed that was already planted for "arms led revolution", Rolpa and Rukum became more fertile zones to whistle the Civil war. "This is especially true for the eastern part of Rolpa, which was earlier part of Puthyan district, and which today is known as the Maoists' birthplace. As early as 1957, the large northern village of Thawang had already become a communist stronghold. During the 1959 parliamentary elections, the CPN candidate received 700 of the 703 valid votes cast in Thawang-that at a time

when the Nepali congress landslide had swept across the country"(Thapa and Sijapati, 2003:66). Therefore, the maoists had decided to choose Rolpa and Rukum as a historically favorable region to start their "revolution".

"The conflict between the armed Maoist rebels and the Royal Nepalese Army (RNA), loyal to the king, originated in the mountainous western heartlands of Rukum and Rolpa, ideally suited for guerrilla warfare" (Singh et al 2007). Among the actions that signaled the initiation of conflict on 13th Feb 1996, was an attack on the police station in the district of Rolpa"(Thapa 2003:85). Similarly, there had been a feeling of exclusion from the hill based capital center among the people of Nepal's Terai. Other, geographically excluded regions were also having the same kind of perceptions. The Maoist had raised the issue of racial, caste, geographical, and federal structure to address the present problems of poverty, exclusion, deprivation and discrimination. "The Maoists have found considerable support among those dissatisfied with the corruption and lack of development under parliamentary democracy" (HSPH 2001). "As development serves the interest of only the elites, it becomes the breeding ground of discontent, which eventually leads to violence"(Sinha, 1997). Thus, multiple factors were intertwined behind the rise of civil war in Nepal.

"A disproportionate numbers of teachers have been killed in the conflict. It has been the politicians belongings to other parties, especially the Nepali congress, who have had it really tough in the face of Maoists atrocities. Many have left their villages to live in the district headquarters or moved on to Kathmandu" (Thapa and Sijapati 2003: 6-7). In response to threats, the State transferred teachers and health workers from one area to another. The mission met with some teachers living in the district headquarters and commuting to their teaching posts daily by foot due to continued fear of the Maoists. Occasionally, transferal to a remote area was used as a threat to health workers and teachers who did not cooperate and give information about the Maoists' activities" (IDMC 2008). Teachers and health workers had to face problems from both sides. Likewise, the health service system was badly affected and health professionals were in the cross fire. Newspapers and electronic media reported the abduction and threat to

health professionals by the national army and the Maoists. Likewise, "ordinary villagers suffered the worst predicament caught in the crossfire between the two sides, particularly between the end of the first cease fire in November 2001 and the second ceasefire in January 2003. Whole villages were subjected to terror as the people's war became no-hold- barred fight with random violence perpetrated by both sides" (Thapa and Sijapati 2003:7). "Lower castes and minority ethnic groups are disproportionately affected by widespread health problems aggravated by poverty and lack of public health awareness. Due to high poverty levels, people have limited purchasing power to buy food in the markets (IDMC 2008). Lack of access was confirmed by local farmers in Nepal's Rukum district. While they had little trouble working on the fields, their greatest obstacle was the inability to move freely around the district. This had deprived them of vital supplies, seeds, the ability to graze livestock unhindered, and most importantly, access to the local market (IRIN 2005). As a result of this, there were very few men in the villages of Rukum and Rolpa region, the hotbeds of the insurgency in the midwestern heartland of Nepal" (Singh 2004). Such kind of male absenteeism directly hampered the regular pattern of family life, and it was contributing towards social fragmentation. Moreover, "in Rukum district there were 23 police post now they have only six police posts, in Jajarkot the number of police post has decreased to six from 15, and in Rolpa there are only eight police posts where there were 39. (SAHFR 2000) This indicated that the state was loosing control in Maoists' dominant areas. Due to a lack of government presence in most rural areas, regional education offices in Rukum, Rolpa, Kalikot and several other Maoist-controlled districts, especially in west Nepal, have not been able to implement their education programmes according to the national curriculum(IRIN 2005). Transport of essential supplies and commodities into districts severely affected by the conflict has been increasingly difficult due to the presence of road blocks"(Martinez 2003). According to the farmers, the local Maoists now had control of the most profitable local businesses, including forestry and herbal trade" (IRIN 2005). "In many areas, the conflict led to the breakdown of education, closure of businesses, weakening of local economies, and interruption of public services. Insecurity and blockades further reduced the availability of food and accelerated a long-standing urbanisation trend (SAFHR 2005: 36 cited in IDMC 2008).

Similarly, as "peace talks between the Communist Party of Nepal (CPN Maoist) and the government in Nepal broke down in August 2003, there was an immediate increase in human rights abuses as conflict resumed between the two sides. There had been an escalation in incidences of arbitrary arrest, detention, extra-judicial execution, and torture by government security forces and killings, abductions, hostage taking, and child recruitment by the CPN (Maoist)" (AI 2004). The civil war continued for ten years. Therefore, it is very difficult to calculate the actual cost of war that the Nepalese people have been bearing all over the country.

Health Policies in Nepal

After the restoration of the multi-party democratic system in the country, the health system was reformed and a new National Health Policy was initiated in 1991. Following this policy, the National Health Education, Information and Communication Centre (NHEICC) was established under the Department of Health Services in 1993, with the mandate to provide high priority to information, education and communication in the health sector. The Ministry of Health of His Majesty's Government of Nepal developed a 20-year Second Long-Term Health Plan (SLTHP) for Five Years 2054-74 (1997-2017). The aim of the SLTHP was to guide health sector development in the improvement of health of the population, particularly those whose health needs are often not met (MOH 2005). Likewise, " The Ministry of Health (MoH), with participation of the External Development Partners (EDPs) and other stakeholders and following extensive consultations during the last two years, has developed the Nepal Health Sector Strategy: An Agenda for Reform. A sector program, Nepal Health Sector Program - Implementation Plan (NHSP-IP) has been developed based on the Health Sector Strategy. The Health Sector Strategy is to be used as a basis for joint planning and programming in the health sector. Similarly, The Nepal Medical Council has passed a Code of Ethics which all doctors who register are required to sign and then subsequently keep as guidance for behavior in their future practices. Concomitantly, HMGN (His majesty government of Nepal, Now Nepal government) has finalized the Tenth Five Year Development Plan (2002-2007), the Poverty Reduction Strategy Paper (PRSP). Primary

focus of the health sector component of the Tenth Plan/PRSP is to ensure delivery of essential health care services nation-wide in order to significantly reduce the burden of disease and target the underserved and poor to ensure their increased access to essential health services" (MOH 2005).

"The interim constitution of Nepal 2063(2006/07) has emphasized that every citizen shall have the right to basic health care services free of costs as provided by law. The free health service program was directly run by MOHP. The policies and programs of the MOHP and the action and activities of its officials is being directed by the spirit and mandate of the last *Jan andolan* (People's movement) 2006"(DHS 2006/07). Moreover, it basically covers Free health service to all citizens in HP/ SHP. "The policies are further development and continuation of National Health Policy 1991, second long Term health plan (SLTHP 1997-2017) and Nepal Health Sector Program- Implementation Plan 2004-2009". Moreover, the "program has accepted the objectives like to secure the rights of citizen to health services ,to increase access to health services especially for the poor, ultra poor, destitute, disabled senior citizens and FCHVs, to reduce the morbidity and mortality of the poor, marginalized and vulnerable people, to secure the responsibility of state towards the people health services to provide quality essential health services effectively"(DHS,2006/07).

In the initial phase, the "Government of Nepal (GoN) has decided to provide nation wide free essential health care services (Universal free health care policy free of charge to all citizens at HPs and SHPs levels. This free service covers registration fee, available health services and essential drugs. The essential drugs will be categorized into 22 items in SHP, 32 items in HP that must be provided to the people round the year." Ultimately, government of Nepal decided to provide essential health services (emergency and inpatient services) free of charge to poor, destitute, disabled, senior citizens and FCHVs upto 25 bedded district hospitals and PHCCs (December 15 , 2006) and all citizens at SHP/ HP level (8 October, 2007)" (DHS, 2006/07). Similarly it has been announced that the government will provide free health service to all citizens in PHC level (July 21 2008)."Expansion of free health service to OPD. In mid July 2007, GoN decided to

provide free service to OPD patients in less than 25 bedded district hospitals and PHCs of 35 districts having low human development index including support of poverty alleviation fund and maternity incentive priority districts"(DHS 2006/07).

In Nepal, the health indicators are below standard, According to WDR (2007), in Nepal Life expectancy at birth is 62 for Males and 63 for Females. Likewise, prevalence of under 5 Child malnutrition rate is 48 percent. Similarly, under five-mortality rate is 76/1000 and maternal mortality ratio per 100,000 live births was 740 in 2004. Likewise, HIV prevalance is 0.5. This indicate that, Nepal does not have satisfactory health indicators. These indicators reflect that the Nepalese people are living in a chronic stage of underdevelopment with low quality of life.

CHAPTER IV

ETHNOGRAPHIC DESCRIPTION OF ROLPA

In simple meaning, ethnography is the study of the people. It consists of people's language, culture, values, morals, taboos, festivals, rituals and overall surroundings etc. Most of the traditional ethnographic works conducted in Nepal are more focused on romanticization of the natives rather than an attempt of understanding through the critical lens of ethnographic study. Moreover, a critical perspective in ethnography is necessary to understand the politico economic relations and other conflicting dimensions of the society. Critical ethnography is demanded for resource contestation, conflicts of interests, and exercise of power over suppressed and oppressed groups. Pains, sufferings, tragedies and social fragmentation cannot be isolated in any study of the people. "Historically, the prevailing tendency of ethnography in Nepal has been to describe small scale village based communities at the expense of examining state structures. This may preclude us from easily understanding the roots of the current situation, and may lead us to believe that ethnographies of conflict do not fit legitimately within Nepal's established anthropological persona" (Hutt 2004: 84). However, interest and academic orientation of ethnographers do matters to explore the empirical dimension of conflict. The seen entities of conflict "is the proverbial tip of the iceberg, a phenomenon scratched only on the surface" (Sinha 1997). Moreover, unseen and hidden consequences of conflict are always challenging to explore. "Ethnography is at the heart of the anthropologies that deal with living peoples" (Agar 1982). Living peoples do have subjective experiences of their society and the pain of violence in past and present, because "Violence is a dangerous illness" (Nordstrom 1998). Illness is the subjective experience of sufferers.

The subjective interpretation of the sufferings from the worldview of sufferers and victims should be the core agenda rather than romanticizing the war and its violent aspects. Ethnography of conflict should explore "diverse landscape of subjective experiences" (Bury 2005). Those subjective experiences are the remaining of destruction of infrastructures during war and violence. There are multiplicities of perceptions in relation to ethnographic studies. "Epistemologically, ethnography has made claims to

objectivity that ring hollow upon close examination. Politically, ethnography has often presumed a definitional authority that recreates power dynamics that recall anthropology's colonial past"(Whitetaker 1996). "In the words of the old opposition, ethnography is neither "subjective" nor "objective." It is interpretive, mediating two worlds through a third"(Agar 1982). Ethnography is the objective study of subjective experiences. In war ethnography, it is about objective reality of subjective perceptions of pains, suffering and illness. "Strategic murder, torture, community destruction, sexual abuse, and starvation become the prime weapons in the arsenal of terror warfare" (Nordstrom 1998). Humans are targeted, their feelings are insulted, and self-esteems are demoralized in war. "Active conflict causes immediate death and destruction" (Bhatt 2006).

"To actually do ethnography is to engage in a process of knowledge production. Like all other productive processes, ethnography is organized toward the accomplishment of a product (Simon and Dippo 1986). Exploration of pain and sufferings prevalent in the society is another important dimension of war ethnography. Peoples' sufferings and experience of victims can be expressed through narratives. "Narrative is an active and constructive form of cognitive engagement that reflects participation in specific social and moral worlds and depends upon personal experience and cultural resources, including culturally available models" (Garro, 2004). Thus, people's narratives are constructed on the basis of their personal experience and exposure with incidents. Culture, norms, and other social values affect the way of expressing narratives. "Researching and writing about violence will never be a simple endeavor. The subject is fraught with assumptions, presuppositions, and contradictions. Like power, violence is essentially contested: everyone knows it exists, but none agrees what exactly constitute the phenomenon. Vested interests, personal histories, ideological loyalties, propaganda, and dearth of first hand information ensure that many "definitions" of violence are powerful fictions and negotiated half truths" (Nordstrom and Robben 1995:5, cited in Hutt 2004: 83). Therefore, multiple dimensions of war and violence affect the construction of realities. Narratives are the powerful manifestations of such realities.

General Setting

Rolpa is a mid western hill district of Nepal. It is surrounded by Dang in the south, Puthyan in the east, Salyan in the west and Rukum in the North. Indigenous Kham Magar nationality is predominant in Rolpa along with other Brahmin, Keshtriyas and so-called untouchable caste groups. According to the Department of health service system manual (2006/07) the estimated target population of Rolpa is 232189. Some Newar caste people have existed in Rolpa because of their long history in business. Agricultural is one of the important occupations in Rolpa. However, most of the male are migrant workers and females do have responsibilities to take care of household and livestock. There are substantial presence of *Rolpali* males in the Nepal Army, Indian Army, British Army and People's Liberation Army. The presence of non-irrigated land and being a hill occupied district, the production of maize, millet and barley are insufficient in Rolpa. Food insecurity is one of the chronic problems in Rolpa. The condition of different linear agencies of government in Rolpa is unsatisfactory. Historical exclusion of mainstream development programs and the history of long-term war have deteriorated the normal growth process of Rolpa.

The good indicators of social determinants are directly related to maintaining the good health in the general population. However, the general condition of communication, sanitation, education, road, agriculture and transportation is poor in Rolpa. Similarly, different governmental organizations such as DDC, CDO, post office and VDC buildings are also not well equipped in Rolpa. Food security is very low, and even if it is available , issue of food safety is completely ignored. Under nutrition is prominent in most of the people. The opportunity for employment is very less in Rolpa. However, some educated people are working in different NGOs, schools and other government offices in district headquarter.

The role of the media is also an important part in broadcasting the materials related to health promotion. In Rolpa, people can listen to the local FM Radio Rolpa including a couple of national channels, such as Radio Nepal and view Nepal Television and other private television channels. There is less impact of mass communication in VDCs those

that are far from district headquarter, where health promotion information are more in demand. Despite facing long-term "revolution", the notion of untouchability has not decreased in many places in Rolpa. Thawang, a popularly known VDC for the birthplace of the "Maoist movement" has succeeded in removing untouchability and the consumption of alcohol. In one of the opinion giving programs called *'Bicahar Tapaiko'* (Your's opinion) most of the callers in Radio Rolpa have agreed that ,the VDC budget should be prioritized for health, education, transportation, water, sanitation and agriculture. Interestingly, callers who called into the Radio without knowing the topic of the program have spontaneously put their voice to give priority on health, sanitation, transportation and education related issues. This suggests that, basic human needs like the health and education are issue of utmost necessity in Rolpa.

Rolpa and Civil War

Rolpa, a mid western hill district of Nepal, is the same place from where the civil war (1995 -2005), popularly known as the "Maoist Movement of Nepal" began. The Communist Party of Nepal (Maoist) had started their revolution against the "old feudal state"[5]. During the civil war, the Maoist had interpreted all government authorities as an "old state" and formed a parallel mechanism called *"Jana Sarakar"* (People's Government).This people's government is supposed to look at all activities like taxation, administrative, legal and crime related issues. In this period, more than fifteen thousands people had been killed and many thousands of other people were tortured, injured, disappeared, and displaced from their homeland. The chronic stage of historical exclusion that has been reflected in extremely low levels of living standard with no basic facilities became the fertile ground to turn people's expectation towards battle. Rolpa and adjoining districts became the highly appropriate regions to capitalize on the frustrations of the people. The "People War" initiated by CPN (Maoist) was actually an arms led revolution. To suppress this movement, the State had launched different type of suppression campaigns against Maoists. "Operation Kilo Sero -2 launched in 1998 became a byword for extra judicial killings, disappearances, arbitrary arrests, rape and

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torture documented by both Nepali human rights groups and international groups like Amnesty International" (SAHFR 2000)."From mid- 1998 onwards, the killings of Maoist and their supporters- as well as civilians caught in the middle escalated to unprecedented heights. Unlike operation Romeo that had concentrated on a particular area in the western hills, kilo Sierra II[6] was spread out across all the "Maoist affected" regions of the country"(Thapa and Sijapati 2003:92). "In Rolpa, one of the four worst affected districts, police terror unleashed during Operation Romeo 1995, a year before the People's War, was the single most important reason responsible for many peasants, women and men, to join the Maoists (SAHFR, 2000). Police harassment and terror has driven many women to join the Maoists. Others like Sangeeta Budha, a resident of Rolpa district, have became a Maoists to avenge the killing of an 'innocent' husband. He was killed by the police in 1997(SAHFR, 2000).

The "Police campaign 'Operation Romeo' was conducted in November 1995 in Rolpa district (Mid-Western region) against Maoist sympathizers. As a consequence, some 6,000 people were displaced within Rolpa and to neighboring districts (IDMC 2008). Operation Romeo was conducted, and its impact overwhelmingly felt, mainly in Rolpa District. (IDMC, 2008). "During Romeo operation "around 1500 policemen including a specially trained commando force sent from Kathmandu had been deployed to let loose a reign of terror against the poor peasants of that rugged mountain district in western Nepal. So far about one thousand people have been arrested, of whom about three hundred were kept in policy custody or sent to jails under fictitious charges while the rest have been released on bail or after being tortured. The people arrested range from 12 to 70 years of age and most of them have been subjected to inhuman torture in police custody "(Thapa and Sijapati 2003:72). "During the second week of July 2001, the Maoists attacked six police posts and in the course of these actions abducted approximately seventy policemen from their headquarters at Holeri in district Rolpa" (Hutt 2004:9). "They began to demolish the development infrastructure: bridges, micro hydels, telecommunications towers, and drinking water supply pipes. They started a

[6] " This was a search and kill operataion that was meant to prevent the Maoist movement from gaining strength."(Thapa and Sijapati 2003).

campaign to demolish and burn postal and forest offices and health posts and shut down schools, and this reduced the ordinary citizens faith in them"(Hutt 2004:256).

