

Swiss Agency for Development and Cooperation Nepal

Empowerment in times of war

Addressing the effects of conflict through
Rural Health Development Project RHDP

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Executive Summary

The objective of the mission: For a selected project, conflict-related (gender specific) key issues for the target population and for the project staff had to be identified. The purpose was to understand how the project team could improve its reaction to the conflict and better support empowerment of women and the target population in the ongoing conflict. Based on these results, suggestions had to be made to SDC on how its projects could better address the effects of the conflict.

The mission was carried out before 1 February 2005. All results relate to the situation before the royal takeover.

Rural Health Development Project: The project selected for this mission was RHDP. RHDP works in Dolakha district since 1991 and in Ramechhap district since 1995 with the aim of supporting women, children, adolescents and men to enhance their health conditions and gain access to improved health services at the local level. RHDP focuses on the empowerment of women by working with mothers groups and by encouraging the participation of women in decision making processes related to health. Equally, RHDP promotes the empowerment of disadvantaged groups by including them in all activities and by providing better conditions if they would like to initiate a micro project to improve health (toilets, water taps etc.).

In July 2004, RHDP identified the following activities as suitable to address the effects of the conflict:

- Community-based emergency fund to cover expenses for transport and treatment in case of life threatening conditions (injuries, pregnancy related complications etc.).
- First Aid Kit and stretcher in the communities.
- Trauma counseling training for staff and stakeholders to provide psychological first aid.

Human Rights violations in Dolakha and Ramechhap, 2000-2004: According to information provided by INSEC, 160 people were killed in Dolakha and 149 in Ramechhap in the last four years. In the same period, 187 were injured in Dolakha and 49 in Ramechhap. 94 were arrested and tortured in Dolakha and 116 in Ramechhap. In Dolakha, 452 people were abducted and with 867 almost double this number in Ramechhap.

Activities and process: Two workshops of 4.5 days with the RHDP teams of each district were conducted by a multidisciplinary team. We discussed with the participants their difficulties in relation to the ongoing conflict. The participants tended to talk about their difficulties only if they had managed to solve them well. They kept silent about or even denied unresolved problems. This was clearly their way of managing their fear and this reaction showed us how much the workshop itself initially was a threat to the participants. The staff was scared because of the risks involved in working and living in the conflict and the team in Ramechhap was equally scared that they would lose their job and thus the income for their families if the project could not work effectively. Living and working under threat leads people to be suspicious and highly cautious of what they say and how they relate. People are particularly cautious to disclose anything that could be considered as failure or weakness as they try to protect themselves from feelings of fear by appearing strong to themselves and to others. However, in the course of the workshop it became slowly possible to carefully discuss sensitive issues. Especially in one workshop where we avoided mixing institutional hierarchies, a more open discussion was achieved. At the end of the process, it had become evident that the team dealt with

fear the same way in the communities as they had acted towards us in the workshop: they tended to deny certain threatening and difficult effects of the conflict.

Findings from the workshops:

Key issues in the communities:

- *Changed gender roles:* RHDP described contradictory trends in relation to the situation of women in the communities: On the one hand, staff observed an increased awareness of women's rights. The right of girls to education was now acknowledged, more men restrained from domestic violence, and some even helped with household chores. Because many men left the villages, women had more decision making power. On the other hand, women were responsible for the families and had to cope with bigger workloads and often with bigger poverty. The insecurities over the whereabouts of their husbands or sons and the grief of widows could be debilitating and sometimes blocked their ability to improve their situation. The community looked down on widows that were traditionally held responsible for the death of their husbands. Women living without male protection, such as female heads of household, were more vulnerable to moral pressure and even physical attacks. These negative factors played on each other and could accentuate exclusion of women from decision making processes at the community level. The positive changes for women thus can only become an opportunity to transform unequal gender relations if women are supported to deal with the social pressures as well as the emotional ambivalence and suffering associated with their changed roles.
- *Isolation of conflict victims:* RHDP staff described 14 cases of families of which a male member was killed or the property was destroyed. The women and their children who survived received very limited support from relatives and neighbours. The community withdrew after the traditional death rites, often out of fear of the conflict parties that had targeted this family, but also because they didn't know how to deal with the overwhelming material, social and emotional needs of the widows and orphans and didn't understand their traumatic reactions. In other words, "immersing the person in human company" (McHugh 1993), the traditional form of support provided to those who have suffered a loss, often does not work for victims of the conflict. RHDP staff identified the feeling of loneliness as one major emotional problem faced by family members of people killed by the conflict parties.
- *Social fragmentation in the communities:* Loneliness is also a metaphor for what is happening in the communities. Fear and suspicion undermines social relations, reduces common activities and social cohesion. Community groups disintegrate, as members stay away and meetings are less frequent; the motivation to plan for the future is reduced. Institutions such as schools function irregularly due to high pressure by both conflict parties and chronic fear of children and parents. Development resources are no longer accessible as programs are interrupted or closed and generally, the contact and communication with the outside world has been reduced.

Response of RHDP staff to the situation in the communities:

RHDP has been working under very difficult circumstances and was able to carry out most of its activities despite of the conflict. At the same time, the project also found it difficult to work in and on the conflict.

