

EUPHORIA VERSUS SUFFERINGS: REVOLUTIONARY ROLPA IN POST CONFLICT CONTEXT

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ABSTRACT

Armed conflict has left behind a legacy of social separation, physical loss of human lives and a population suffering from many kinds of physical and mental morbidities. In the post-conflict context, a lengthy political transition, coterie politics and the absence of a stable government are severely hindering the realisation of people's aspirations. Such hindrances have fostered a deep level of political frustration and promoted a culture of depoliticization. In Rolpa, lack of political commitment has meant people's health has become an overlooked agenda and has forced people to lose hope for change and survive with silent sufferings. Through the lens of a value-critical approach, this paper attempts to explore the relationship between politics of exclusion and its reflection on individual level pain and suffering in Rolpa.

Key words: Conflict, ill health, social sufferings, social separation, post conflict, political transition, Rolpa, Nepal.

"In a globalized world, crises are interconnected. Some emergencies become noisy at the expense of other remaining silent" (Duffield 1998).

BACKGROUND

Rolpa is known as a forgotten district of Nepal. It was the birthplace of the Nepalese Civil War (1996-2006), popularly known as "Maoist Movement of Nepal" (Ghimire, 2009a). "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" (Martinez, 2003).

According to the record of Informal Sector Service Centre (INSEC) in Rolpa, the total number of people killed by the state is 610 and there are four hundred 'Martyr's families'. Likewise, the numbers killed in bomb blasts stands at forty-eight, while 115 have been killed by the Maoists (Ghimire, 2009b). Meanwhile fifty-two have "disappeared", apparently abducted by Maoists and the circumstances of ten others are still unknown. It was mentioned during the interview that they have either been killed or buried by the security forces or they have been killed in the war (INSEC).

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The signing of the Comprehensive Peace Agreement (CPA) between the Nepal government and the then Maoist rebels in 2006 was the historical juncture to transform Nepali society within a post conflict context.

The general condition of communication, sanitation, education, roads, agriculture and transportation is poor in Rolpa. Similarly, different governmental organizations such as the District Development Committee (DDC), District Administration Office (DAO), Post Office and VDC buildings are also not well equipped in Rolpa. Moreover, the present condition of an inadequately functioning public health delivery system is primarily a result of political blunders by different political actors following different political trajectories. Whether it is the political actors of the authoritarian period or the actors of the current multi-party democracy, all have failed to provide a rational solution to people's health needs in this district. In the post conflict context, the lack of regular pro-people activities by the government and other line agencies has resulted in severe frustration among the general population in Rolpa. Political lingering in a 'transitional period' is fatal for managing the day-to-day challenges and 'hand-to-mouth' needs for many people. In Rolpa, although living conditions are comparatively safer than during the active war period, political transition and the slogan of New Nepal are still unable to ensure adequate livelihoods for the people. In this scenario, this paper is important in order to highlight the experiences and subjectivities of the people in relation to health, illness and sickness, especially in the post conflict context in Rolpa.

METHODOLOGY

This is an explorative study and has followed a qualitative research design. In total eighty-five persons were interviewed during the month long fieldwork in December 2008. Primary data was collected in different places of Rolpa like Liwang, Sulichowr, Reuga, Bhabang, Mirul, Thawang, Kureli Korchabang and Oat Village Development Committee (VDC). To fulfil the defined research objectives, interviews were conducted with policy makers, medical and para-medical professionals, health activists, concerned authorities of public health organizations, local people, patients and visitors, Maoist leaders and cadres. Specifically, by following ethnographic methods, this research aims to explore different dimensions like ill health, forceful displacement, conflict induced separation and social sufferings in relation to civil war. In addition, the changes that have been realised in the health service system during the post war period in Rolpa will be discussed. This paper is an edited version of my MPhil dissertation submitted to the Centre of Social Medicine and Community Health, Jawaharlal Nehru University. I declare no conflict of interests.