"It was a similar story over the successive years. According to the human rights yearbook 1993, there had been a number of incidents of human rights violation by the state machinery using force. In Liwang, of Rolpa district, regarded as a stronghold of united people's front, an arm force of 80 men including six inspectors and district police officers launched a suppression campaign. Women were misbehaved, chickens and goats were slaughtered and eaten, and citizens were widely charged with false allegations" (Thapa and Sijapati 2005: 70). "In remote midwestern villages where most people lead a hand to mouth existence, having to provide shelter for ten or twelve Maoist rebels has become an inordinately tough burden , but none dares to raise a voice in protest, for fear of inviting 'peoples action'. The memory of CPN(UML) worker being killed because of his refusal to feed the Maoists is all too fresh"(Hutt 2004:47). "An all women's journalists team which had toured Rolpa and Rukum in May 1998 had found that in Rolpa district HQ of Libang, the revenue office had not had any new cases for months. People were going to the Maoists Peoples Courts" (SAHFR 2000). In areas where they were strongest, the Maoists set up parallel political systems to the state, including "people's courts". In Rolpa district, for instance, it was reported that no new cases were filed in the district court during 2000 as all cases were being "adjudicated" by the Maoists. (IDMC, 2008). "In Mirule village, a days' walk from Libang the district HQ of Rolpa, there were no men to be seen when the women's team, referred to above, visited the area in 1998. To escape being picked up by the police or targeted by the Maoists as suspected police informers, the villagers had become '*farari,* melting into the surrounding jungles to join the Maoists or to swell the ranks of migrant labor in India and the Gulf (SAHFR 2000).However, general living condition of this place was chronically marginalized and ignored from the regular development process of central state mechanisms. "In the first year of insurgency, Mirul held the record for the largest number of killings in Rolpa district (Thapa and Sijapati 2005: 4). In succeeding days, Maoist had attacked most of the government mechanisms including police post, administrative offices, Telecom offices and other bureaucratic mechanisms. In fact, one

of the bases for the Maoists' grievance was the amount of development money used on training, capacity building, consultancy fees and workshops in Kathmandu valley, while poor people in the periphery lacked basic services in health, water and education"(DFID 2004). The District headquarter was a safe land for many displaced people from remote villages. "The Maoists have maintained their traditional strongholds in the remote mountainous areas of mid-western Nepal. It is reported that the Maoists dominate most of the countryside, with security forces on the defensive and confined to their barracks in the district headquarters and larger towns of the rural districts" (AI, 2004).

In the district headquarter, important government offices such as the judiciary, Chief district office (CDO), Local development Officer (LDO), District development office (DDC), post office, agriculture office, and Tele communication office were all circled by *Taar baar (*Metal wire*)*.The general living condition of Rolpa during the conflict was very pathetic and the situation has not changed much even in the present days.

The Historical Negligence

Rolpa has a wretched history of health service development. Since the time when health posts were established in the district head quarters, Liwang in *1958*, the necessity of district public health office has been realized. I was told during interviews, In spite of some dominant caste and powerful elite's interest to construct a district hospital in the vicinity of district headquarters, it was decided to construct the hospital at Reugha in 1979-1980. The place is 4-5 kilometers away from the district headquarter. However, because of class biased conflicts of interest between elected political leaders and other dominant caste groups, the hospital construction process could not be initiated on time. In Rolpa, either it could be hospital, airport, road, or other physical infrastructures, many people have grievances that those were surveyed, designed and built to fulfill the interest of politically powerful people. Ironically, during those years, when the global communities were celebrating the ideals of the Alma Ata declaration, however in Rolpa there was a harsh controversy regarding to the physical location of district hospital. However, the decision had been forwarded by the elected chairperson of District

Panchayat.[7] The proposed location of Reugha would be a nearer destination to the people from western regions such as Ghartigaon, Madichowr and Ghorneti. At that time, some powerful elites residing in the district headquarters had blamed the elected chairperson of Rolpa for executing these developmental activities in the locality of his vote bank. I was told that the district chairperson was interested to serve his villagers, for them the locality of hospital could be more geographically accessible. Finally, the contract was granted to a local contractor, the brother of deputy minister in the Panchayat period. In the Panchayat period, two politically powerful groups *Chanda Samuha* (Chanda Group) and *Thapa Samuha* (Thapa Group) were dominant in local politics and national politics respectively. The Local contractor belonged to *Thapa Samuha*, therefore he could not maintain his influence in the local context. However, as local administrators belonged to *Chanda Samuh*a the situation was proven "unfavorable" for the contractors to perform his responsibility on time. On the one hand, because of local political tussles, local contractors found uneven situation to execute responsibility of building hospital on time, on the other hand many people blamed him for being a “morally corrupted” person. It was claimed that, he had paid absolutely no attention towards public health, and rather he had focused on making more profits by grabbing the contracts by exercising his personal political influence.

After the restoration of the democracy in 1990, multiparty delegation had visited health ministers and different prime ministers. A central level monitoring committee had been formed and supervision had been done, however, the continuously overlooked phenomenon could not find reasonable solution. A state of chronic ignorance, which had been worsened by the civil war that had started in 1995, was evident. As a result, it was agreed during the interviews that Maoists were not interested in admitting any kind of developmental activities performed by the “old state mechanism” in their influential area even though they were fighting for the “people’s state”, “people rights” and “people’s health”. However, the budget used to be allocated by the national government annually, but the civil war proved to be an extremely unfavorable situation to continue the construction of the district hospital. Moreover, because of Maoist threats and other labor

[7] Political system before restoring democracy in 1990.

exploitation related issues, previous contracts had been cancelled and local contractors had been displaced from Rolpa. Moreover, new contracts were handed over to new contractors. Rolpa District Hospital was shifted to its own building following the initiation of first medical doctor to reach this district. After shifting from Chihandanda health center to DDC (District development committee) hall and from there to the British welfare building, the hospital found its own place after 2005. At present, security forces have occupied the hospital cafeteria, because their office had been destroyed during the conflict time. Because of the three-decade long panic history of health service development, hospital has not been able to gear up its service delivery process as was supposed to be performed in the tertiary care centre of the district.

The health service system is the part of the political system. Likewise, political systems should be an integral part of the health system. Contrary to this, local political tussle, national level power conflicts, long-term civil war, and crises in the bureaucracy have led to the continuous ignorance of people's health issues in *Rolpa*. Because of local political tussles, that had been substantially backed up by national political figures it had taken more than 25 years to complete the infrastructure of the district hospital that is the main public health service delivery at the district level also. Whether the political actors of the authoritarian period or the actors of multiparty democracy, everybody has failed to provide a rational solution to people's needs of this district. Moreover, this case study demonstrates how the conflicts of interest between different political actors having their genesis in different historical contexts and following different trajectories have been performing detrimental activities toward people's health. The analysis of conflict and health would not be rational without analyzing these shortcomings of previous governments in Rolpa. The present condition of the public health delivery system is after all, a result of historical blunders performed by different political actors following different political trajectories. A decade long Conflict has once again disrupted the Health Service System (HSS); as a result, HSS in Rolpa is a virtual structure that produces, "Clinical iatrogenesis."[8] A very serious question at this point is how the people of this

[8] Ivan Illich has quoted this term in his book Medical Nemesis, it means diseases produced by hospital system itself.

district bore the brunt of those 25 years in the absence of a referral center with its primary and secondary chain. "There are certain minimum facilities that need to be built up, irrespective of their level of deployment. Thus for example, it is not feasible for primary health care to exist in a vacuum without tertiary facilities also being set up"(Shivakumar:182 cited in Rao1999).

Rolpa had very poor health service system before the conflict. Though there had been some level of initiations taken from state mechanism in central level, unfortunately these health care reforms could not fulfill the aspiration of Rolpali people at the local level. According to the institutional framework of the DoHS and MoH, the sub health post (from an institutional perspective) is the first contact point for basic health services. However, in reality, the Sub health post (SHP) is the referral center of the volunteer cadres of TBAs and (Female community health volunteers) FCHVs as well as a venue for community-based activities such as (Primary health centre) PHC outreach clinics and (education, prevention and information) EPI clinics. Each level above the SHP is a referral point in a network from SHP to HP to PHCC, on to district zonal and regional hospitals, and finally to specialty tertiary care centers in Kathmandu. This referral hierarchy has been designed to ensure that the majority of population receives public health and minor treatment in places accessible to them and at a price they can afford. Inversely, the system works as a supporting mechanism for lower levels by providing logistical, financial, supervisory, and technical support from the center to the periphery.[9] In addition, Rolpa has 1 district hospital, 2 primary health centers, 10 health posts and 16 sub health posts. Rolpa district does not have an academic institutions that offer any kind of medical or paramedical courses on health related subjects.

Rise of Ordinary, Medium, Secondary, Advance (OMSA)

During the time of civil war CPN(Maoists) had trained alternative models of health workers to provide medical solution to their war injured combatants. The necessity of such kinds of health workers during the time of war against state has clarified by All Nepal public health worker's organization (ANPHWA). Constitution of ANPHWA

[9] see www.moh.gov.np, official website of ministry of health in Nepal.

(2005) writes, "the central people's health worker training program was established by following the concept of "bare foot doctors" in China and the experiences that have been collected by the decade long civil war. It has proven that the conjunction of theoretical and applied knowledge is the basis for the knowledge theory and the process of applying theory in practice and furthermore developing theory from practices match with the philosophical underpinnings of the *Prachandapath*.[10] Similarly, the ANPHWA constitution (2005) writes, "the necessity of the war and the focus of strengthening the people's state, the New Model Health Workers have been produced in different level. New model health workers haven been graded in different levels like ordinary level " O" , Medium level " M ", secondary level " S" and advanced level " A" that means OMSA. Moreover, "OMSA means, the new model health workers that have been produced by four level of grading by following people's health education training, having own kind of characteristics to address own kind of necessities in the "war relative" condition. However, the four levels of basic training are always questionable. Either it is a government or Maoists concept of health; it is completely based on medicine distribution. It seems that, during the conflict period, the Party had given even more priority to make medicines available rather than giving genuine awareness of health in population. ANPHWA itself has agreed that new model health workers' program was designed according to "war relative" condition. In addition, to increase the awareness level in population, to provide training related to public health, community health worker's curriculum has been designed. The period of training is two weeks and four groups have already undertaken the training. The concept of political health was understood perfectly. As it has health workers those who believe in revolutionary ideas of complete transformation of the society to make available free, accessible and people oriented health" (ANPHWA 2005).

During the days of the "People's war", educated PLA[11] were more encouraged to get training of the OMSA. That training could be three to four months long. In between,

[10] Theoretical pathways of "revolution led by CPN ,Maoist.

[11] In the composition of the Maoist Army also known as the peoples liberation army (PLA), there are Seven PLA in one squad and similarly 40 PLAs in one platoon. Moreover, seven platoons consist of one company. In every company there are 300 members of the PLA. In every platoon there used to be three health persons.

ICRC was frequently involved in providing training for OMSA. Moreover, ICRC would offer in first aid, amputation, and anesthesia. In the initial phase, the Maoist would to bind the health professional of the basement areas to get their medical assistance. Similarly, there was a medical doctor from India's Peoples War Group (PWG) who would send major cases to Indian cities nearer to the Nepal border. In addition, a graduate student from the Calcutta Medical College and a Bangladeshi health professional had joined as health workers from the very beginning. "Whole timers" were mobilized and mobile medical Camps were set up in different places. "There were mobile people's model hospitals in war time."(ANPHWA, 2005) However, the ranges of these kinds of mobile camps were constricted only for those people who could be geographically nearer to their base area and most were members of Maoist party. "In mobile camps, OMSA were supposed to perform activities such as Limb Amputation Haemothorax Aspiration, Pnemothorax Depritement, big wound management, skin grafting and fracture, removing skeletal traction and general plastering. It could be done with the help of headlights, candles and even torch lights." One of the health workers has mentioned, the cooperative medical shops were setup by OMSA in Maoists basement areas to provide medical assistance for the combatants during the war. To notice OMSA in battle field in night time , there used to be a code word like "mother "for OMSA and "baby "for combatants. To provide first line therapy, health post used to be on the spot and similarly there could be back up health posts about half an hour back from the battlefield at night. Furthermore, the nature of war and volume of attacks were determining factors in setting up the health posts and mobilizing OMSA in the war zone.

In the security posts the army used to give high attention to figure out whether or not the medicines that had been taken from the district headquarter to other villages have been misused by "rebellion forces" and there used to be very rigorous security checking. In case of deep injury and deep wounds, it was not possible for them to visit health institutions on normal trials. They had to explore alternatives healing practices and then through difficult paths like forest and hills or the dark crunch of the river reach health services. This distance could be weeks long. During the interview, One of the PLA members, I met him at *Reugha* has mentioned, the medical expenses in each war could

exceed than Nepal Rupees (NRS) 3 millions. The registered medical shop of *Shulichowr* used to provide the medicines to Maoist. Beside this, some businessperson were actively engaged in supplying the medicines. In wartime, Maoists were compelled to buy very expensive medicines. Drug suppliers were highly benefited with medicines; it could be more than 5 millions NRS in single attempt. There was a case of merchants who had been arrested in the district headquarters of *Liwang,* charged for supplying medicines to the Maoists. Though Maoists had substantially utilized the government medicines (even more than fifty percent), it was necessary for them to buy medicines from different contractors by a paying greater cost than the market cost. Government health professionals in their catchments area had a compulsion to support the Maoist army; it could be with or without their will. They had special routes to supply medicines to Maoists. Route like Thawang to Sulichowr, Tewang to Adeshkhola which could lead via Puythan to Bijuwar. Likewise, in Rolpa district other route for supply medicines till the Maoist base area could be Salibazaar to Jumkhola via Ghayaibari, Kohalpur to Nepalgunj. Moreover, raincoats, warm coats, shoes, socks and electricity fuses to prepare ambushes were regarded as profitable businesses during wartime. The Maoists had substantially relied on locally available herbs to treat diarrhea and to clean wounded organs. The Civil war was therefore a very productive time to learn lots of medical skill to those who were obliged to work as health professionals to become OMSA at the cost of human lives in conflict. Similarly, I was told during an interview, in the period of conflict *Ghorneti M*odel hospital (based in Rolpa district) has played many roles such as initiating campaign for people's health arranging mobile medical camps, and treatment for injured and other combatants. The hospital has played an active role to produce new health workers. In the latter phase of the civil war, there was even OMSA training in different hospitals at Kathmandu and *Pokhara* through party channels.

Medical Malpractices and Shamanism

Medical malpractices and high level of belief on shamanism is a very prominent feature in Rolpa. According to the rules and regulation circulated by the Department of Drug Administration (DDA), selling medicines without having drugs orientation certificate is considered as an illegal act. However, the scenario at Rolpa was different from the

government policy. The District coordinator of ANPHWU(R) had gone to visit Kathmandu. His daughter who has not studied any kind of medical courses was selling medicines in the medical shop At the time of this research, one of the clinics in Liwang was not registered and regularly performing secret abortion services. However, the administration has proper information about unregistered clinics. But lack of political will and the power nexus of private practitioners is not allowing the administration to take action against them. In places like Rolpa, there is no mechanism of proper monitoring and strict regulation for different drugs that are not supposed to be sold without the presence of a registered medical practitioners.

Similarly, medical officers in district hospital have mentioned that FCHvs are involved in illegal selling of misoprostol drugs without having the knowledge of its further complications. It has been agreed by many people that the trend of using traditional methods of abortion has been shifted to using Misoprostol drug provided illegally by some FCHVs without them knowing the potential medical complications. Private medical shops are selling pesticides, cosmetics, and other household items including medicines. Most of the people believe in Shamanism in Rolpa. People from rural areas are dependent on faith healers and Shamans for their primary treatment. Till date because of extremely poor motorable roads and exclusion from the mainstream market, medical representatives have not reached there. Moreover, the same staff of the government HSS are running private medical shops in different villages. Moreover, private medical centers are earning a good amount of money by performing secret abortion services.

People from mid Rolpa visit the district hospital. The District hospital does not have VCT centre (Voluntary Counseling and Test), blood transfusion mechanism, CAC surgery and other surgical facilities. The general condition of the district hospital is very poor. The Pathology laboratory is without sufficient diagnostic technologies and the trainee lab technician was working as a duty staff as the government staff was absent for a long time. In one of the case reports, a patient had clinical feature of Haematuria (presence of blood in urine). The trainee lab technician was not aware of the process of centrifuging the urine before looking in to the microscope, as a result RBCs were not

found in urine deposit. He reported that there was no presence of blood in urine microscopically. The Para medical support is very important for proper functioning of health service system. It was observed that, there was no generator in the hospital. Emergency and OPD were in opposite places. Patients had to walk after coming down from the ambulance. At the time of the research, autoclave was not working and the female helper was drying washed clinical apparatus in sunlight.

Culture, Health and Illness

According to the manual of the Department of Health Services (2006/07), the total numbers of patients' visit in the abovementioned date was 93,058. Among them, 10, 854 were suffering with Diarrheal diseases, 2,812 were suffering with Typhoid , 6223 were suffering with intestinal worms. Likewise, 7,801 were having skin diseases, 10, 259 were having acute respiratory infection, and 5, 178 were having urinary Tract infections. In comparison to the total numbers of patients' visit to the health centres, the total number of infection was extremely high.