RHDP staff, supported by the local population, was able to flexibly react to threats and risks by constantly adjusting the working schedule. The project leadership and SDC focused very strongly on enhancing the staff's capacity to analyze risks and to protect themselves adequately. As a result, RHDP was able to continue with its activities with some interruptions (as a reaction to unacceptable Maoist demands). Besides providing the much needed health inputs, the project contributed to connecting the villages to the

outside world and to offer continued access to development resources. It thus had an important function beyond the immediate project purpose of improving the local health system.

However, the project did not directly address the conflict-related changes in the communities described above:

- Affected individuals were not visited or supported as a matter of mandate. While the team in Dolakha said they occasionally visited victimized families and sometimes tried to help, the staff in Ramechhap district said the project did not foresee such visits and their activities did not include regular interactions with conflict victims.
- The disintegration of community groups and particularly Mothers' Groups was not openly addressed by the facilitators. Staff in Ramechhap said it was not part of their rules to follow-up if members left the group and that it was possible to continue health education as long as enough members were present to form the executive committee. In a group, e.g. where seven members dropped out after a Maoist threat, the facilitators did not contact these women and in the group, the issue was never discussed. In another group the convener's husband was killed. She dropped out and was replaced by someone else. In both cases, the potential isolation of the affected women and the disempowering effects of fear and grief were not addressed. In another case, a facilitator managed to protect his group during a nearby cross-fire. But the traumatic shock the women experienced was not an issue of discussion.
- The effects of the changed living conditions on health e.g. the effect of chronic fear on pregnancy or child health/development is not part of the health education, neither in the Mother's Groups nor in the support for the school health program.
- Gender discussions take up pertinent issues but do mostly not directly relate to the immediate situation.

The activities continued as well as possible under very difficult circumstances but to a large extent, a culture of silence prevailed regarding the social and emotional impact of the conflict.

Key factors influencing RHDP's work in the conflict setting:

- Fear: Splitting off negative feelings and denying the effects of the conflict was the staff's way to manage their fear. They were scared to talk about issues connected to the conflict or associate with people who had been targeted and had thus become symbols of the conflict. Out of fear, staff rigidly followed rules that justified such reactions.
- Lack of knowledge: Another reason for not taking up conflict-related issues was the staff's helplessness in how to support victims or how to talk about fear or grief in the communities. Although most staff had attended a trauma counseling training that helped them to understand the emotional dimension of the conflict, more exposure is required for them to be able to facilitate discussions in the community.
- Being part of the target group: Most field staff is from the districts or even the VDCs they work in. This makes it easier to build a relationship of trust with the population in an environment of suspicion. Being part of the target group also implies that staff understands the values of the communities and to a certain extent share them. While the staff is clear about RHDP's mandate to work towards inclusion and seems committed to the project strategies, some of their interactions unconsciously and without ill intent reproduce existing social hierarchies.

Conclusions: All the problems identified above are disempowering individuals, communities and staff. They have to be considered and addressed more directly if RHDP wants to contribute to the empowerment of women and disadvantaged people in the conflict.

In order to address these issues, RHDP field staff must adjust their role. Instead of focusing on health education and strictly health related issues, the Community Health Facilitators must acknowledge the war experience of people and emphasize on preventing marginalization of vulnerable individuals, s/he must address the disintegration of groups and be a catalyst for communication in fragmenting communities. This will, more than isolated trauma counseling, contribute to the improvement of the health and mental health of people. WHO emphasizes that while it is important for people living in complex emergencies to have access to direct psychosocial support, it is equally important for their mental health that the further break-down of social structures is stopped, the material basis is strengthened and the normalization of community institutions such as schools is ensured.

Recommendations:

To work more effectively in and on the conflict means supporting the empowerment in the communities by dealing with the effects of the conflict. The staff will need some support to adjust their work. RHDP and other project teams thus must be supported to build up relevant capacities.

- *Empowerment in communities*

The main issue is to address the pervasive fear. By breaking the culture of silence that separates and isolates people it will be easier to build more support for directly and indirectly affected people. The facilitators will have to work with individuals and groups:

- Individuals: Supporting individuals affected by the conflict to understand and deal with their feelings; create linkages between these people and providers of required resources; refer to specialized services if necessary.
- Communities: Work in communities to
 - o help people understand how the conflict affects gender relations and that they should take action to address the specific needs of women and children;
 - o strengthen efforts towards inclusion of those traditionally excluded (women, members of disadvantaged groups, poor) and those now excluded due to the conflict.
 - o facilitate more communication between groups and individuals.

- *Empowerment of staff*

- Develop knowledge and skills to facilitate empowerment under conditions of war: dealing with fear, trauma and grief in the community, facilitating understanding for the needs of and support for female headed households and providing direct support for victims of the conflict.
- Develop specific knowledge on the impact of fear, trauma and grief on the health issues relevant for RHDP.
- Institutionalize self-reflection about staffs' own feelings (especially fear) and about attitudes and values with the aim to improve staff's capacity to better cope with the effects of conflict and to ensure quality of work.
- Improve protection of female field staff.

- *SDC: Facilitate projects and partners' work in and on the conflict*

All staff of SDC projects and partner organizations should be supported to analyze the material, social and emotional effects of the conflict on their target population and especially on female headed households and widows.

Professional capacity in the projects have to be built through training and backstopping and by strengthening a professional network with the help of a resource person in SDC. In addition, and in order to provide more psychosocial know-how and services, the establishment of a specialized organization should be supported.

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