Health care provision

Nepal has arguably one of the weakest health service systems in the world (Ghimire, 2008), and this is nowhere more evident than in Rolpa. The physical condition of the district hospital and other primary and secondary centres is very poor. A Lancet editorial (2009) writes that the six building blocks of the WHO framework for health systems are service delivery, workforce, information, medical products and technologies, financing, and leadership,

governance and stewardship. However, all six factors are facing challenges in Rolpa. The District hospital lacks a VCT (Voluntary Counselling and Test) centre, blood transfusion mechanism, CAC (Comprehensive Aborted Care) surgery and other basic surgical facilities. Blood banks and blood testing facilities are almost non-existent in many districts (Martinez, 2003). The lack of such facilities forces people either to live a life of enormous pain and suffering, or to make a long journey to access better health services.

Mataria et al (2009, p.373) writes, the "health care system has three main goals: improving health, responding to the non-medical expectations of the population and financing risk protection". However, the health service system in Rolpa is not able to perform any of the three goals to satisfy the needs of the population. In one case, an old woman was admitted to the hospital for three days. I observed her husband, attempting to put her in a *Doko* (bamboo basket) to take her home, but some health workers were stopping him from doing so. He did not want to see his wife lying in a hospital bed without getting any good treatment. I asked him about his grievances regarding the services, and he mentioned, "I don't want to keep my wife in this hospital. Anyhow, I will take her away from here. I want to take her home".

The woman needed a blood transfusion, and after being admitted for three days in the hospital, her husband realized that her health condition was not improving. Due to the unavailability of blood transfusion services, it was not possible to meet her medical needs. In Nepalese culture, many people do not like to see the death of their near ones occurring in hospitals as it is

regarded as a "polluted" place. At that time, he was frustrated and not interested to wait for his sons and daughters to arrive at the hospital. Later on, the hospital staff stopped him forcibly. On the second day, the hospital staff told me that the woman had severe anaemia and had died the day after being discharged from the hospital. Such cases are an institutional crime perpetuated by the government health service system in Rolpa. In a country where fundamental rights are violated regularly and human rights are yet another myth, to search for legal recourse for such kinds of institutional crimes becomes a very complex task for many people. In fact, the rituals that need to be performed after death, economic constraints and low levels of legal awareness, discourage people from fighting against the system in these kinds of cases. This case is a paradox for a health service system that is supposed to improve the health of the people.

Similarly, in another case, a woman from Hawama VDC was diagnosed with a rheumatoid heart disease with atrial filtration and chest infection. She expressed,

"I had a problem of swelling in my legs. I relied upon shamans and faith healers very much but they could not heal me. I spent a lot of money on shamans and faith healers. I was admitted to the hospital for ten days in Kathmandu. Doctors have suggested to me that they replace a valve of my heart. Until now, I have spent more than one lakh fifty thousand [Nepalese rupees]. I have managed this amount of cost by eating simple food and saving money. Now again, I have to arrange another seventeen thousand [Nepalese rupees] for a single valve. I have requested my

elder brother not to spend this much money for my treatment. However, my brother did not listen. My husband is working in Saudi Arabia. I have three kids. Now I have to take injections every three weeks. I have to leave my children in the village. I want to meet my kids as soon as possible. I have not met them for the last thirty-three days. I cannot sleep properly. I am staying in the district headquarters with my cousin".

As per the suggestion of medical doctors, she had to take an injection called Benzathin Penicillin (12 Lakh units) every three weeks. Prior to this injection, it was necessary to check for allergies with this medicine. The health worker at the sub health post (SHP) refused to give this injection, because he was not confident in his ability to check for allergic reactions. It is very suggestive that the mal-functioning of the health service system is fuelling the social separation of family members from each other. On the one hand, because of poverty and conflict induced migration, she has to live a life separated from her husband, and on the other hand, because of the inefficiency of health workers, again she is living a life separated from her family and small children. This case highlights the plight of women when husbands migrate; in addition, of failure of health service related technological support further fuels the condition of social separation. She has undergone different forms of treatment procedures but she could not get rid of the pain. Moreover, the lack of better health facilities in her district simply forced her to invest more in health. In this kind of situation, many people regress from a life of relative poverty to absolute poverty, and

this, in turn, compels many people to recourse to rational and irrational means of treatment. "People try the most familiar or simplest and cheapest treatments first and seek more expensive, complex, or unfamiliar treatments later, if necessary" (Sobo, 2004).