The Government envisioned reducing maternal and infant mortality rate through the effective mobilization of FCHVs. In the case of Rolpa, difficult topography, conflict affected history, and virtually non-functional condition of public health services resulted in a failure of the governments' broader agenda of reducing maternal mortality rates. Likewise, excessive labor, early marriages, low levels of nutrition supplements are other reasons that contribute to increasing maternal mortality rates. It was mentioned during a group discussion conducted in the district hospital that people were using old blades to cut the umbilical cord of newborn babies could develop tetanus and increase child mortality rates. The trend of pasting cow dung in wound and injury is another irrational medical practice in Rolpa.

General morbidities such as acute respiratory infection, skin diseases, diarrhea, malnutrition, asthma, syphilis, Tuberculosis, Pelvic inflammatory diseases. , urinary tract infections, enteric fever, pneumonia, Altitude mountain sickness, HIV, Hbsag, VDRL are common in Rolpa. In conflict time, though the Maoist in many places banned alchohol.

Consumption of high level of alcohol is another big problem in *Rolpa*. However, in the conflict period, superficially selling and buying of alcohol was banned because of fear of the Maoist. In the post conflict scenario, with the exception of VDC such as Thawang alcoholism is a serious problem, everywhere in Rolpa. The growing vulnerability of HIV is another problem in Rolpa. The organization of HIV infected people gives evidence that migration and displacement are some prominent reasons that contribute to increase the number of HIV infected. Migration is a common trend among most of the males in Rolpa. The popular destinations of migration are India (also known as Kala Pahad), Qatar, and Malaysia. To arrange for the loan to go abroad, 36 percent interest rate per lakh, 1 *tola* gold and 1 goat is necessary to sanction the loan. It is an existing social practice in Rolpa. Under matrimonial practices if the husband who has gone abroad does not return to the village, if the wife is interested in living with a second person permanently, he is supposed to pay a certain amount of money to the first husband after his arrival that is called *Jari tirne.* It means *paying* a certain amount of money to the first husband by the second one as a compensation for taking away his wife. This kind of bargaining determines the economic status and the bargaining power of the first husband that he deserves in his society. I was told during an interview, that the failures of not being able to hide their "illicit relationships" (though it is culturally accepted but not socially encouraged to change husband as per their will) have also resulted in suicide by many women. There is a huge problem of early marriage in this district. The normal age of marriage in this district is 10-14 years. Existence of social values such as "p*halani le ta katti chandai bhuhari kamai saki"* (Somebody has quickly got daughter in law") is a supporting factor to get early marriages solemnized. People perceive that getting a daughter in law quickly means getting a social promotion. "In understanding health and illness it is important to avoid," victim blaming' that, seeing the poor health of a population as the sole result of its culture, instead of looking also at their particular economic and social situation" (Helman 2007:5). This kind of cultural practice affects women's' reproductive health.

Many people still do not have positive perception towards vasectomy operation. People think that it may cause infertile to weakness and lethargy. Likewise, the notion of son

preferences is another reason that people want to have more children. In Rolpa, it is a common phenomenon that prices of medicines are different, owners are free to charge as per their will. From the district headquarter *Liwang* to remote village *Thawang*, medical malpractices are very prevalent. Most of the works are guided by open interest of earning profit rather than providing health services. At present, Rolpa does not have any Nursing home, however, some private clinics are on the verge of transferring its business towards the scale of Nursing homes Moreover, private medical centers are earning good amount money by performing secret abortion services.

The working paper of district Police office shows that suicide incidents have increased in Rolpa in the post conflict scenario. There are high incidences of suicides by hanging and swallowing poison. Depressions have resulted in suicide amongst the older population. Reasons such as indebtedness, incapability of managing costs for health services, alcoholism, chronic illness, and conflict-induced depressions are some of the prominent factors. Consumption of high level of alcohol is another big problem in *Rolpa*. However, in the conflict period, superficially selling and buying of alcohol was banned because of the fear of the Maoist. Although suicides incidents might have also occurred during the conflict period. The absence of government authority, strong holds by the Maoists and secret functioning of people's court were some of the reasons that the incidents were not reported. The People's liberation army has been settled in the cantonments for the temporary period at time. Many male and female fighters are now adjusting with a very minimum level of facilities in the cantonment. Female fighters are being hard hit at the time of their delivery. Newborn babies are having problems of pneumonia, and respiratory related problems. The Daily newspaper has reported, many PLA members are infected with Hepatitis B Serum Antigen (HBsag).

HSS and Health Seeking Behavior

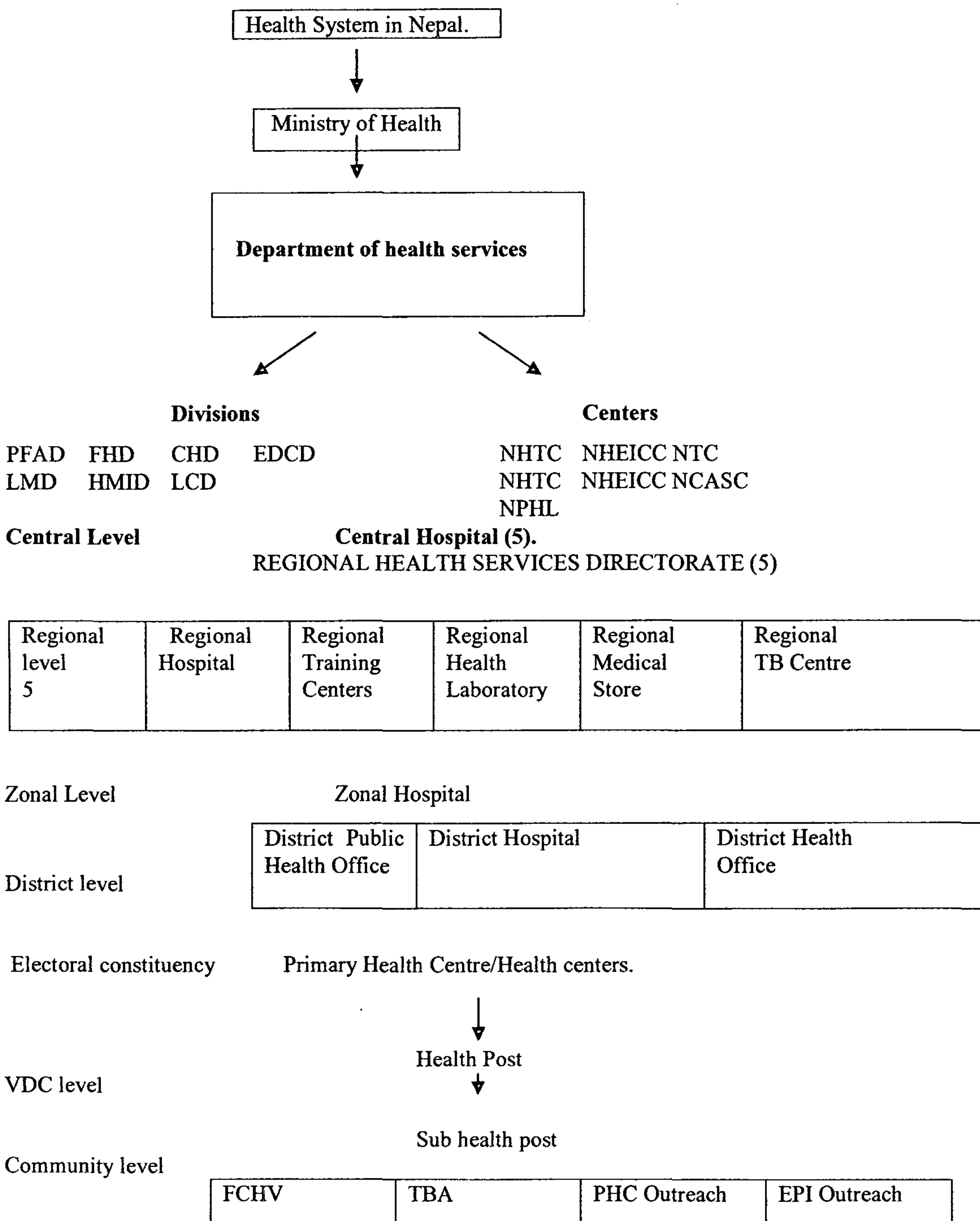
WHO has suggested six building blocks of HSS which are "service delivery, workforce, information, medical product and technologies, financing and leadership, governance and stewardship" (Lancet, 2009:373). However, there is a problem in all these building blocks of the HSS in Rolpa. At present, the District public health office is performing different

kinds of preventive and promotive programs. The curative part of health is performed by the district hospital and its linear agencies like PHC, HP, SHP and other outreach clinics. There is a regular program for ANC and PNC check up. Safe motherhood program and family planning program are also running. Under the nutrition program, activities like growth monitoring, organizing nutrition education, Vitamin A and Albendazole distribution is ongoing. In the Family health program district public health office has components in counseling for temporary and permanent components. Trainings like health information management system (HMS) and Logistic Management system (LMS) take place on an irregular basis. Likewise, the district public health office has education and information program. The District public health office has different kind of activities like, vaccination program for under one year child, such as Bacille Calmatte Guerine (BCG), Diptheria Tetanus Pertussis (DPT), Polio, Measles and Hepatitis B. District hospital is more accessible for most of the people in Rolpa. Normal distance to reach health centers vary according to the location of their homes. It can be two hours to two days long. The sick person from Uwa VDC takes three days to reach district hospital. For most of the people, health is not the first priority. People visit the health service system at a chronic stage. Moreover, people are compelled to visit private medical shops for quick medicine and easy availability of medical persons. People from the Eastern part of Rolpa like Gajul and Fhagham visit Sulichowr avail health services. The people from the Thawang also find it easy to go to Sulichowr. If their problems are not getting cured within the district, people visit different health service centers of the adjoining districts like Dang , capital city Kathmandu and hospitals in India for better facilities.

Similarly, during the time of field some non governmental organizations such as Merlin, Child workers in Nepal Concerned Centre (CIWIN), Dalit Women Awareness Centre (DWAC), Red cross, Him rights, Human Rights Organization of Nepal (HURON), Safe Motherhood network have been working in different areas of health and medical intervention. The health and humanitarian intervention provided by different NGOs are target oriented, mission driven and operating in a narrow range on short-term basis. Recently, Him rights has given short term training to the conflict affected children on reconciliation and emotional integration. Red Cross has provided clothes and food for

displaced and conflict affected people. Similarly, CIWIN is providing assistantship in education for conflict affected children. Likewise, DWAC is showing its effort to identify PTSD cases and providing psychosocial counseling for the conflict affected children.

Following is the Organogram of HSS in Nepal.



Organogram :copied from Rai et. al. (2001).

CHAPTER V

ANALYSIS OF PRIMARY DATA

"Conflict has been a feature of human society since time immemorial. Disputes that arise may be organized around social class, ethnicity, religion, region, or some combination of these factors. The struggle can be over economic opportunities, as well as political and civil rights, among other contestable factors" (Murshed 2002). Such contestable factors could be health services system and other linear agencies of state mechanism those are directly important to fulfill basic necessity of the population. The violent expression of incompatible values between fighting opponents destroy synchronization of the society. Even after many years, arms led active conflict has ended up, many people in Rolpa still do have affect of such violent expression in their mind. Here, such disturbances, violence, pain and sufferings are expressed in narrative forms. Powerful narratives are powerful manifestation of war induced pain and sufferings. This Chapter focus on how civil war had affected the performance of HSS in Rolpa based on empirical data and interviews. Researcher has used narratives of war affected and other victims in Rolpa. This research aims to explore the experiences of health care providers and condition of Health service system in Rolpa during war. Likewise second objective of this research is to explore the dimensions how conflict played a crucial role to suffering of people and accessing health care in Rolpa during war. Subsequently, final objective of this research is to explore the changes those have been realizing in health service system during the post war period in Rolpa.

Qadeer (1985) writes, "health service system is complex of research, education and delivery systems (for preventive, promotive and rehabilitative services) and in only one of many inputs required to improve the health of the people." During the conflict period, the government health staffs had to perform a dual role, because, government health system as the "state resource" was contested by both fighting opponents. Health workers were compelled to act like the government supporters in front of the RNA and simultaneously they had to agree to the demands of the PLA. Senior assistant health worker of PHC at Sulichowr has mentioned,

"Whenever army used to come, we used to say, 'we are government staffs, how can we help anti-government elements?" Whenever Maoists used to come, we used to say, we are more loyal towards people's new state, army is threatening us continuously, how can we obey them? In this way we protected our life during the conflict period"

Health professionals were under pressure. "The security forces also systematically hold for questioning those persons, including health workers, who they believed may be a potential source of intelligence." (DFID et al 2003). Both sides because of their incompatible values have perpetrated torture of health professionals. However, "the primary coping strategy of health workers was silenced" (DFID et al 2003). Newspapers and the electronic media reported the abduction and threat to health professionals by the RNA and Maoists. "Health workers point out that there were no policies for their protection and that they have a general feeling of lack of institutional support". (DFID et al 2003).Incompatible roles between these two groups had created very uneven situation for health professionals during the time of civil war. Moreover, Maoist had beaten up CMA of *Ranghsi* SHP. In Serum, the peon of a sub health post Dhana Bahadur Rokka was kidnapped and killed by the RNA. Human rights activist and Station manager of Radio Rolpa has mentioned,

"It was reported, that the peon of Ranghsi was accused for providing treatment for Maoists. At that time, there was a big army operation done, army reached serum via Pang and Gam VDC, army had asked him to carry heavy loads, and they shot him nearby the river".

Unavailability of skilled health workers forced office assistants to involve in treatment process of patients in Rolpa. This trend is continuing even in present days. As reported by the office assistant of Ranghsi sub health post, he was accused for providing treatment to his son in law and daughter who were Maoist activists. "Health professional were fearful of carrying out their professional duties. They were placed in a difficult position both

ethically and with respect to upholding their statutory obligations to provide services under the health professional council rules 1999[12]" (DFID et. al. 2003).
VHW of *Kureli* was tortured and beaten up by the RNA, as a result, he has suffered psychological problems. Supporting this fact, Public health inspector of Rolpa mentioned,

"army had tortured one of our health workers. After beaten up by the army, he is mentally unfit, now he got transfer to another district. Most probably he might be taking rest".

"Violence is a widespread phenomenon with great hazards to the health and well being of those concerned" (Sinha 1997). Torture is one of the means of perpetuating violence. Either it could be mental or physical tortures destroy the sound existence of human's body and mind. "Torture consisted of severe beating while in police custody or by the army, together with death threats, humiliation, isolation from family members and deprivation of basic needs. Specific methods included prolonged beating on the soles of the foot, severe pressure on limbs with bamboo sticks, suspension, fingernail extraction, exposure to painful substances (stinging nettles, chili peppers) in orifices/open wounds, torture with electronic wires, and sexual violence"(Jordans et. al. 2007). Mental affects of the torture lasted for long rum than its physical damage. Many people had suffered extreme form of torture by RNA and Maoists to suppress the incompatible values.

Similarly, in *Thawang*, it was told that, Health post peon was severely beaten up by RNA and the health post was blasted using a rocket launcher, because this health post was performing "incompatible roles" of providing treatment for Maoists. Thawang, the village where Maoists movement had started, there is a blur kind of situation. It is not very easy to separate the Maoists rebellions and ordinary villagers. RNA had developed a homogenous understanding and decided to wipe out the existence of such health centre

[12] "Health Professional Council Rule, (1999) Rule 13: professional ethics, has explained in Non-discrimination point: The health professional should not discriminate against any person while applying personal knowledge and skill on the grounds of religion, race, sex and caste or any other grounds."

that was performing "incompatible roles". Thawang health post as government resource was badly contested to avoid "incompatible roles" of Maoists to RNA. Before blasting the Thawang health post by using Rocket launcher, RNA had shown an outrageous behavior. Assistant health worker (AHW)' of Thawang health post mentioned,

"in the cupboard of HP, there was amount of approximately nine thousand and five hundred, they smashed the cupboard and stole that amount. We had all instruments as per requirements for a health post. During army operation, everything was taken away. Later on, I went to army camp and ask for BP set and Stethoscope. They asked me to sign on a paper and gave it to me back."

In this case, RNA had developed cocksure idea that Thawang HP was serving the enemy. Though health post was, purely a government's property RNA being a government's security force they had blasted the infrastructure of HP to discourage form regular mis-utilization of the government resources. Thus, it is a part whole differentiation. "The process of combat and threats of further combat , both of which are targeted to destroy the enemy's armed forces, infrastructure, and popular support" (Berry 1997:50). Thawang HP became the "enemy's infrastructure" for RNA. On the day of polio vaccination-Lali Rokka, a FHV was abducted by the army and accused of providing treatment to the Maoists. Similarly, a peon of Thawang health post has mentioned,

"That day it was polio day, suddenly army came and started to beat me, they harassed our staff, they took away Lali, we could not do anything, they were carrying big machine guns. She was found burnt with fire nearby the river two days after her abduction."

"Murder is individualized war rather than war being collectivized murder" (Powell 1970:137). Every murder in war has significant value. According to the principle of ICRC, there is "the obligation to respect and protect medical and religious personnel, medical units and means of transport" (Berry 1997:18). However, in Rolpa health workers were tortured, killed and displaced from their regular jobs. "In conflict affected areas, health workers face harassment, intimidations or interference when carrying out

their duties. There were numerous examples of interference by the security forces with health workers facing harassment, arrest under the Terrorist and Destructive Activities Act 2002 (TADA)[13], or searches and seizure all of which have created anxiety and concern" (DFID et al 2003). It was the gross violation of human rights and absolute disregard to the international humanitarian principles. "In addition, the rights of individual have been protected by the incorporation of the international fundamental human rights provisions into the constitution of Nepal. The passing of the TADA legislation[14] meant to deal with the conflict apparently seeks to disallow many of these fundamental rights. (DFID et al 2003). However, many human rights violations had been perpetuated and no war criminals were identified and prosecuted. "Health workers, caught in the crossfire of the conflict, were at risk because of the incorrect and inappropriate interpretation of the provisions of this Act by the security forces." (DFID et al 2003). "Equally poor is the record of Nepal's Armed Police Force and the Royal Nepalese Army (RNA), with evidence of their participation in arbitrary arrest, detention, disappearance, and torture and summary executions" (IRIN 2005).Lack of political will and the chances of self-damage, many politicians do not raise the issue of transitional justice. Similalrly, AHW of Thawang health post has mentioned,

"In Sankatkal, RNA had tortured me a lot. They accused me for providing treatment for Maoists. They arrested and asked me to walk wherever they go. I had a very painful experience."

Most of the people like to use this term "*Sankatkal*" to refer to the duration of conflict. Health workers had to suffer extreme level of torture. Though health workers were also a part of government system, however, the suspicion of RNA towards health workers for their chances of developing "incompatible values" against government always created

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[13] "TADA is an act under Terrorist and destructive ordinance (TADO): the doctors working both in the government hospitals and private health institutions are liable to the government action if they treat the terrorists without getting permission from the security wings, if any doctor defies it , action will be taken against him/her as per the recently promulgated Ordinance (TADO) against the terrorists." (DFID et. al. 2003).

[14] "A terrorist and destructive crime is defined in section 3 of the Act as any activity against the sovergenity, integrity, peace and security of Nepal through intentional disturbance or damage to poverty, lies or health using weapons, bombs, or explosive substances or poisons" (DFID at al 2003).

suspicion. "More than 32 health workers were suspected and they had to show their presence at the post of security force in provided date" (Aryal 2005). If health workers were involved in treatment process of Maoists, RNA could label them as performing "incompatible roles". For this kind of act, health workers were simply tortured and killed. Health workers were intimidated by both sides during conflict and in practice they were afforded no formal protection. Report of department of international development (2004) published, "There have been cases of health staff that have treated Maoists, being picked up by the security forces. All government workers are the target for Maoist extortion, with staff being taxed up to 30 per cent of their salaries." Supporting this argument, Senior AHW of Sulichowr PHC had mentioned,

"In the time of 'Sankatkal', I myself had donated more than 65, 000 Nrs for Maoists. Additionally, we used to give them medicines also."

If the government staffs were not agreed to give donations. They might be tortured, threatened and killed. It could be proven that they are developing "incompatible values" with Maoists. The cost of developing such "incompatible values" could be torture, physical damage, and death. "These fears displaced many health workers from the remote villages. There was a massive migration of the government officers and the staffs to the District towns"(Stevenson 2002). District headquarter was safe land for displaced people, political workers of other parties, government staffs and well-off people in *Rolpa*. Regular army operations, danger of potential encounters between fighting opponent and fear of ambushes were some of the causes that discouraged health workers from visiting district headquarters to collect medical and surgical materials.

Similarly, Mr. KBG, peon of Vhabang SHP has mentioned,

"In conflict time, I had to go to collect medicines at district hospital. I used to fear of ambushes and army checking. Maoists used to threaten us not to provide any information to army. Similarly, army used to threaten us by saying not to give any medicines to Maoists"

It was found that the health workers had to bear torture from both sides. "There was evidence that health workers were being beaten, arrested and abducted by both the security forces and Maoists. Health workers had to face unlawful pressure to perform tasks for which they were not qualified" (DFID et al 2003). In addition, it was told during the interview, VHW of Jaya Maa Kachala was severely tortured in police custody. Only some low-level health workers those were able to develop proper ideological and emotional solidarity with the RNA and PLA decided to stay in the village. Developing such kind of ideological and emotional solidarity eventually means trying to develop the compatible values with both fighting opponents. It could be fatal for health workers to incline any of the sides. "Failures to support one's group as well as loyalty to another group can bring death" (Berry 1997). It was difficult for health workers to maintain absolute neutrality.

During the conflict period, more disturbances were happening when VDC (Village development committee) building and health posts were in the same place. "As conflict in a region is a generally a protest against the government of that place or the system of administration the people involved in the violence often attack government offices, including hospitals and other health centers"(Bhatt, 2006).The incompatible values of Maoists against the government as the "old state authority" were committed to destroy the VDC buildings. "Staff in health posts that were attached to VDC buildings expressed particular fears and concerns about their security when the Maoists attack these government facilities"(DFID et al 2003). Many health centers were targeted and destroyed by Maoists as proofs of demonstrating incompatible goals with government. It was not only the allopathic medical workers that were obliged to support the Maoists; the staffs of homeopathic hospital were equally pressurized to support Maoist activities. JB working at Mizhing Auyerbedhic Aushadhalaya, has mentioned,

"In *conflict time, Maoists used to take dressing materials and some medicines from us, it was compulsory to donate 5% amount of our salary and sometimes more than this".*

During the conflict time, many staff members agreed that very few medicines used to reach the health centers. "Health personnel were particularly vulnerable when transporting drugs and medical supplies. In areas affected by the conflict, the transportation of medication involves delays and requires lengthy coordination and negotiation with the security forces. Sometimes, they seize drugs, dressings, and bandages." (DFID et al 2003). Likewise, it was necessary to share up to 50 percent of medicine with Maoists to avoid the suspicion of incompatible roles and values. Though In Rolpa "local administration has ordered not to enter hard antibiotics and medicines those could be useful for Maoists" (Aryal 2005). Nevertheless, in the crucial situation, Maoists forcefully took medicines as state resources and control was not possible. Either way, the Maoists would take medicines as per necessity of the causalities and injuries from the war rather than by obeying verbal agreements with the government staffs. Raising any kind of reservation during the process of resource sharing means, health workers were maximizing the risk of physical torture or death. District secretary of Maoist in Rolpa Comrade R mentioned,

"Of course, in normal time we used to take half of the medicines with government staffs, but in the time of emergency, there was no point in obeying verbal agreement, if we needed we used to take all the medicines and other dressing related materials."

Government had suspicion that Maoists were using government resources. In Rolpa, "VDCs like Jinabang, Rank, Iribang, Ramkot, Jangkot, Vhabang, Korcabang, were prohibited to send medicines. Excluding those place if there was requirement of medicines in other places, it was necessary to have recommendation by District police office" (Aryal 2005). One of the police officer has mentioned, "By controlling the medicines it helps to control the terrorism. We have controlled medicines according to the central policy of controlling population and resources" (Aryal 2005). Likewise, "in district police office, there was a team of medical person; it used to provide suggestion to police force about the control of medicines those may be useful for Maoists." Because of incompatible values, it was not possible for government to allow Maoists to use medicines. As a 'rebellion force' Maoists were committed to maximum utilization of

government resources. PLA (People Liberation Army) used to take first aid kits from the homeopathic health center. Baidhya of Mizhing Auyerbedha Aushadhalaya, JK mentioned,

"At that time, Maoists used to come and ask for first aid kits, we had to give them regular donations."

Both kinds of health workers had to donate whole month's salary once a year as a special donation. They had to separate 5% as donation for the Maoists during the decade long conflict. It was a compulsion to donate 5% levy for old age pensioners. Though the Maoists had interpreted these as voluntarily contributions, it was again another "do or die" kind of option, and many villagers were not in a condition to deny. Even schoolteachers had donated two months salary as a special donation. Denying any kind of donations could be the reason of developing incompatible values against new "People's state of Maoists". This kind of incompatible values against people's state of Maoists, forced them to displace from job place and further discouraged to work as health workers in conflict affected region. Likewise, Department of international development (2004) had published, "Maoists demanded treatment and drugs from health posts, plus 5 per cent of health workers salaries. On occasion, those who remain in post were liable to be suspected as Maoists sympathizers by the security forces and be arrested and detained. On the plus side, there were examples where Maoist pressure had decreased corruption, improved drug supplies to the periphery and pressuring health committees to ensure that staffs are available at the facilities." Critically speaking, it was told during interview, drug supply was increased to fulfill the need of Maoists during war. In addition, staffs were forced not to leave health centers because they were needed by Maoists during war to treat their combatants and injured armies. Maoists had tried to compatible the roles of government health staffs as a part, though they had incompatible goals against the government system as a whole.

It was compulsion for the Medical persons of the health post and sub health post to attend the construction process of Martyr's highway[15] with medicines, dressing kits and other

[15] The construction process of double lane road that touches many remote villages of Rolpa. Maoists have

necessary apparatus. Mr. SBN, Victim of Sanjay Gandhi's forceful vasectomy campaign in India, currently, working as a peon in Thawang health post has mentioned,

"On the one hand, in conflict time very less medicine used to come. On the other hand, it was necessary to share 50 percent of medicines with Maoists. While constructing Shahid Marga, everyday I had to be there with medicines and dressing items."

Task specialization of health workers was one of the reasons that they could perform the compatible roles with fighting opponents. On contrary, because of same nature of task specialization, health workers were frequently manipulated, tortured and killed on accusation for developing incompatible goals against both fighting opponents.
Patient came to check up in district hospital, Mrs.DKP mentioned,

"In conflict period, "Doctors" were not available in health post; we had to rely on faith healers and shamans. If they could not heal us, we have no option but death..... We don't have a good hospital here in Rolpa"

As a result, people were highly distracted from government health centers and the levels of trust had decreased; furthermore, it had led poor people to rely on shamanism, faith healing and locally available herbs. The long-term contestation for state resources by different political groups had been resulting in low service delivery. This kind of political crisis was the reason for developing another kind of incompatible values against people's aspiration in Rolpa. Superficially, both fighting opponents had interpreted their reason of fighting for people. However, people's values were never appreciated and the act of developing hostility with each other never touched the necessity of general population.
In addition, there were severe disturbances in the vaccine delivery; vitamin A distribution and organization of vasectomy camp. Mr. HR, AHW of Thawang HP mentioned,

"Army had tortured me a lot. Our VHW was abducted by army, they raped her, burnt her body and thrown in the river beach. The posts of ANM and FCHV were vacant for last

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named the road to salute all "great" martyrs during the civil war.

many years. In conflict time, vaccine supply was very irregular. Children under one year could not get vaccine. Even in post conflict period, vaccine supply is not regular."

Medical officer of Sulichowr PHC, TNG mentioned,

"In our situation, many fake data were prepared. In many places, there were health workers and peons who were doing the work. We could not maintain valid data." Supporting this argument, people from those remote areas such as Thawang, Mirul Kureli in which this research has been carried out clearly expressed the fact that there was no immunization program during conflict period. To support this argument, VHW of Thawang Mrs.SG mentioned,

"It is worthless to ask, whether in conflict time vaccine reached in Thawang or not. Even in these days, vaccines do not reach regularly. At that time, I had heard that when vaccinator heard the news of crossfire between army and Maoists he threw vaccine box in the river and ran away."

On the contrary, the board of immunization department in District public health reveals the very high coverage of vaccine in conflict period. The government had provided incorrect statistical data exaggerating high coverage despite the conflict situation. Here, incompatible values of government against Maoists were major reason for sending such fake statistical data. Government was "committed" to reach vaccine services to remote places of war-affected district like Rolpa. "Health programmes have been dislocated and in the most affected districts like Rolpa there has been a break in the immunization program (SAHFR 2000). Because of hostility between fighting opponents vaccination program was severely affected and government was compelled to report incorrect statistical data of high coverage during conflict. Similarly, Mr.CLP, H.A working at Liwang health post has mentioned,

"In 2061[16] government had allocated 23 Lakhs rupees for hospital. Nevertheless, the

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[16] Nepal has different year system called Bikram Shamvat, that is 57 years ahead than AD which denoted 2003 AD.

Maoists were not so positive towards king's regime and threatened not to continue any development work during king's regime."

In this period, very contradictory situation had been created by Maoist party those were fighting for "people's state", "people's rights" and "people's supremacy". It was act of stopping regular development in the name of "overall development". Maoists should realize that health service system is an integral part of people's life and that had been discontinued in Rolpa since long time. Non-utilization of local budget, because of political tussle once again, damned people's long-term aspiration of getting better tertiary health services in their own district.

Irregularities of health workers such as CMA FHW, MCHWs (commonly known as "doctors' in local dialects), long term absenteeism, unavailability of required health facilities and unavailability of medicines in the government HSS discouraged people to visit the HSS in the conflict period and that is continuing even in present days. The crisis of public health has led to the development of the perception that it is necessary to get medicines after a medical check up. For the villagers those have low-income capacity it could be a rationalization for not wanting to bear unnecessary medical costs.

Both fighting opponents had destroyed and disturbed the health delivery system sufficiently to demonstrate their incompatible goals. There is a wide spread saying in Rolpa that, "Maoists had taken lot of benefits from government health system. Therefore, total amount of loss is very less." However, Physical destruction might have happened in less numbers. Nevertheless, from the people's perspectives, the stage of not being able to develop, uplift and strengthen HSS during the conflict period were great loss for the local people. The overall loss due to long-term contestation for state resources is more than economical. Thus, incompatible goals between fighting opponents had damaged, destroyed and demoralized the performance of HSS in Rolpa.

Similarly, Second objective of this research is to explore the dimensions how conflict played a crucial role to suffering of people and accessing health care in conflict situation during war. "Periods of economic decline, political upheaval and war can cut across the

health of individuals and public in any society (Bury, 2005:101). Conflict; an outcome of the structural crisis, had substantially created ill health in Rolpa. "Ordinary villagers suffered the worst predicament by being caught in the crossfire between the two sides, particularly between the end of the first cease fire in November 2001 and the second ceasefire in January 2003. Villages were subjected to terror as the people's war became no-hold- barred fight with random violence perpetrated by both sides" (Thapa and Sijapati 2003:7). In Rolpa district, according to the record of INSEC, total number of people killed by state is 610 and there are 400 hundred Martyr's families. Likewise, the numbers killed in bomb blast stands at 48, while 115 were killed by Maoists, Meanwhile 52 had "disappeared" supposed to be abducted by Maoists and circumstances of 10 others is unknown. Media reports the total numbers of body killed in war. Moreover, ill health produced by violence and conflict has to do more than quantifying the numbers of dead bodies."The human security framework prompted us to consider and analyze health more comprehensively, and has shown some of the indicators that need to be measured beyond body counts and traditional measurers of morbidity." (Rita et al. 2009) People do have enormous level of war-induced sufferings because of decade long civil war in Rolpa. Mr. TBB ,local resident from Badachowr mentioned,

"In Sankatkal people from western part such as Ranghsi, Rankh, Jinabang,Mirul , Thawang and eastern part such as Jelbang, Uwa, Gam,Hadjan, lost their lives in army operation. In Gumchal VDC, 68 people were killed in the same place including pregnant women and common passers by on the way."

"Civilians are target because they sustain the warring parties and how they align themselves determines a war's outcome"(Berry 1997: 4). Furthermore, citing the quote of Mao Zedong, Berry (1997:24) writes, "The fish are the fighters and people are the sea". If it so, then in the process of fighting against opponents sea is polluted and its beauty is destroyed. Thus, according to Mao's principle ill health is normal outcome of war, because, fish has to survive in the sea. If "fish" is committed to use violence as a means of transformation then "sea" is obviously polluted. Fighting and act of destroying enemies eventually creates self-destruction and damage of lives of both sides.

Community as the host has to bear the losses of war because it is a "sea" to take care of fighters. Murder and killing of human bodies could not reduce the faith for change. However, state has continuously ignored the expectation for change and transformation. "If political will is a dynamic attribute of one's self and identity, killing a "body" will not necessarily kill the dynamic font of political will" (Nordstrom 1998). Violence is disgusting means for transformation. It symbolizes the condition of backwardness, underdevelopment and gives memories of barbarism. To fulfill the incompatible goals of fighting opponents, many people in Rolpa lost their lives. It is not only the human beings, animals were also affected during conflict. Once in Rolpa, "Suddenly some dogs in village started to behave as mad and rabies infected. They started to bite local people and livestock. Villagers killed those dogs. Some people thought, eating heart and liver might avoid the infection of such bites. Later on, it was identified, when there was an attack in Ratamata tower in Salyan. Local dogs have eaten big amount of human flesh, then after, they started to show that kind of symptoms" (Aryal 2005). Conflict has induced the suffering beyond the human's imagination in Rolpa. Likewise, Miss. BK, working as an OJT staff (On job training) in district hospital mentioned,

"My cousin had joined Maoist movement; she was pregnant those days, later on, I have heard she died because of bomb blast during cross fire which she was carrying in her back."

A decade long fight to achieve incompatible goals between government and Maoists had been resulting in high level of morbidities and mortalities. It was not only the civilians, but causalities among Maoist fighters and RNA used to be very high. Becoming well-equipped government security forces, RNA had better medical and surgical facilities than PLA. "People's war" led by CPN (Maoist) was resulting in massive amount of casualties, injuries and handicap. The necessity of medical persons had been realized after the" revolution" had begun to take shape. Under the continuous threats by RNA for providing treatment to Maoists, some health professionals who were regular staff of the government joined the Maoist movement. Such act of joining Maoist's movement was influenced by long-term hostility and torture given by RNA. They could be CMA (Community medical assistant), VHW (Village Health Worker), MCHWs

(Maternal and child health worker's) working in government health centers previously. Somebody who had already trained as a health person used to be chief according to their prior experience Moreover, "The rates of injured and dead have increased along with the rural class struggle. It had been realized to mobilize whole timers (WT), the arms forces and health organization. To manage all those causalities, the central health department was formed in 1995. Moreover, the department had struggled in different ways to effectively manage services."(OMSA 2006) Furthermore, the constitution of ANPHWA (All Nepal public Health worker's Association) writes,

"City centric reminisces of old state mechanism had blocked the medicines and other essential things. Many times treatment instruments and apparatus were grabbed by security forces. It was the responsibility of new Maoist state to provide the people with proper access to health. Manage the training, and the training of "red" and skilled health workers, became utmost necessity."