In the above-mentioned case, though the woman has been exposed to different types of treatment such as faith healing, shamanism and "modern medical practices", she has not been able to maintain a sound health. At present, because of her medical treatment she has to live a life of social separation from her family. Such separation fosters additional suffering and dominant medical knowledge undermines the sufferer's experience by labelling it 'non-medical'. Similar to this argument, Frank (1995) writes, "In the experience of illness, and effectively silenced the patient's experience, by subjecting it to the categories and control of medical thought" (Frank, 1995, p.7 cited in Bury, 2005). It is not certain medical interventions alone could easily cure her illness; her problem seems to be more technical or medical. It is operating at a psychological and emotional level. Like her, many people in Rolpa could not even think that the badly functioning health service system is directly responsible for generating additional level of sufferings. It is against the goals of a health service system that is supposed to enhance the 'financial risk protection' and improve health of the people. For instance, after travelling a long journey to reach a district hospital, a woman mentioned,

"I had stomach pain, I had taken an injection but I 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 the SHP and Health Post (HP) has obliged her to reach the district hospital with many difficulties. In Rolpa, most of the district is covered by forest. In such a situation, walking through narrow trails with three small children and spending a night on the way is extremely difficult and adds to vulnerability. Similarly, ambulance service is one of the important services in the health service system. In Rolpa district, most of the area has no motorable roads. If the patients are referred to hospitals outside Rolpa, they may not be able to afford the journey, as the fare of an ambulance is extremely high for many middle income and low-income households. To bring a patient from Rolpa to Nepalganj, people have to pay around NRs 8,000. The cost is even higher for Kathmandu, where they are compelled to pay NRs 13,464. The ill functioning mechanism of the SHP and HP also directly over-burdens district hospital. Moreover, the district hospital as a tertiary care system cannot meet the needs of the population efficiently; people have to bear extra medical and non-medical expenses.

There is no sufficient institutional support to provide a 24 hours child delivery service. The poor physical infrastructure and the lack of human resources cannot fulfil the non-medical needs of the people. Visitors do not get proper sleeping and dining facilities in the hospital. It is evident that the non-medical needs of the people are being ignored. In the same way, a Health Assistant (H.A.) working at Liwang health post mentioned, "we don't have beds to keep patients under observation. If we are to

provide 24hr child delivery services in the health post, we need another ANM [auxiliary nurse midwife], one peon and a separate labour ward." Mrs. NG, working as an ANM in a district hospital mentioned, "We don't have sufficient staff to perform regular duties. Similarly, we do not have shelter for patients' visitors. Neither do we have a separate place for ANC [anti natal check up] nor do we have a post natal ward"

Such unavailability perpetuates additional social suffering and discourages people from trying to access health services on time. It gives the impression that the Health Service System (HSS) is performing very well, but patients are failing to visit the hospital. However, neither the HSS is faultless in its provision of delivery services, nor are the patients highly motivated to visit health centres at the time of delivery. As a result, the policy to encourage safe delivery at a hospital with the help of skilled birth attendants could not address the empirical reality of a weak health service system in Rolpa. The crisis in primary health care has led many people to travel long distances to access better facilities. People are forced to visit expensive health centres in Kathmandu or India. The notion of the Right to Health is simply a myth in Rolpa, where people do not get minimum health facilities to even save their lives.

MEDICAL MALPRACTICES

Malpractices regarding people's health refer to the condition of not following standard methods and principles of health science while treating patients. A common malpractice in Rolpa involves selling medicines without a drug orientation certificate provided by the drug authority of Nepal. According to the rules and

regulations circulated by the Department of Drug Administration (DDA), this is considered an illegal act. However, in Rolpa there is no mechanism to monitor or regulate the sale of prescription drugs. One of the district members of All Nepal Public Health Workers Union (Revolutionary) was outside his medical shop. In his absence, a member of his family, who has not studied any kind of medical course, was selling medicines in his shop. Likewise, at the time of this research, one of the clinics in Liwang was not registered and was regularly performing secret abortion services. Moreover, I have observed, private medical shops are selling pesticides, cosmetics, and other household items along with medicines in many villages in Rolpa. I was told in both of the above-mentioned cases that these owners are politically backed by local leaders. Staff working at the district hospital informed me that although the administration knows about unregistered clinics, a lack of political will and the power nexus of private practitioners prevent the administration from taking action against them. Many private practitioners are active political workers of the major political parties like UCPN-Maoist, UML and Nepali Congress. In this situation, it is evident that the administration is reluctant to take any action against the private practitioners, who are substantially backed by powerful political figures and parties. In addition to illegal medicine sales, private medical centres are earning a good amount of money by performing secret abortion services. Medical officers in the district hospital have mentioned that FCHVs (female community health volunteers) are involved in the illegal sale of Misoprostol¹ drugs. 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. On top of illegal malpractices by health care providers, the overall quality of service is extremely low and services inefficient.