Critically speaking, in the wartime, the contribution that was performed by OMSA within its party circle was "appreciable". However, their proclamation of providing large-scale service to ordinary people is always doubtful in a war context. Though OMSA had launched health camps, practically, it was not possible for them to cover all the villages. Because of their task 78specialization to take care of Maoists fighters in war and their long-term hostility with government security force, the role of OMSA was confined in its party circle. Likewise, *Ghorneti* model hospital that had been constructed in a highly secret and isolated location of this district to maintain a high level of secrecy during the war is not geographically accessible for most of the people in Rolpa. Empirically, like in conflict time, in present days, OMSA are no more with people, people have to make long journey to meet OMSA. However, observed reality is, the poorest of the poor are always excluded, marginalized, suppressed, and living without availability of basic health facilities.

Most of the important institutions such as health, education and agriculture, were handicapped. In Rolpa, there was no existence of the state administration police, post

offices, and any other government agencies outside the district headquarters. The Conflict had also fueled migration on a grand scale that has been continued even after the official ending of the civil war in 2005. The destination of migration was predominantly *Kalapahad*, (India), Saudi Arabia, Quatar, Malaysia, UAE and other Gulf countries. "In this context, economic migration and conflict-induced displacement are often closely interlinked" (IDMC 2008).Conflict induced migration has further led to family members living with additional mental tension given the huge loans that were to be taken to send family members abroad. It was told in interview by health workers, because of the migration, on the one hand, remittances are increasing in Rolpa; nevertheless low levels of health awareness are resulting in the introduction of different communicable diseases such as HIV, HBsag, Trichomonas and VDRL. These kinds of STDs (Sexually transmitted diseases) especially found in home returned migrants and their spouses after spending some years in above mentioned countries. "Mobile population groups are at high risk for contracting HIV infection"(Gazi et al 2008). "In conflict there is also large scale mobility. Military personnel and outsiders come in this region while refugees move out from here. The frequent movement of people also creates condition conducive to the spread of AIDS (Bhatt, 2006). Most of the explanation of migrant population and its relation to Communicable diseases like HIV shows some kind of uni-linear understandings. It gives the perception that all migrant populations have absolutely no awareness regarding to HIV and other STIs. Culture values and other personal beliefs do also play the role before involving in such hazardous activities. Sexual frustration among the migrant population may increase the vulnerability of communicable diseases. However, it is not true with each and everyone. However, "While men had led more hazardous and risky lives, women have experienced more health problems as the result of oppressive gender roles" (Bury 2005:8). Because most of the women could not exercise bargaining power before start intercourse with their husbands when they returned home after long period. Oppressive gender roles could not encourage them to negotiate to perform laboratory check up or compulsory use of contraceptives. "Relative powerlessness may be accompanied by psychological and physical harm' (Bury 2005: 49) Therefore, because of 'relative powerlessness" women are victimized; they have to bear

extra stigmatization and discrimination of being immoral and disloyal towards their husbands.

The conflicting behavior performed by fighting opponents and their hostility has forced many people to displace from their homeland. Such hostility not only harms fighting groups, those having incompatible goals, but also ordinary people having separate aspirations were also affected. Consequently, such hostility between fighting opponents might be the reason for increasing different types of communicable and non-communicable diseases in migrant and non-migrant population. "When displaced people are unemployed, face xenophobia, physical assault, harassment, distrust, suspicion, nostalgia, increasing psychological and physical hardship. They face hazardous conditions and artificial nature of life" (Sinha 1997). To avoid suck kind of physical and mental unhealthiness, the risk of exposure in hazardous activity like unsafe intercourse may performed by some individuals. That could bring cumulative result in the society.

I was opportune to interview some people living with HIV and AIDS. Information provided by them, the activities of Rolpa plus, district and community hospital records suggest that incidents of communicable diseases are increasing day by day. Likewise, Ghorneti people's model hospital pathological record also shows the presence of Hbsag cases in home return migrants in Rolpa district. Because of the stigma and discrimination attached with these kinds of communicable diseases playing adverse role to spread the vulnerability of disease. Furthermore, health workers based in district headquarter have mentioned, the outcome of a high level of male migration has resulted in a rise of extramarital affairs that often lead to forceful termination of pregnancies. "In a society where most women already suffer from discrimination, displaced women, and in particular those who have lost their husbands, are highly vulnerable to further impoverishment and as a consequence they are often exposed to significant protection and health risks. (IDMC, 2008) Women have to bear additional sufferings than men do.

In absence of one's husband, if the woman is interested in living with second person permanently, the second husband is supposed to pay a certain amount of money to the

first husband that is called *Jari tirne, it means paying* certain amount of money to first husband by second one as a compensation for taking away his wife. This kind of bargaining determines by economic status and bargaining power of first husband that he deserves in his society. *Jari tirne* is cultural practice that gives legitimacy for the act of divorce with first husband after paying certain amount of money to second one. "In contemporary Nepal, it is generally absolutely taboo for a female Hindu to have pre-martial and extra marital sexual activities. Women who are public about their sexual activities and interests risk stigmatizing themselves and their family. The stigma of premarital sex, including rape can make difficult for the women and her unmarried siblings to find a spouse. In both case of voluntary and non voluntary extra marital sex, a husband may choose to leave his wife as she is considered dirty soiled" (Ommeran et a. 1999). If same process performed by males, society does not raise any questions, because such freedoms are sanctioned with patriarchal values for males. Likewise, high level of male migration is directly related to women's ill health. Women development officer, Mrs. AD mentioned,"

To maintain good health of women, males can play vital role. To manage proper nutrition, care and rest during the time of pregnancy and delivery males can play important role. However, Rolpali females are not getting this kind of support because of migration."

"War and direct violence have obviously done great damage to women in rural Nepal, individually and collectively"(Hutt 2004:165). Many women do not get support of their males during the time of necessity. It directly hamper's the maternal and child health. "The high-intensity (more than 1,000 deaths per year) conflict between the Communist Party of Nepal (Maoist) rebels and the government forces led by the Royal Nepalese Army has affected the health, education, and other rights of the most vulnerable members of society, especially women and children" (cited in Martinez 2003). On one hand, crisis of primary health care could not play highly supportive role during the time of pregnancy and delivery, on the other hand, absence of strong support of their family members give rise to the additional physical and mental burden. The unavailability of MCHWs in the

conflict period directly fuelled to increase existing maternal mortality rates. The Government envisioned reducing maternal and infant mortality rate through the effective mobilization of FCHVs. In the case of Rolpa, difficult topography, conflict affected history and virtually non-functional condition of public health services resulted in a failure of government's broader agenda of reducing maternal mortality rates.

Likewise, many health workers have mentioned, excessive labor, early marriage, low levels of nutrition supplements, low level of literacy is another other reason that contributes to increasing maternal mortality rates. "Education, especially of the women, is postulated to improve her decision making capabilities, enhance her position within the family, make her less fatalistic and seek out appropriate health care" (Shiva Kumar 1999).

According to District education office, general literacy for female in Rolpa is 22 %. Information, knowledge and awareness play vital role in human's health. It was observed in interview many women is Rolpa do not have sufficient awareness regarding to reproductive health. Because of severely war-affected zone, district public health office does not have any supportive data that shows the increase of MMR during conflict. On one hand, the unsafe deliveries without support of TBAs were very risky and on the other hand, it was told during interview, many people do not feel it is necessary to visit government facilities, even after a child gets ill. Collins (2006) has identified causes of maternal mortality i.e. three Ds—delay in seeking care, delay in reaching care, delay in receiving care". In Rolpa all three factors are important for contributing maternal mortality rates. "Even where such facilities are available and people have adequate purchasing and knowledge , very often socio cultural factors - principally considerations of caste, class and gender-seriously prevent women and others from accessing health care services" (Shiva kumar: 1999). However, in Rolpa, there are limited facilities and other social, cultural and economic factors prevent women from accessing health care services. Lack of proper information, shyness, and perception that home delivery is better than hospital delivery are some of the reasons that women had to face extra complexities during delivery time. Wayte et. al., (2008) writes, "Culture and tradition remain important influences on the decision to seek care during pregnancy, birth and postpartum, and there

is a low level of skilled attendance at births, with most women delivering at home. Access to care is further limited by poor road conditions, dispersed rural population and low levels of income and employment. Especially in the conflict period, neither there were Trained Birth Attendants (TBAs) to support delivery in time nor could the frequent mobility by FCHVs and other needy patients be facilitated because of the war. Health workers those I have met in *Bhabang* and *Kureli* VDCs accepted the fact that, there were enormous number of maternal and child deaths that had happened during conflict period and successive years. "The health of mothers during pregnancy depends on their first pregnancy, and that will vary according to their social and family circumstances, which in turn will affect not only their diet, smoking exercise, and alcohol consumption, but also their mental wellbeing and coping skills". Similarly, the infant health will depend on the mother's social and economic circumstances, as well as her health related knowledge and confidence" (Marmot and Wilkinson: 1999). The presences of social determinants of health are unsatisfactory and fertile to produce ill health in Rolpa.

During conflict period and due to the placement of mines and ambushes on the trials to target opponents having incompatible goals people's mobility and visits to the health service centers curtailed. Mrs.JKO, patient came in district hospital from Bhawang mentioned,

"In the time of Sankatkal, I did not visit health centers because of fear. Because sub health post was three hours far from my home and it was no possible for me to go there and check whether health workers are staying their regularly or not."

I was told in interviews, everyday national television and radio used to report News of encounter incidents between the "Maoist rebels" and the RNA and disclosing certain numbers of deaths. Frequent security checking by both sides, blockade programs by Maoists, and risk of being caught in the crossfire were some the factors that had discouraged people to visit their health centers. "If medical emergency happens at night, people were afraid to seek treatment and the health workers were afraid to provide it." (DFID et al 2003). A Regular curfew after 7 Pm in the district headquarters *Liwang* was

another strong reason that people were helpless during the time of emergency. "Although technically it was allowed to transport people requiring emergency medical care during curfew hours, in reality, it was very difficult to do so. Health workers reported that some attempts to do so had resulted in the unnecessary death of patients under their care." (DFID et al 2003). In one of the incidents, a student was shot by a bullet in the cross fire at *Chihandanda* (Location inside district headquarter). It was very difficult to get permission from the army barracks and manage vehicles to take patients outside the district. While his parents were taking him to the hospital, he unfortunately died on the way. In the conflict time, the surgical problems of villagers used to get more attention from the RNA than medical problems, because the armies used to suspect that they might have happened during attacks. Supporting this fact, Mr.BPB patient from Jangkot VDC mentioned,

"In Sankatkal, if people had some kind of injury, army used to torture them in headquarter, once they deployed in village, they were committed to damage people's life at any cost, I have heard Maoists threw away the injured person to avoid encounter with army ."

Injury, cut and other kind of physical rupture were normal phenomenon in Rolpa because of subsistence economy prevailing in this district. The process of making unnecessary query deeply harasses the normal psyche of local people that eventually flourish hostility against security mechanism of state. Such kind of query forced people to develop incompatible values against state security force. "People with traumatic injuries (Such as multiple injuries caused by falls from trees and cliffs), or people with large cuts and wound are often afraid to seek care because they fear that they may be reported to the security forces as suspected Maoists" (DFID et al 2003). In case of deep injury and deep wounds, it was not possible for Maoists to visit health institutions on normal trials. They had to explore alternatives that can be in the difficult paths through forest and hills or the dark crunch of the river. District secretary of Maoists comrade R mentioned,"

Suddenly, police had started to fire, I got bullet in my eye. I fell down from hill. After

that, I woke up and reached Baglung after one week with damage eye. Initially, I had gone to Bhairahawa, and they could not treat my eye because it was related to retina. I reached Pokhara with great difficulty. I had treatment in Ghorpatan Eye hospital at pokhara."

However, there is a provision that treatment should be provided irrespective of their nature of involvement in war. Article 3(1) of Geneva convention writes," Persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria".[17] Though Geneva Convention has assured the treatment irrespective of any categories, nevertheless, because of incompatible roles, values and goals against government, it was not possible for Maoists cadres to get easy treatment from government's health institutions. "The ministry of Health had issued directives requiring health institutions to record details of all trauma patients. In December 2001, a specific directive from the minister instructed all health professionals to seek permission from the ministry of health prior to treating patients with trauma related injuries" (DFID et al 2003). Such kind of directives highly discouraged even ordinary people to visit health centers. Any kind of injury could be the effect of war and people may be arrested without any fault. Likewise, local resident of *Korchabang,* Mr.TKB mentioned,

"If Maoist announced blockade program, at the same time government used to launch suppression campaign. It was necessary to take permission to travel from one place to another"

Frequent security checking had increased the duration of time; it would take to travel from one health centre to another. The psychological terror of the army operation used to be extremely high. Maoist political workers and leaders were for sure targeted and if army knew their potential home of hiding, they risked having their homes destroyed.

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[17] Geneva Convention Relative to the treatment of prisoners of war of August 12, 1949(Geneva Convention III).

They used to create psychological terror in another village. "Terror warfare is predicated on a bastardized understanding of cultural transmission that posits that maiming and murder of a few will terrify the many into political acquiescence" (Nordstrom 1997b: Nordstrom 1998). However, such kind of murder of "few" could be the reason for generate hostility against oppressor for many people in the village. Thawang was the most targeted village during the conflict time. There used to be frequent army operations, and villagers sometimes had to leave their homes for many days. RNA used to forcefully enter people's home, slaughter left out pigs and chickens, used to eat food, and grab expensive ornaments. Local women from Thawang have mentioned RNA had very good time; they were celebrating the tragedies of local people. Many women had given birth to their babies in forests and caves. The Disable and deaf who could not leave the village along with other villagers were directly targeted and some of them were killed. One of the local persons Mr. MB mentioned,

"After killing lato (deaf mute man wit a learning difficulty) in Thawang, media had broadcasted the News; the army succeeded to kill Maoists local commander of Thawang."

Similar kind of citation has written in Himalayan People's War edited by Michael Hutt. It writes, "One day shortly after that a *lato* (deaf mute man with a learning difficulty) was shot dead by the army as he ran away when he saw them. He did not understand as he was frightened he ran and they killed him because they thought that he was a Maoist"(Hutt 2004:270). Many physically challenged people lost their lives in Civil War. In Thawang, such kind of deaf person could not notice the reason of Army mobilization in the village. When all villagers decided to left the village, he could not grab the common consensus. As a result, he lost his life during Army operation. "People shoot enemies not friends at least in politics" (Berry 2005:125). Here, enmity of such person against security force was disbelieving and his death was counted as a victory over the opponents.

Frequent army operations and a long-term tensed wartime situation was sufficient condition to create mental morbidities such as PTSD (Post Torture Syndrome Disorder), ADHD (Attention deficit hyperactivity disorder), erectile dysfunction (ED), hypochondrias, mild and severe depression and somatic problems with multiple complains in Rolpa. These problems are more prominent in those places where many army operations had been done one of the ex fighters of civil war currently working as a health worker in Rolpa Mr. MPBM mentioned,

"I was involved in Maoist party since 1995. I have participated in many wars. Some bullets are remaining in my hip, though I have removed 4 to 5 bullets from arms. In summer, I feel burn in those areas where I have bullets and in winter because of cold, I feel pain. Once, mines was blasted very nearer to me, as a result, my penis got dysfunctional for three months, after massaging it for long time , later on it started to work."

Likewise, Medical officer in district hospital mentioned,

"Many people of remote villages have complained of symptoms such as anxiety and loud expressions by shouting in the night, arrhythmia and palpitations."

Supporting this fact, Miss. YP, health worker doing on the job training in Rolpa district hospital mentioned,

"During conflict, initially my father was also involved in Maoist activity, later on some kinds of conflict aroused between my father and party people. Thereafter, they started to torture him, because of this my father could not sleep during nighttime. He had hypertension; at that time his mental condition was so disturbed that he was not able to identify the baked bread and unbaked one."

"Disorders do not occur randomly in populations. They are, in significant ways, socially patterned (Bury, 2005:21). Here, disorders experienced by many people in Rolpa are

socially patterned and conflict induced. "The body itself is shaped and altered by social process"(Bury 2005:64). Such process of altering the human body eventually resulted in many kinds of mental disorders. Conflict as a critical social process shaped and altered body of many people in Rolpa. Some other studies have also shown the importance of social circumstances on the process of altering the human body and personality. In early pioneering Study in the USA, Faris and Dunham (1965, 1939 and Hollingshead and Reddich (1958) attempted to show that mental disorder was not a random event dependent solely on the biological characteristics but was patterned by social circumstances and social class (Bury 2005:17) Furthermore, it was told in interview, Miss. YP has also problem of heart vibration . "The physical and psycho-social effects on families, children and women who have witnessed or been subject to violations and attacks will reverberate for years to come (IRIN 2005). Conflict induced mental burdens have deep roots and its affects remain for long lasting. "Illness runs the risk of devaluing a person's identity, either because of its causation or because of inappropriate behavior in the face of symptoms (Bury 2005: 9). There are different perceptions regarding to the illness in Nepalese society. Most of the people perceive mental disorder as a symptom connected to madness and psychosis. "Most health workers reported that most people do not seek treatment for mental health problem because they do not know that assistance can be obtained for symptoms caused by psychological distress" (DFID et. al. 2003). Because of stigma, mentally disturbed people are discouraged to visit health centers. "Stigmatization may lead to negative discrimination which in turn leads to numerous disadvantages in terms of access to care, poor health service, frequent setbacks that can damage self esteem, and additional stress that might worsen the conditions of consumer(patient)" (WPA 2005). There is no mental health department in any of the health centers in Rolpa. The government of Nepal's provision of mental health service is limited and only available in few urban locations (DFID et. al. 2003). In this kind of condition, people have to find alternative places to access health service. That may hinder them to access timely treatment. During field visit, I have met many people suffering with different kinds of mental related problems.

Maoists had torture the political workers of other parties such as Nepali Congress (NC),

United Marxist Leninist (UML) and United Liberation Front (ULF) Mashal. Mr. TBB, political worker of Nepali Congress party mentioned,

"I was elected chairperson of VDC. I had casted vote in 2054 B.S.(1997) Maoists had broken my leg in that cause because they were boycotting the election. After that, I had gone to teaching hospital. I spent two Lakh ninety thousands rupees for my leg. I had to sell my wetland for treatment. Now I can perform minor kind of work."

It was not only the RNA, Maoists had torture lot of people who develop incompatible values against their ideology. They used to label them as a "*Barga shatru*" (class enemy) and performed numbers of "*Safaya*" (murder) activities." Furthermore , investigations of the semantic structures of Nepali Maoists discourse may shed more light on concepts such as 'people's enemy ' ("*dushman*") , and on the distinction between *khatam* (annihilation), and *saphaya* ("cleansing") on the one hand and *hatya* (murder) on the other. The term *hatya* is never used to denote actions undertaken by Maoists squad: they are labelled as *khattam*, which somehow has the neutral value of 'putting an end to' or as *Saphaya*, which may be understood in military practical sense ("cleaning up") or in a moral sense ("purifying")" (Hutt 2004:237). The trends of doing ideological interpretation and labeling opponents as certain category like class enemy *"Bargha Shatru"* and spy *"Jashoosh"* were popular culture among the Maoists. It seems like if somebody is developing incompatible values, Maoists could label them as *dushman* (people's enemy) and take their lives in the name of *khatam* (annihilation), and *saphaya* (cleansing).

It has been proven that the unethical activities of the RNA ruined the personal life of many young girls in Rolpa. Innocent young girls were lured, made pregnant and later on left out in the same village. Chief District officer Mr. KA mentioned,

"During conflict time, it was not possible for police and Army to travel frequently through the way. They had to come to Rolpa by air. Many Police and Army had taken rent room in the homes of district headquarter. At that time, many innocent girls were

victimized and abused".

"War and direct violence have obviously done great damage to women in Rural Nepal, individually and collectively" (Hutt 2004:164). Not only in the case of the Rolpa, were many local women victimized in other part of the country. Dahal (2007) has discussed about the "body politic" (Scheper-Hughes and Lock 1998), exploring how powerful political bodies influence powerless or less powerful individual bodies." In this context, powerful bodies of police and Army manipulated less powerful women bodies. "The body is manipulated and altered by technical and social interventions"(Bury 2005: 67). Here, technical power denotes the power of state and weapons whereas social intervention is the condition to control the Maoists in the name of suppressing "terrorism". These kind of inhuman activities further deteriorate the sound health of women and it hampers their identity and social prestige. That could be very unhealthy. There is a case of girl in *Liwang* district who was arrested for an illegal abortion after having relationship with Royal army men. I met her in Liwang district custody, she mentioned,

"I have heard that, he got married, I am facing this kind of punishment because of him, if I would have to kill the baby, why I would waited for nine months? I knew about safe abortion also. I was always hoping to meet him and get married, but he got transfer in another district. At the time of delivery, I had severe pain, I could not control myself, I was alone at home, I tried to pull the baby out, and unfortunately it just died"

The girl was arrested because villagers found dead body of infant in her landlord's garden. At this crucial situation, the judiciary was not strong enough to punish the Royal army in a rationale way. As a result, the poor lady had to bear social, cultural, emotional, and legal punishment. Villagers had mentioned that, many other native girls who had relationships with Royal army men were left out in villages and were displaced from their homeland. In addition, those women who went to collect green leaves for livestock were tortured, raped and killed during army operations by the RNA. Com. R district secretary of CPN (Maoist) mentioned,

"In 2056 B.S,(1999 AD) army had raped 14 women including small kids, old who delivered recently." Displaced women and girls were even forced to compromise with different jobs like sex related trade, domestic work and low paid factory labour. Furthermore, the conflict had a severe impact on many children.[18] District Child welfare officer,Mr. GP mentioned,

"In war time many children had lost their parents. There was severe food shortage in their home. They were forced to quit their regular education. Many children were forcefully displaced from Rolpa."

These kinds of displacement after all compelled children to compromise with different blue color jobs in different cities. Conflict had created more vulnerable situation for women and children. Especially in the hill setting like Rolpa, children had to travel long distance to reach schools. In this kind of setting, frequent security-checking, unnecessary interrogation by the army, fear of attacks and ambushes on road discouraged children to attend their school regularly. As a result, personality developments of many children were badly affected. Maoists had asked many children to join as a child soldiers. It was observed that the children who were the sons and daughters of killed combatants in war, studying in Model School of Maoists in *Thawang* look under nourished and seek extra care. This kind of low nutrition hampers further growth process of the children. "Malnutrition adversely affects not only bodily growth, but also cognitive development and educational attainment" (Marmot and Wilkinson: 1999). Child headed households have increased. Furthermore, high level of school drop out to join PLA, displacement from their homeland, conflict-induced additional burden, being forced to choose different kinds of job are some of the factors that are extremely detrimental for personality development in children. Thus, it is suggestive that hostilities between incompatible values have created substantial level of ill health in Rolpa.

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[18]In Rolpa, people have very low level of information regarding to birth spacing, contraception's, permanent and temporary form of family planning; as a result, most of the people have more than four children

Final objective of this research is to explore the changes those have been realizing in health service system during the post war period in Rolpa. Health service system is one of the important supportive agencies in human's life. "Health services are not the only sites at which the experience of illness is played out, but they are frequently important when self-care no longer suffices" (Bury 2005:80). Not all medical supports are possible in individual level. People need professional support of health workers in the time of medical emergencies and complications. Obviously, it is important to have drastic changes in post conflict period in Rolpa than in active conflict period. HSS has definite goals to serve the necessity of the population. Mataria et. al. (2009) writes, "Health care system has three main goals: improving health. Responding to the non-medical expectation of the population and enhancing financing risk protection. (Lancet, 373) However, these three goals of HSS are completely ignored in the context of Rolpa. In comparison to other promotive, preventive and curative sector, in the conflict-affected district like Rolpa, rehabilitative component is completely under functional. Under financing in HSS is one of the prominent features in Rolpa. Lancet (2009) writes the six building blocks for WHO framework for health system are Service delivery, workforce, information, medical products and technologies, financing, and leadership, governance and stewardship. However, all these six factors are not properly functioning in Rolpa.

It was observed, lack of space for patient's visitors, no cafeterias inside hospital are some of the "non-medical expectations" that health service system in Rolpa has completely ignored. Similarly, both male and female patients are using the sickening condition of district hospital latrine where male latrine is being used by hospital staffs and female latrine. Patients who are suffering from nausea, vomiting and stomach related diseases could not take breathe inside that latrine. General patients also do not feel comfortable to use that latrine. Miss.YP, working on the job training in district hospital mentioned,

"I really can't stand the worst condition of that latrine. I have planned to collect money to improve the condition of latrine in Dipawali festival by playing Bhailo[19], however no body has supported me in this plan".

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[19] While celebrating Deepawali festival , it is the trend of demonstrating traditional songs and dance to collect the money.

Police office have used district hospital cafeteria. It was moral responsibility of police to help to increase the sickening condition of latrine; however, at the time of research it was not getting anybody's attention. This is a severe dissatisfaction in the 'non medical expectation" by the population. Moreover, X-ray films were very poor in quality. It was told that, technician has demanded new chemical before five months and he was working in no response situation. The person who was working as a X-ray technician is trained as AHW, however to get job in government hospital he has agreed to work as a X-ray technician after learning month long informal work experience in another city from this district. This kind of complete de-professionalization does not encourage human resource to demonstrate their potentiality. Training is one of the important components to strengthen the health service system. However, some level of trainings in hospital management system and DOTS are frequently provided. Most of the staffs think that they are not getting sufficient trainings in their professional work. Ill condition of HSS cannot "improve health" of the general population rather than generating ill health by itself.
During the period of research, there was no program in District Aids coordination committee (DACC). DACC coordinator had mentioned,

"Though I was appointed as a district DACC coordinator, but there is no program at all. I don't have any regular work to do."

The place where migration is prominent feature and the vulnerability of communicable diseases is increasing. A NGO called Rolpa Plus has been formed with the initiation of some infected people. According to the members of Rolpa plus, many infected people are still not finding conducive environment to disclose their sero-positive status. In this kind of crucial context, DACC coordinator has no program to perform his duty. After few weeks, he resigned the office and joined local college to teach humanities. The ill functioned mechanism of SHP and HP directly creating the situation of over burden in district hospital. Patients have to travel long journey to reach district hospital. Mrs.BS from Rangshi mentioned,

"I had stomach pain, I had taken injection but was not cured. I came to this hospital with three children; my husband is working in Saudi Arabia. I have spent one night on the way. I have to spent money to feed my children on the way. It takes more than one day to reach my home from here."

The inefficiency of SHP and HP has pushed her to reach district hospital with many difficulties. Rolpa, where most of the place is covered by forest. In such kind of situation, walking through narrow trials with three small children and spending night on the way is extremely a severe punishment and adds to vulnerability. This is a kind of additional social suffering that patient has to bear because of mal functioning HSS. This is the result of crisis of primary health care. Place where primary health care is under functional; it becomes the source of pushing additional patient burden to tertiary care centers. If the tertiary centers have to give priority for patient having simple ailments such as headache and stomachache, it hinders the efficiency of tertiary care services because of excessive loads of the patients and other expectations.

Similarly, ambulance service is also one of the important services in health service system. In Rolpa district, most of the area has no motor able roads. If the patients were referred outside Rolpa, the fair of ambulance is extremely unaffordable for many middle income and low-income population. To reach patient from Rolpa to Nepalgunj, people have to pay around 8,000 Nepalese Rupees (NRs). Similarly, for Kathmandu people are compelled to pay 13,464 Nrs. Moreover, the district hospital as tertiary care system is inefficient to meet the felt needs of population; the people have to bear extra medical and non-medical expenses. It is contradictory to the one of the goals of health service system, which is supposed to 'enhance the financial risk protection' of the population.

Government has recently launched free health service in SHP, HP and PHC level. It covers free registration, free availability of health services and free availability of medicines. Government free health service is facing lot of problems towards its effective implementation. Free health care scheme has problems in statement design, performance and outcome. Government has not taken into account that, without giving any special

priority to strengthen health service system, it is not possible to launch special program that covers universal schemes of delivering services. Medical officer working in Rolpa mentioned,

"It is very difficult to categorize poor, ultra poor and destitute people. There are no formal mechanisms to categorize these patients. Health workers have to label the patients with their appearances. Because of Free health program, patients flow have been increased, but budget is not sufficient."

Likewise, absence of VDC secretaries directly affects the monitoring part of free health program. Incompatible values demonstrated since the war time is one of the reasons that VDC secretaries still do not feel comfortable to return in their respective jobs. Being a government staff, VDC secretaries are still under the fear of Maoists cadres in post conflict situation. Because of this fear, they are staying in headquarter and people have to walk all the way to meet secretaries from their homeland. Many people blamed that VDC secretaries who were displaced during wartime, now they are living luxurious life in district headquarter and do not feel like going to remote villages. "Media reported that about 800 VDCs across the country do not have secretaries after the temporary secretaries appointed for election purpose have already returned to their previous jobs." (IDMC, 2008) As a result, monitoring department of free health program is not functional. Lack of effective supervision is another problem in all health programs.

Government's program is not able to perform properly because of conflict history. Till date the process of carrying patients in "*Doko*'(bamboo basket) from home to health centers continues. The cost of carriers varies according to distance from home to hospital. It can cost from two to three thousand Nrs. Without improving the health service system and its supporting mechanism, there is no point in launching free delivery service to create illusion in this kind of district where multiple factors are creating obstacles. Similarly, Mr.CLP, H.A working at Liwang health post mentioned,

"We don't have bed to keep patient in observation. If we have to give 24 hrs delivery service in health post. We need another ANM, one peon and separate labour ward."

Mrs. NG, working as an ANM in district hospital mentioned,

"We don't have sufficient staffs to perform regular duty. Similarly, we do not have shelter for patient's visitors. Neither we have separate place for ANC check up nor do we have post natal ward."

There is not sufficient institutional support necessary to provide 24 hours delivery service. Policy to encourage delivery rate with the help of TBAs could not address empirical reality of Rolpa. It gives some kind of perception that HSS is perfect but only the patients are not visiting. However, neither HSS is perfect to provide better delivery services not patients are highly motivated to visit health centers during the time of delivery. Multiple factors those prevent the people to visit health centers are above-mentioned. Supporting this argument, Public health officer of Rolpa district mentioned,

"This hospital was started just two years before. There are many vacant posts in this hospital. Similarly, other posts are also vacant in Rolpa. While visiting the field, people do have many complaints that health services are locked off.

In Liwang Ayurvedic hospital, Ayurvedic health assistant Mr. GB mentioned,

"We don't have sufficient staff. The post of doctor has not been filled yet. We do not get medicines regularly. If some staff goes for holiday or for exam, we will have problem"

It is not only the allopathic medical system; Ayurvedic system is also facing same kind of staff shortage. "Absenteeism is another big problem among health staff working for the government service in rural areas"(Collins 2006).Shortage of health workers is one of the prominent problems in Rolpa. However, government has taken some steps to fulfill the vacant positions. However, HSS in Rolpa is still bearing the problem of staff shortage.

The forceful placement policy of government has forced medical graduates to stay in rural side. Staying a year in rural area and other one-year in city area before getting (Bachelor in Medicine, Bachelor of Surgery) MBBS certificates is compulsory for those candidates who have studied in government scholarships. Likewise, medical officer, of Sulichowr PHC mentioned,

"I came here under the compulsory rural service for those students who have studied in government scholarship. In Rolpa, HSS is very pathetic. Because of difficult geography, people do not have easy access to the health services. However, our health service system looks ideal, but it does not have outcome. Health workers do not like to stay in office, district hospital cannot supervise all offices. There is a lack of supervision in all programs."

Ministry of health has started the compulsory placement of medical doctors in rural areas. Therefore, it is easy for many patients to get specialized services. Nevertheless, lack of sufficient technologies and health related infrastructures; posted doctors are not being able to perform their skills. Medical officer Dr.SD working in Rolpa district hospital mentioned,

"We don't have single nursing staff here in Rolpa. However, this is a final referral system of district, but we do not have complete set up here in this district. We are not able to perform even minor surgery. Blood bank facility is not here, it is not possible to take risk. We do not have CAC surgery. Even we are not being able to start minor OT also."

In Rolpa, though there is a presence of all kind of linear agencies of government health system such as district hospital, PHC, HP, SHP, out reach clinics and mobilization of FCHVs. Nevertheless, outcome of health service is completely unsatisfactory. The quality of health services and healthy living of the people is directly related. Simple inefficiency in HSS can create unimaginable social sufferings and pain. Mrs.NKD from Hawama mentioned,

"I had a problem of swelling. I relied upon shamans and faith healers very much but they could not heal me. I spent more than one Lakh on shamans and faith healers. I was admitted in hospital for ten days in Kathmandu. Doctors have suggested me to change valve of my heart. Until date, I have spent more than one lakh fifty thousands. I have managed this amount of cost by eating simple food and saving money. I have requested my elder brother not to spend this much of amount for my treatment. Now again, I have to arrange another 17,000 for single valve. However, my brother did not listen. My husband is working in Saudi Arabia. I have three kids. Now I have to take injection in every three weeks. I have to leave my children in village. I like to meet my kids as soon as possible. I have not met them for last thirty-three days. I cannot sleep properly. I am staying in headquarter with my cousin sister"

Researcher came to know, Mrs. NKD was diagnosed with rheumatoid heart diseases with Artial filtration and chest infection. As per suggestion of medical doctors, she has to take Pendura 12 lakh injection in every three weeks. Prior to this injection, it is necessary to check allergy with this medicine. The health worker in SHP denied giving this injection, because he was not confident to check allergic reaction. It is very suggestive that, the mal-function of health service system is fuelling the social separation of the people. One hand because of poverty and conflict induced migration, she has to live a separated life with her husband, and on the other hand, because of inefficiency of health worker, again she is living separated life with her family and small kids. This case highlights the plight of women, when husband migrate and suffering caused due to the illness and caring for children. She has undergone different forms of treatment procedures but she could not get rid from pain and suffering. "People try the most familiar or simplest and cheapest treatments first and seek more expensive, complex, or unfamiliar treatments later, if necessary" (Sobo,2004). To avoid the sufferings, situation compels many people to apply rationale and irrational means of treatment. In this case, multiple exposure with the different models of treatment that patient has to undergone is not helping her to maintain her sound health. At present, because of medical control she has to live the life of social separation. "In the experience of illness, and effectively silenced the patient's experience, by subjecting it to the categorize and control of medical

thought" (Frank 1995: 7 cited in Bury 2005). Now the situation of medical control interpreted by medical thought her social separation is undermined. It is not only certain medical intervention that could easily cure her illness; her problem seems more than technical or medical. It is operating in psychological and emotional level. Dominant medical thought do not have any perspective to feel her dimension of illness. Like her, many people in Rolpa could not even think that the badly functioning health service system is directly responsible to generate additional level of sufferings. "Social suffering results from what political, economic, and institutional power does to people and reciprocally, from how these forms of power themselves influence responses to social problems"(Kleinman et al 1997). Many innocent people cannot relate the causes of suffering with institutional failure and it becomes unpredictable for those people that certain forms of power are manipulating their ill fate. It is just another case study that manifests the failure of PHC in Rolpa. It is against the goals of HSS that is supposed to enhance the 'financial risk protection'.