The lack of such support exacerbates malpractices and patients have to bear unnecessary medical costs, a patient from Uwa VDC mentioned,

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

In Rolpa, people from rural areas are dependent on shamans, faith healers and local medical shopkeepers for their primary treatments. Patients are first manipulated by local shamans or faith healers, then by local medical shopkeepers and then they finally reach the government health centres. The patient in the earlier case was diagnosed firstly as being "caught by evil spirit"; then as a "typhoid case", and finally, at the district hospital he was diagnosed as a "pneumonia case". He had chest pain and stomach pain. An inefficient job performed by a peon of the sub health post further forced him to reach the district hospital. Actually, pain in

¹ This drug is used to abort infant after getting pregnant.

the epigastria region is a confusing symptom for health workers who do not have sufficient medical knowledge.

Similarly, I had an opportunity to participate in the Direct Observation Treatment System² (DOTS) evaluation program. There are many techno-managerial problems in this program, such as if the laboratory report diagnoses a false negative for sputum test, patients do not like to continue medication afterwards. Paramedical support is another very important dimension to diagnose diseases objectively. It helps health workers to practice evidence-based medicine. At the SHP and HP level, there is no facility to carry out sputum tests, and health workers do not get the reports of samples sent off to be tested elsewhere, on time. Sometimes, people might take medicines without even having evidence of tuberculosis. Because of the difficult geography, low awareness about health, household work burden and socio-cultural and ritual disturbances, patients do not like to visit health services regularly. At the grassroots level, because of irregularities of other health staff, female health volunteers have to serve patients. There is much confusion related to the expiry date of medicines and the proper reporting of the services that have been provided. If co-workers are on leave, it is very difficult to attend workshops for other fellow staff in the district hospital. In a district where absenteeism is rampant, if staff have to attend health related training, it simply hampers the health delivery services. Thus, unskilled human resources in health is another crucial problem in Rolpa.

CONFLICT INDUCED 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 people do not relate the causes of suffering to institutional failures and the fact that certain forms of power are responsible for their ill health. It is observed and documented that Rolpa has suffered a substantial loss of human lives, and this will have a serious and adverse impact on the lives and livelihoods of the district in the long-term. Moreover, ill health produced by violence and conflict has an enduring legacy beyond the number of deaths. Medical doctors working for the district hospital mentioned frequent army operations and a tensed wartime situation was a sufficient condition to create mental disorders such as PTSD (Post Traumatic Stress Disorder), ADHD (Attention deficit hyperactivity disorder), erectile dysfunction (ED), hypochondriasis, conversion disorder, mild and severe depression and psychosomatic problems with multiple complaints. Aside from conflict induced health issues, general health problems such as acute respiratory infection, skin disease, diarrhoea, malnutrition, asthma, syphilis, tuberculosis, pelvic inflammatory diseases, urinary tract infections, pneumonia, and alcohol related liver diseases remain common in Rolpa. One of the ex-fighters of the civil war mentioned,

"I was involved in the Maoist movement from 1995. I have

² DOTS is a six month medication for tuberculosis patient which should be taken under direct observation of the health worker by visiting health centers daily.

participated in many wars. Some bullets are still in my hip, though I have removed 4 to 5 bullets from my arms. In summer, I feel a burning sensation in those parts where I still have bullets and in winter because of the cold, I feel pain. Once, a mine exploded very close to me; as a result, my penis became dysfunctional for three months. After massaging it for a long time, it started to work."

As Bury (2005) notes: "disorders do not occur randomly in populations. They are, in significant ways, socially patterned". It is evident in Rolpa too that disorders experienced by many people are socially patterned and conflict induced. This is compounded by the fact that people fail to recognize mental distress as an illness or avoid seeking support. A Department for International Development (DFID) study notes that: "most health workers reported that people do not seek treatment for mental health problems because they do not know that assistance can be obtained for symptoms caused by psychological distress" (DFID et al, 2003). Health workers have mentioned that these kinds of problems were more prominent in those places where many army operations had been carried out. The stigma associated with mental illness discourages patients from visiting health centres on time. As the World Psychiatric Association (2005) notes: "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)". I have observed that there is no separate mental health department in any

of the health centres in Rolpa. In this context, people have to find alternative places to access health services. This may prevent them from obtaining timely treatment.