The presence of high morbidities, high level of maternal and child mortality and growing vulnerability of other communicable diseases are some of the evidences that HSS is not fulfilling one of the major goals of ' improving health'. It would be very hypothetical to look for separate burn ward, leprosy ward and tuberculosis ward in the hospital where blood transfusion service is not available. It was observed that, once a drunk old person is attempting to keep his wife in *Doko* (bamboo basket), some health workers were stopping him to do so. When researcher asked him about his grievances regarding to the services, he mentioned,

" I am very satisfied, but I don't I want to keep my wife in this hospital. Now I want to take my wife to my home. Anyhow, I will take away my wife from here. Now, I do not need anything except taking away my wife from here".

Actually, his wife needed blood transfusion, after admitting many days in hospital; he was realizing that her health condition was not improving. In Nepalese culture, many people do not like to see death of their nearer ones in hospital that is regarded as polluted

place. At that time, he was so frustrated and not interested to wait his sons and daughters. Later on, hospital staff stopped him forcefully. I was told by hospital staff, Mrs. AMG, patient-having problems of severe anemia has died next day after discharged from hospital. It is simply an institutional crime perpetuated by health service system. Country where fundamental rights are violated regularly and human rights is again another myth, to search legal treatment for such kind of institution crime become very complex task for many people. Rituals that should be perform after death, economic constraints and ideological strength to fight against the system

Regarding efficiency of service delivery, if the health workers got the emergency call in the nighttime. It is very difficult situation to manage the suffering of patients. Medical officer working in district hospital mentioned,

"Once I got a call from Nehrpa VDC. In the nighttime, it was very difficult to reach there. After reaching there, I came to know, that the patient had tried to perform incomplete abortion but bleeding was not stopped. Her Hameoglobin level was not more than 4-5 gm/dl. After giving her primary treatment, we referred her next day". Her husband was outside the country. It was very tough situation. We could not do anything at her home. We brought her at the health post. We did a primary management and referred her to another hospital next day."

Many women in Rolpa still perform some irrational and traditional practices of abortion. However, the government has legally announced safe abortion campaign, because of cultural stigma and lack of awareness, the program is not functioning as expected. Such kind of dangerous activities many times lead to death and severe infection in her genital part. "Relative lack of control and inequalities experienced by women in many spheres of life(economic, public and domestic) underlie much of the gender patterning of illness (Bury 2005: 48). Long-term economic migration and conflict-induced displacement are some of the reasons that women have to perform such irrational activity to hide extra material relation and its further consequences.

Health service system consists of different preventive, promotive and curative action those have been performed under the umbrella of district public health office. Likewise,

DOTS is one of the regular programs in district hospital. Research had an opportunity to participate the DOTS evaluation program. There are many techno-managerial problems in this program such as if the laboratory report diagnosed the false negative for sputum test, patients do not like to continue medicine afterward. If the co-workers are on leave, it is very difficult to attend workshop in district hospital. District where absenteeism is rampant, n this kind of condition if staffs have to attend different health related training; it simply hampers the health delivery services. In SHP and HP level, there is no facility of sputum test, but the health workers are not getting the reports of sent samples on time. Sometimes, people might be taking medicines without having evidence of tuberculosis. Because of difficult geography, low awareness on health, household work and cultural disturbances patient do not like to visit health system regularly. At grass root level, FHV have to serve patients. There are much confusion related to expiry date of medicines and proper reporting of the services that have been provided.

Community Medical Assistant working at Ghartigaon sub health post has mentioned,"

We do not have x-ray and laboratory services. Without having these kinds of supporting tools for diagnosis, we have to diagnose the diseases blindly. It is very difficult to diagnose the disease. We are not getting drugs regularly."

Para medical support is another most important dimension to diagnose the diseases objectively. It helps health workers to practice evidence-based medicines. The lack of such support exacerbates malpractices and patient have to bear unnecessary medical cost.

Mr.BR patient from Uwa VDC mentioned,

"In the time of illness, it takes three days to reach district hospital. I have spent 3,000 Nrs. for carrier to reach Sulichowr. Initially I have spent money and offered chicken for shamans. They said, "I was caught by evil spirit. There after, I had visited private clinic run by peon of health post nearby my home, he diagnosed me as a typhoid case. I have to pay his bill after going back to home."

He was diagnosed as "caught by evil spirit," secondly again; he was diagnosed as a "typhoid case". Finally, in district hospital he was diagnosed as a "pneumonia case". He had a problem of chest pain and stomach pain. An inefficient job performed by peon of SHP further forced him to reach district hospital. Actually, pain the epigastria region has given confusing symptom for health workers those do not have sufficient medical knowledge. Unskilled human resource in health is another crucial problem in Rolpa. It has to do with chronic stage of underdevelopment and long history of conflict that has been not supportive to strengthen health service system efficiently. Similarly, In Post conflict period, the issue of transparency, accountability and participation has not been addressed properly. Mr.GRL, accountant of district hospital mentioned,

"If there is a call from NGOs and INGOs, our doctors do not care about the patients. It has been three years that account of hospital development committee has not been audited. The tender process to buy medicines became very controversial. Initially, hospital used to pay 14 lakh rupees for medicines, now we are paying only 3 Lakhs. Either it is a wrong estimation or it can be low quality drugs. I have heard that main tender supplier was the brother of regional director."

The political nature of state mechanism has been changed after peace accord has been signed in 2005. However, overall transformation process of bureaucracy became crucial question. In Rolpa, it is very suggestive that medical bureaucracy is not being able to respect the notion of justice, transparency and accountability. "Despite the health system's appearance of being well organized from a theoretical management perspective, its day to day management is easily disrupted due to extended supply lines, unreliable communication, isolated outposts, absenteeism of health workers and general lack of accountability" (DFID et al 2003). It directly hampers the people's aspiration of accessing better health services.

Immunization is one of the successful programs of government. Mr. VRS, immunization supervisor of district public health office mentioned,

"We have ninety percent coverage of vaccine. People have awareness towards vaccination. Government has envisioned meeting the ninety percent coverage in all antigens by 2010."

However, in post conflict scenario, vaccine supply is regular than in conflict period. In rural setting like *Thawang*, factors like delay in reaching, postpone of vaccination day and lack of staffs are seriously hampering the high coverage of vaccination. FHV Mrs. SG of *Thawang* VDC mentioned,

"If I got a call from health post, I would definitely go. However, If I do not get. I do not go. Vaccines do not reach here on time."

In this issue, AHW of Thawang health post Mr. HMR mentioned,

"District hospital does not offer any kind of extra allowances for vaccine carriers. Therefore, our helpers are discouraged to carry vaccines. Likewise, some staffs have gone to training. Absenteeism is another problem here in Rolpa, therefore we cannot run the immunization on time."

Thawang health post destroyed by RNA in conflict time has been constructed in post conflict scenario. However, people are not highly satisfied with the construction process of that health post building. Comrade U belongs to CPN(Maoist) mentioned,

"Health post construction process was given in contract. Community did not pay proper attention during the construction."

In General observation, overall construction process is not satisfactory. Total cost of building is 72 lakhs, however people think that contractor had cheated them badly. The area where there is a strong domination of Maoists, this kind of cheating is still possible. It is very suggestive that people do not give extra attention towards health related stuffs nor do Maoists. *Thawang*, is regarded as the strong hold of the Maoists; but the community has given little attention in the construction process of a health post.

Moreover, the profit-making interest of contractors has been reflected in the improper design, ill-built health post and under performance. Researcher had done a month long participant observation in Rolpa. The time when this research had been carried out, newly constructed health post building was not in use. On the day of BCG vaccination, many women were present there with their babies. At present, temporarily health post is running in small home. Lack of sufficient space, shortage of staffs, narrow rooms and ill-managed medical apparatus were all the cost of conflict that people are bearing because of conflict-affected situation.

The police station of *Kotgaon* and police station of *Powang* are still operational from the cafeteria of district health office and health post building respectively. The active enrollment in civil war has resulted in physical, mental and social separation of many people in the present days. Mrs. SG, owner of commune hotel in Thawang mentioned,

> *"They killed my daughter in the war. My husband was already expired. Now I am adjusting myself in commune family".*

In conflict-affected area, many families lost their close kin in the war. Maoists have developed commune family in Thawang. In this commune family, more than 32 households are managing their daily life under same roof and have a common kitchen. There are separate responsibilities of every member in commune family. For those families who lost their close kin in Thawang, commune has somehow giving coping environment to forget the pain of conflict. However, Thawang as a starting point of Maoist movement, causalities, suffering and pain is obviously more in this village, ill health and mental illness in general population that had induced by long term conflict has not been cured yet.

During the conflict period, various construction activities had performed under the Maoist initiation. These included the construction of public shelters; taps, roads and the model health centers and schools. Similarly, activities of destruction were performed to fulfill the spirit of slogan such as “complete destruction for new construction”. Moreover, in the post conflict period, in comparison to destruction, construction process was not

performed in same spirit. Furthermore, the construction of the Martyr's highway initiated by CPN (Maoists) has been discontinued after the peace accord was signed in 2005. Most of the people from Rolpa and the adjoining districts (*Dang, Puthyan, Salyan, Rukum, Kalikot*) had contributed to the construction of the highway in Rolpa. However, at present, regarding the same highway construction, most of the people from the adjoining districts think that they are no more obliged to obey the Maoist order, even though a road is an important means of access to health facilities, is extremely important. The process of construction had begun in the conflict period and it was told that many thousands people had contributed to it genuinely. At present, it has been handed over to different contractors. During the fieldwork, the researcher encountered fake NGO administrating a spurious Hepatitis B vaccine. Six departments related to the department of health service were supposed to regulate the vaccination process; however, the negligence of ill bureaucracy has been reflected in forceful administration of a spurious vaccine. Later on, that NGO was forced to leave the village after a massive campaign against these kinds of illegal activities was undertaken.

Disrupted government health systems are contributing to both medical capitalism and medical tourism from Rolpa. If people are not getting better health services, they have to visit different cities of Nepal and India. It directly increases their medical expenses. Either India or Nepal, in both countries public health system is not demonstrating its services effectively; as a result, most of the people have to visit private health centers to access better care. It happened during conflict period also. In bleeding cases, if the district hospital could not deal with the problems, it was worthless to refer them to another referral center that could be 7 to 8 hours from Rolpa district hospital. The under-performance of SHP,HP and PHC are pushing the additional patient burden to district hospital. As the government HSS has not been able to provide satisfactory services, people have to make long journeys to access health services. People have to visit *Dang, Kathmandu, Nepalgung* and other borderlands of India such as *Luckhnow and Delhi.* Conflict induced reasons such as long-term absenteeism, low level of physical infrastructures and health facilities, non-functioning monitoring mechanisms, and vacant posts are some of the reasons that, the government health systems have not been able to

attract patients in great numbers. However, the government has not launched any special program that could address people's aspiration[20] and the disrupted public health service by the conflict. Local Development Office in Rolpa has proposed Dream village concept. In this concept all donors and government fund will be invested in same VDC for five years in the name of integrated development. There are fifty-two VDCs in Rolpa. If so then the turn of last VDC will come after two hundred sixty tears. It is really a ridiculous concept that people from last VDC (according to dream village concept) in Rolpa have to wait another two hundred sixty years to get basic services. It is irony that, there is no concept of health sector improvement in this dream village concept. Local development officer (LDO) in Rolpa mentioned,

"Government has given extra attention for health. To rebuild the infrastructure, NGos, ministry of peace and reconstruction and government have given enough attentions, therefore we are not doing anything on health in dream village concept."

Actually, Government has no extra scheme to improve the health service system in Rolpa. Major parties like NC, CPN(UML), UCPN (Maoists) have written to ensure the primary health care of the population in their election manifesto. Before CPN(UML) government Maoists were leading the coalition government. In reality, none of the government has done significant effort to improve the condition of health service system in Rolpa. However, local bureaucracy in Rolpa thinks that government is doing enough care. In this kind of dispute between local and central plan agenda of health has been ignored seriously. Such "clash of interests of grassroots and the higher level of programs'. (Shivakumar 178 : 1999) are the prominent syndrome of underdeveloped structure where mal-management between local expectations and central level policies are always a chronic phenomena. Though the remittance is increasing, once the family members will get ill, because of worse condition of health service system and crisis of primary health care, people are forced to spend lot of money to access health services outside the district. The worse condition of public health system is supporting chronic stage of medical

[20] In Interaction programs of Radio Rolpa, most people think that it is very important to focus the govt. investment on education, health. Agriculture, transportation, sanitation, and clean drinking water .

dependency. The decade long, conflict still had many tangible and non-tangible impacts in Rolpa. In national level, though it has announced the official abolishment of monarchy and in the present country's political system is the people's new democratic state. However, no changes have been realizing in war-affected district like Rolpa.

CHAPTER VI

SUMMARY AND CONCLUSION

War has everywhere created the worst consequences, like deterioration in human health and social well-being. In every kind of complex emergencies, a review of different literature from around the world has shown that there is always a sharp rise of both communicable and non-communicable diseases. Likewise, attacks and disturbances of the health service system have prevented access to health care services for many people in war-affected places. Thus, displacement, mental morbidities, social separation, frustration, and wide scale unemployment are other negative consequences of war that directly hampers human health.

Providing humanitarian assistance is one of the important components in war affected zone. MSF, ICRC and some other organizations do have an international reputation in this kind of work. Sometimes fighting opponents have violated the international human rights norms and rules to respect this kind of organization, as a result, the literature shows that ordinary people have been excluded from getting humanitarian assistance and other medical support on time. Thus, respect to international humanitarian principles and allowing independent organization to work on behalf of affected population is important to maintain better health of the affected population.

The literature reviewed from Nepal show similar findings to other war-affected places in the world. Disturbances in health delivery services, threats and killing of health workers, rise of communicable and non-communicable diseases, displacement of medical and paramedical workers, discouragement in accessing services, and violation of international humanitarian principles are the features that are similar to other war affected countries of the world. Thus, this suggests that arms led conflict everywhere brings similar kind of devastating affects on human health.

During the period of conflict in Rolpa, both the fighting opponents contested for the HSS as a state resource. As a result of this, research shows that conflict has a major impact on the functioning of health workers. The trend of regular donation and forceful involvement

in war as medical rescue groups were some of the reasons that the health workers were always in insecure position. The act of performing a dual role to maintain the bare minimum of survival in the war zone has finally discouraged the health workers to stay for a long time in the war-affected region. This kind of absenteeism has played an adverse impact on the peoples' health. Incompatible values between the RNA and the Maoists have eventually discouraged the general population to seek health services for their better health.

Similarly, conflict that is an outcome of the incompatible goals between the two fighting opponents had created substantial ill health in Rolpa. Incompatible roles and values between the two groups have seriously interrupted the regular process of health service delivery. The act of destroying and damaging health centers and stopping the regular development process of health infrastructure has finally contributed to an increase in ill health among the general population. The District hospital in Rolpa that had one of the worse histories before the conflict has once again been severely affected by the decade long civil war. The conflict (1995-2006) has proven to be an extremely hazardous activity for the health of the people of Rolpa. As a result of this many of the poor people were forced to rely on Shamanism, faith healing, and irrational medical practices. Frequent security checks, fear of ambushes and landmines, potential cross fire, and fake encounters have affected the mobility of the people and their access to health care.

Medicine as a government resource was highly contested between the RNA and the Maoists. As a government security force the RNA desperately attempted to stop the manipulative distribution of medicines by the Maoists. Similarly, the Maoists as a "rebellion" force were committed to utilize government resources strategically. Because of incompatible roles and values between the two groups, the ordinary people had to suffer without having essential medicines during their illnesses. The unavailability of resources thus discouraged people to make frequent visit to the health centers and this eventually forced many people to live with chronic stages of illnesses.

Incompatible roles between the two fighting opponents had further hampered the regular health service delivery. During conflict time, vaccine could not regularly reach in remote

villages. Vasectomy camp could not be launched and it is seen that many people have more children than the desired amount. Attending frequent refreshment training by health personnel was not possible. The DOTS program was also hampered. People were discouraged to visit the health centers frequently. Thus, the disruption of medicine supplies, vaccination programs, family planning programs, and DOTs programs were other negative outcomes of conflict.

Conflict induced consequences like the destruction of health services, unavailability of health related materials and medicines, tortured and killing of health workers, pressure of regular donations, long-term absenteeism, and non-utilization of the allocated budget proved to be detrimental to human health. As a result of these the HSS in Rolpa is malfunctioning in present days.

Conflict for incompatible values has resulted in the death and decay of human resources. Death during the conflict period finally led to the loss of the potentiality of human resources. While performing incompatible roles for incompatible values there was a huge loss of the productive age group. Conflict had created a negative impact on their family, community, and country. Thus, conflict as a violent activity is never fruitful for human beings for their physical, mental, and sound social wellbeing.

Conflict has slowed down the socio-economic and institutional growth process of Rolpa. Many people were forced to find alternative means of survival outside their homeland. Conflict was the reason for the deterioration of sound health among both males and females. On the one hand, while conflict induced migration makes the migrant males vulnerable, on the other, females also became vulnerable in many ways. The children also loose proper guidance of their parents. Old parents develop depression and frustration because of their loneliness in an advance age. The existing trend of migration has fuelled an increase in the vulnerability to different communicable and non-communicable diseases, especially among women. Moreover, conflict as a core reason for social separation is always detrimental to human health.

During the time of conflict, health workers have mentioned that unavailability of female

health volunteers and other trained birth attendants had forced many women in Rolpa to face an un-timely death because of delivery related complications. Likewise, conflict had discouraged many mothers to take their child to the health centers. The government does not have specific data during the conflict period. Many of the health workers in Rolpa believed that the conflict contributed to both maternal and infant mortality rates.

The act of destroying and damaging human body and livelihood has resulted in social fragmentation, physical loss of human beings and population suffering with many kind of mental morbidities. Moreover, the loss of civil war is not only political and economic. It is at a level that is more emotional.

The rigorous security checking on the way had discouraged many civilians and combatants to seek health services. Surgical problems of the villagers would get more attention by the RNA than other medical problems. Many civilians had to search for alternative means of domestic treatment. In case of deep injury, the combatants found it very difficult to seek alternative routes so as to reach a secure place to get medical services. The analysis shows that on several occasions there was a disregard to international humanitarian principles, and the violation of human rights which was perpetuated by both the fighting opponents in Rolpa.

The deployment of arms-led forces had ruined the lives of women, children, and young girls in the war-affected region. This suggests that women, children, and young girls are always vulnerable. The attempt of rape, physical harassment and torture is highly detrimental towards the development of an individuals' personality. Thus conflict has a multidimensional impact on the sound well being of the general population.

Conflict situation has led to a number of human rights violations. The right to food, employment, education, and health are not fulfilled. Many human rights violation of torture, death, sexual violence have been perpetrated by both sides and it is the people who are often caught in the cross fire.

The historical negligence of not constructing the district hospital on time, disturbances in the construction process because of war, and regular ignorance by the ruling government

in present times are some of the reasons that the district hospital in Rolpa is not being able to perform as a tertiary care centre as expected. People have to travel long distances to get better health services. Thus, the HSS in Rolpa has failed to address three common goals, i.e. responding to non-medical expectations of the population, improving health and enhancing financial risk protection.

The absence of VDC secretaries is directly hampering the monitoring process of free health program. Conflict is one of the reasons behind the displacement of VDC secretaries. Moreover, the free health program that has been launched recently is facing challenges in all four levels such as statement, design, performance, and outcome. The free incentive provision to encourage institutional delivery is not supporting the poorest of the poor where the people have to carry patients in bamboo basket and pay more money than incentives offered by the government. In addition, the malfunctioning of the health service system and unavailability of trained birth attendants are some of the reasons that the delivery incentive program is not very effective in Rolpa. Other factors like lack of good roads and transportation distance are hampering the free health program.

The forceful placement of medical doctors in district hospital is somehow beneficial for the local people. However, in remote VDCs people still do feel the severe shortage of health care professionals. The lack of sufficient medical doctors is not being able to provide the services as per the necessity of rural population. Besides the need of medical doctors for the overall improvement of public health indicators, there is a necessity of different kinds of health workers. However, the government has not given any priority for the overall development of HSS in Rolpa.

Malpractices are a prominent feature in the government health centers. Patients are first manipulated by local shamans, then by local medical shopkeepers and finally reach the government health centers. The crisis of primary health care has led many people to travel long distances to access better health care. Inefficiency of government health centers to provide reasonable solutions eventually forces people to visit other expensive health centers in Kathmandu or different cities in India. Thus, people are forced to spend

huge amounts of money to avail tertiary health centers in different cities of Nepal and India.

It was mentioned during an interview and in some cases; it was observed that suicide rates have increased in the post conflict situation. Therefore, it appears that war is continuing for many people in Rolpa who are forced to die because of poor living conditions. The unavailability of blood transfusion system, lack of infrastructure to perform surgical operations, and illegal act of unsafe abortion are some of the reasons that people die. The crisis of primary health care does not support people to cope with their depression and other mental morbidities.

During the conflict period, to please the donor's community, many fake statistical data related to vaccination were reported. Therefore, many children in remote villages of Rolpa never got an opportunity to be immunized because of the harsh situations related to war. Likewise, during the process of reconstruction of Thawang health post the community did not pay proper attention to the reconstruction process of this health post. As a result, the construction process is not satisfactory in comparison to its investment. This clearly suggests that health is not a preferable agenda for many political parties even though many people are dying.

Historical exclusion, difficult geography, shortsightedness of government, ill bureaucracy, and low levels of awareness are some of the reasons that peoples' expectations are continuously seen to be unmet. It seems like it has become easier to capitalize on the frustrations of marginalized people rather than providing them with reasonable solutions. Difficult geographical location, no electricity, shortage of staffs, and narrow hilly trails are some of the reasons that the health service delivery is severely affected in Rolpa. Because of these kind of structural reasons people are not being able to access the health service system.

Absenteeism is one of the prominent features in Rolpa. The staffs who like to stay in long-term absenteeism are substantially backed up by local, district, and national level politicians. However, long-term absenteeism, unskilled human resources, poor diagnostic

technologies, lack of sufficient supervision, and conflict-induced burdens are adversely affecting human health in Rolpa. Rather than contributing to "improving health", the HSS in Rolpa is contributing to generate ill health.

In a post conflict context, the inefficiency of demonstrating regular pro-people oriented activities by the government and other linear agencies have resulted in severe frustrations among the general population in Rolpa. There are many techno-managerial challenges in different health related programs. Shortage of staffs, under equipped health infrastructures, availability of medicines, space constraints, lack of supportive infrastructures and skilled health workers, and conflict-induced disturbances are some of the reason that the performance of the health service system is below standard.

The post conflict condition is even similar to the active conflict condition in Rolpa. At present also, people do not get every kind of health facilities. Narratives that are included in the analysis section of this study give the picture that many people still do have a strong belief of shamanism and irrational medical practices. Lack of skilled health workers, unavailability of health care services, low-income level, and no opportunities for employment are similar to the situations that existed during the active conflict period. However, people in the post conflict situation have realized some degree of changes, like no fear of crossfire on the way to places, no security checking, and no unnecessary queries. Similarly, ease of mobility and low fear of death has been felt in the post conflict period.

Lack of genuine motivation, use of coercion and fear has resulted in a discontinuity of social welfare work. Political lingering in transition period is fatal for managing the hand to mouth needs for many people. Ill health generating structural crisis has solution in its structural transformation, and that transformation should affect political sub systems where a large section of the population find a space to maintain healthy lives. This could be in terms of accessibility and rational distribution of basic facilities like health, education, sanitation, food, housing and employment. The cost of armed led conflict has resulted in low levels of awareness, poor living standards, no availability of basic facilities and a continuous level of dissatisfaction at the micro level.

PHOTOGRAPHS

PHOTO 1

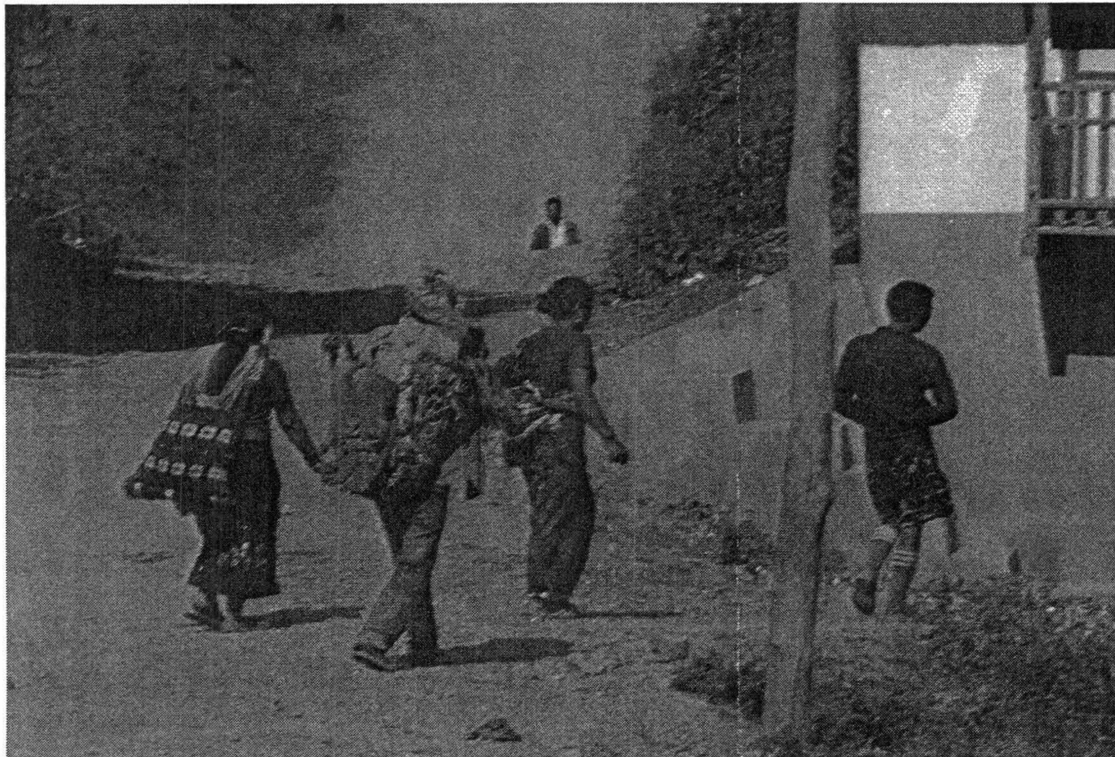

Photo: Sachin Ghimire

Bamboo basket *(Doko) is used to carry* patient to reach District Hospital

PHOTO 2

Photo: Sachin Ghimire

Woman came to district hospital from remote village with her three children.

PHOTO 3

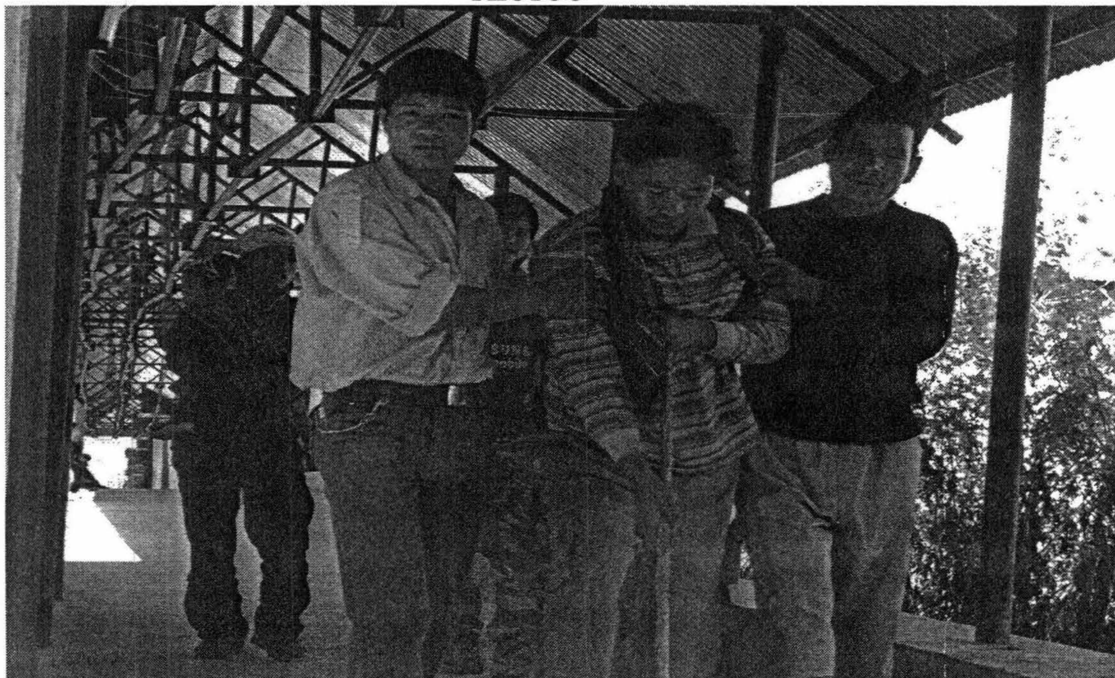

Photo: Sachin Ghimire

District hospital does not have wheelchair for patients.

PHOTO 4

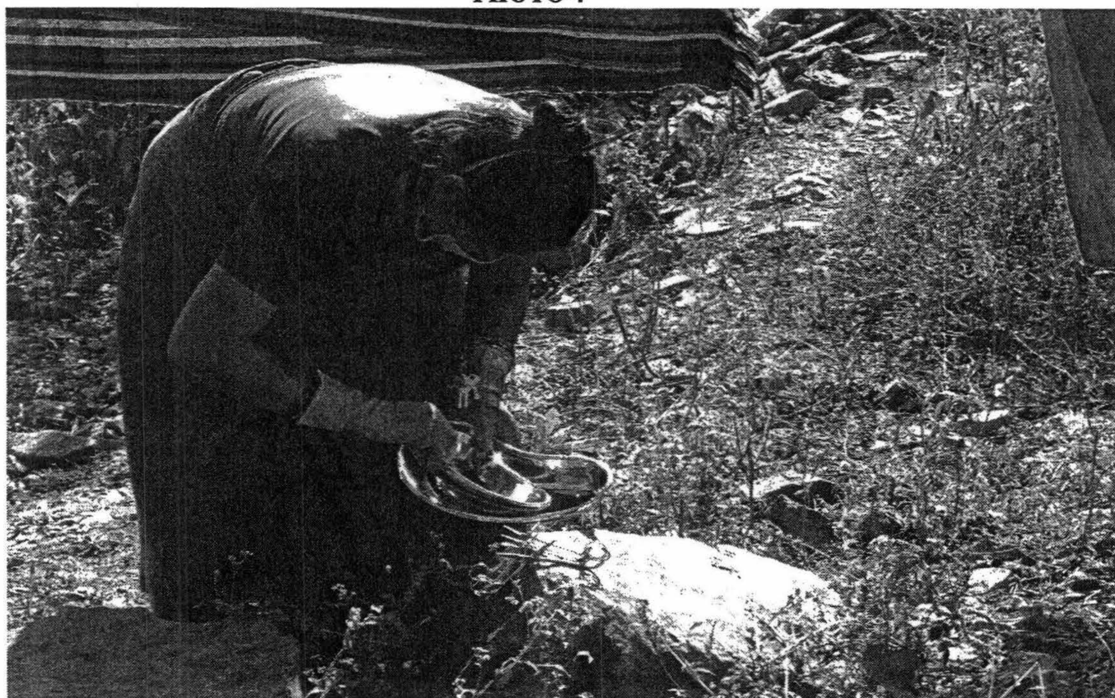

Photo: Sachin Ghimire

In district hospital, drying surgical apparatus in sunlight.

PHOTO 5

Photo: Sachin Ghimire

Unhygienic condition of Mizhing Auyervedic health Centre.

PHOTO 6

Photo: Sachin Ghimire

Health worker with her small baby at Mirul Sub health post.

PHOTO 7

Photo: Sachin Ghimire

Ghorneti Model Hospital, constructed during war time(1995-2006).

PHOTO 8

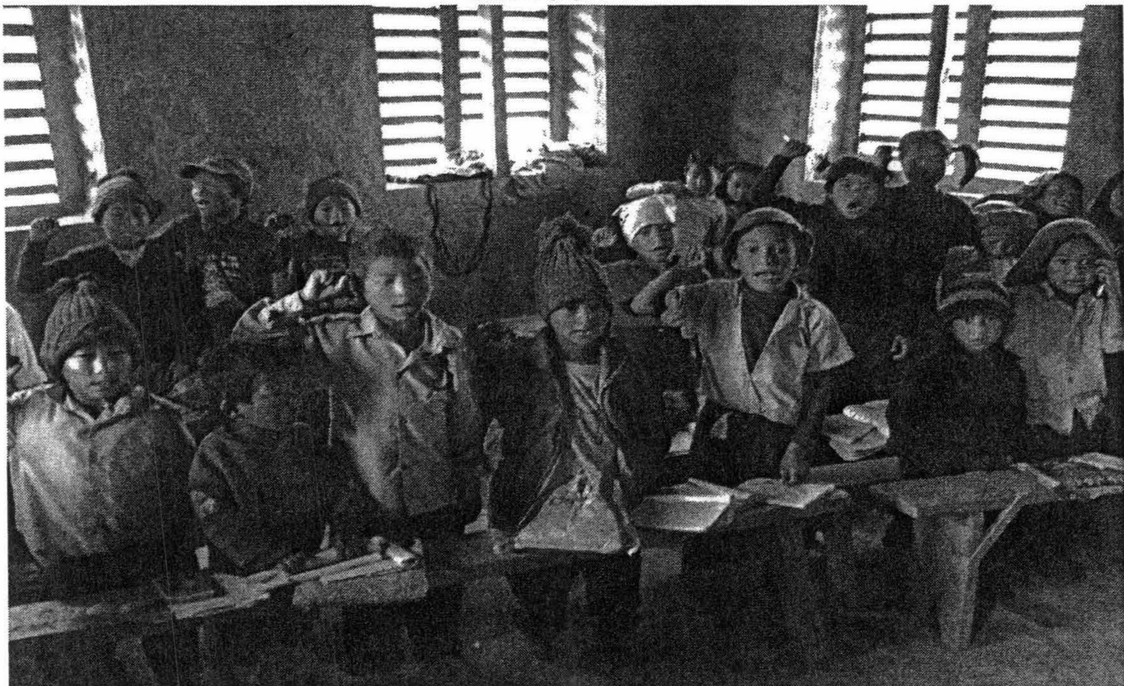

Photo: Sachin Ghimire

Students singing "revolutonary" anthem in People's Model School, Thawang.

PHOTO 9

Photo: Sachin Ghimire

Women carrying heay load and baby in her back. Her alcoholic husband is shouting.

PHOTO 10

Photo: Ratna Mahara (Vaccinator)

Researcher, collecting memory after crossing Ghanjyang Manjhyang.

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