Similarly, the case of a girl I met in the jail of Liwang presents another suggestive picture to see the violence perpetuated by the state security forces. I was told that during the civil war it was not possible for the police and the army to travel frequently to their homes. Many members of the police and army had rented rooms in the district headquarters. At that time, many girls were victimized and abused. A girl in Liwang district, who was arrested for an illegal abortion after having a relationship with a man from the Royal Nepal Army mentioned, weeping:

"I have heard that he got married. I am facing this kind of punishment because of him. If I wanted to kill the baby, why would I have waited for nine months? I knew about safe abortion also. I was always hoping to meet him and get married, but he got transferred to 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 the dead body of an infant in her landlord's garden. At this crucial situation, the judiciary was not strong enough to punish the perpetrator, who belongs to the Royal Nepal Army in a rational and legally satisfactory manner. As a result, the poor lady had to bear social, cultural, emotional, and legal punishment. Villagers and the chief district officer of Rolpa mentioned that many other native girls who had

relationships with Royal Nepal Army men were ostracized in the villages and were displaced from their homeland. A relationship with a person from the army can result in defamation if ties with the girl are severed after a physical relation has taken place. The high value attached by society to female virginity, means that insult, discrimination and even displacement can ensue from a woman having a physical relation outside of marriage.

A working paper of the district police office has documented numerous suicide incidents in the post-conflict scenario, although suicides might have also occurred during the conflict period. The absence of government authority, the strong presence of the Maoists and the existence of Maoist 'people's courts'³ were some of the reasons that these incidents were not reported to the police. There are many instances of suicide by hanging oneself and swallowing poison. Reasons have included indebtedness, medical loans, alcoholism, chronic illness and conflict-induced depression. Likewise, the Superintendent of Police for Rolpa mentioned that depression has resulted in suicide amongst the older population too. I was told during an interview that the failure to hide an "illicit relationship" also resulted in suicide in some cases. Although the Maoists banned alcohol in many places during the conflict period, the consumption of high levels of alcohol is a big problem in Rolpa even today. In the post-conflict scenario, with the exception of VDCs such as Thawang, alcoholism is a serious problem, everywhere in Rolpa. The conflict has also increased the vulnerability of women and

children. It was observed that the children of combatants killed in the war, who were studying in the Maoists' Model School in Thawang looked undernourished and sought extra care. As noted by the authors, Marmot and Wilkinson (1999), "malnutrition adversely affects not only bodily growth, but also cognitive development and educational attainment".

With regards to maternal care, while on one hand, the crisis of primary health care could not play a supportive role during the time of pregnancy and delivery, and on the other, the absence of support by family members gives rise to additional physical and mental burdens. The Government envisioned reducing maternal and infant mortality rates through the effective mobilization of female community health volunteers. In the case of Rolpa, difficult topography, its past as a conflict-legacy and the fact that public health services are virtually non-functional, have led to the failure of the government's broader aims and the fulfilment of its commitment to the Millennium Development Goals. Many health workers mentioned excessive labour, early marriage, low levels of nutrition supplements, and low levels of literacy as additional factors that contributed to increasing maternal mortality rates. On one hand, deliveries without the support of a TBA are very risky and on the other hand, I was told during interviews that many people do not feel it necessary to visit government facilities, even when a child gets ill. Collins (2006) has identified three causes of maternal mortality, i.e., the three Ds—"delay in seeking care, delay in reaching care, delay in

³ During the civil war, the Maoist had formed a parallel administration called "Jana Sarakar" (People's Government). This people's government was supposed to look at all activities like taxation, administrative, legal and crime related issues.

receiving care". 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 complications during child delivery.

Migration and social separation

I was told in interviews that during Nepal's civil war (1996-2006) thousands of people were displaced from the district of Rolpa. They migrated from their homeland simply in order to survive the conflict. The destination of migration was predominantly Kalapahad, (India), Saudi Arabia, Qatar, Malaysia, UAE and other Gulf countries. However, in this context, economic migration and conflict-induced displacement are often closely interlinked (IDMC 2008). Conflict induced migration has further led to parents and family members living with additional mental tension given the huge loans that were taken to send family members abroad. While conflict induced migration makes migrant males vulnerable, it also makes the women left behind vulnerable in many ways. Old parents develop depression and frustration because of their loneliness. Many men and women entered the cities, accepting the immense challenges of migrant laborers' lives. Social separation, either war induced or because of other communal or personal upheavals, does not provide an environment in which humans can fulfill their biophysical needs. In a sexually deprived condition, the act of searching 'public' bodies (the bodies which are forced to be publicly commoditized) of women means a higher risk of contracting HIV and other sexually transmitted diseases. Moreover, "conflict-induced migration might also be fuelling a localised HIV epidemic in Nepal" (cited in

Singh et al 2007). Similar arguments have been presented elsewhere (IRIN 2005).

The official ending of the civil war has given an opportunity to those migrants to bridge the social separation induced by war. At the moment, because of the crisis in the public health services and the limited bargaining power of many women who remained in rural settings, they cannot ask to use any contraception prior to having intercourse with their partners. Similarly, because of patriarchal structures, women cannot reveal their past involvement in sex-related trade in the cities. The notion of becoming *Charitrahin* (characterless) prevents women from disclosing their seropositive status easily, which may create a hazardous effect in the society by transmitting a virus from one to another unknowingly. Here, relative powerlessness may be accompanied by psychological and physical harm (Bury 2005, p.49). Therefore, because of this 'relative powerlessness' women are victimized; they have to bear extra stigma and discrimination for being accused of being "disloyal", "characterless", "disobedient" or "immoral" towards their husbands. In Rolpa, the conflict has fuelled migration on a grand scale and this has continued even after the official ending of the civil war in 2006. Health workers told me in an interview that because of migration, on the one hand, remittances are increasing in Rolpa, but low levels of health awareness have resulted in the introduction of different communicable diseases such as HIV, HBsag, Trichomonas and syphilis. These kinds of STDs (sexually transmitted diseases) are prevalent among migrants and their spouses after the former spent some years away. Though remittances are increasing, once the family members get ill,

because of the worsening condition of the health service system and the crisis of primary health care, people are forced to spend a lot of money to access health services outside the district.

POLITICAL TRANSITION AND HEALTH SERVICE SYSTEM

The political nature of the state mechanism has changed after the peace accord was signed in 2006. Local politicians have indicated that an overhaul of the bureaucracy has become a crucial and urgent task. It is noted, "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). Moreover, the government has not launched any special program that could address people's aspirations⁴ and the public health service disrupted by years of conflict. During the time of research, a Local Development Officer in Rolpa was working on a concept note for a 'dream village' program. According to this concept, all donors and government funding will be invested in a single VDC for five years in the name of integrated development. However, the shortcoming of this initiative becomes apparent when one considers that as there are fifty-two village development committees in Rolpa, people from the last VDC (in the list according to dream village concept) in Rolpa would theoretically have to wait another two hundred sixty years to

access the services under the program. Furthermore, there is no concept of health sector improvement in this 'dream village' concept. During the period of civil war, there was a widespread saying in Rolpa that, "Maoists have benefited a lot from the government health system. Therefore, the total amount of loss is very little." The local health workers told me that, Maoists used to get a lot of medicines, which were allocated for different health posts and sub health posts at the local level, through the district hospital. Although physical destruction might have been limited, from the people's perspectives, the inability to develop, uplift and strengthen HSS during the conflict period was a great loss for the local people. The overall loss due to long-term contestation for state resources is more than economic.

Moreover, the free health program that has been launched in the post conflict context is facing challenges in all three levels, namely statement, design and performance. The free health program has suffered from low budget allocation, a war-affected health service system, and an unsystematic way of categorising patients, lack of sufficient medicines and unavailability of basic health facilities. The absence of VDC secretaries due to conflict-induced displacement is directly hampering the monitoring process of the free health program. Moreover, in the 40 points demand submitted to the then HMG government by the Maoists before declaring civil war, UCPN-Maoist demanded that it would provide free and scientific health services. However, after the constituent assembly, Maoists entered

⁴ In the interaction programs of Radio Rolpa, most people think that it is very important to focus the government investment on education, health, agriculture, transportation, sanitation, and clean drinking water.

government in 2008-9. However, they never discussed this issue seriously. In its election manifesto, UCPN-Maoist stated that it would allow medical tourism to grow in Nepal. Given that more than ninety percent of people are struggling to access primary health care facilities, the "capitalist agenda"⁵ of medical tourism seems somewhat problematic. After following up the political activities of the Maoists during conflict and post conflict situation, it is ironic to see such a harsh contradiction between future programs and the ideology of the party that claims itself to be "pro people". Whether it be the Nepal government or the Maoist, during the war period, the concept of health overly focussed on medicine distribution. It seems that during the conflict period, the Maoists put a greater priority on making medicines available rather than raising people's awareness concerning health. Likewise, the Ghorneti model hospital that was constructed in a highly secretive and isolated location of this district during the war, is geographically not accessible for most of the people in Rolpa.

In the post-conflict power relationship between the different political parties like Nepali Congress, United Marxist Leninist and UCPN-Maoists, the concentration of political authority in the hands of a few powerful leaders has become the decisive factor to hinder change and transformation. Coterie politics centred among politicians has meant a setback for the people's

expectations to fulfil their basic needs in most parts of the country. As in the pre-conflict context and the period of active conflict, the superficial changes in political structure have not brought any changes in the life of ordinary people. Because of political frustration⁶, the trend of apoliticization and de-politicization among local people has increased. Thus, transition in Nepalese politics and the state of health service development is no way different now than it was during the active conflict period. Many people are living a life without having minimum basic health facilities in Rolpa. The rhetoric of words like "transformation", "change" and "revolution" becomes political euphoria if people have to compromise with similar circumstances of social sufferings. Because of superficial changes in the political nature of the state, political euphoria⁷ is growing on the one side but on the other side people are continuously proven the real losers and silent sufferers.

CONCLUSION

The health service system in Rolpa is incompatible with the three goals of improving health, responding to the non-medical expectations of the people and protecting against financial risk. Lack of skilled health workers, unavailability of health care services, low-income levels, and no opportunities for employment are similar to the situation that existed during

⁵ Medical Tourism means offering medical services for wealthy people from different parts of the world, by which private medical institutions make more profit by accumulating surplus.

⁶ Developing distraction with political activities and growing sense of alienation with state mechanism.

⁷ The Oxford dictionary of English defines Euphoria as an extremely strong feeling of happiness and excitement that usually lasts only a short time. I have tried to explain superficial happiness of change as a euphoric condition in the context of Rolpa.

the active conflict period. Irregularities of health workers such as FCHV, community medical assistant (CMA), maternal and child health workers (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 avail themselves of services of the HSS in the conflict period and that is continuing even till present day. In Rolpa, it is very suggestive that the medical bureaucracy is not able to respect the notion of justice, transparency and accountability.

Death during the conflict period led to the loss of the potentiality of human resources. Conflict created a negative impact on families, communities, and the country. Armed conflict induced migration leaves both men and women vulnerable. It is evident that long-term absenteeism, unskilled human resources, poor diagnostic technologies, lack of sufficient supervision, and conflict-induced burdens are adversely affecting human health in Rolpa. The existing trend of migration has fuelled an increase in the vulnerability of people, especially women to different communicable and non-communicable diseases. Moreover, conflict as a core reason

for social separation is always detrimental to human health. To date, many people still have a strong belief in shamanism and irrational medical practices.

The decade long conflict has had many tangible and non-tangible impacts in Rolpa. At the national level, it has officially abolished the monarchy and at present, the country's political system is a democratic one. However, no changes have been realized in war-affected districts like Rolpa. Similarly, the right to food, right to employment, right to education and right to health are not fulfilled. Many human rights violations like torture, death and sexual violence have been perpetrated by both sides and the innocent people have been caught in the crossfire. Many people were forced to find alternative means of survival outside their homeland. Displacement, depression, social separation and wide scale unemployment are other negative consequences of war that directly hampers human health. In terms of health facilities, the post conflict condition is no different to the active conflict condition in Rolpa. In particular, it is the poorest of the poor that are always excluded, marginalized, suppressed, and living without availability of basic health facilities with silent sufferings.

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