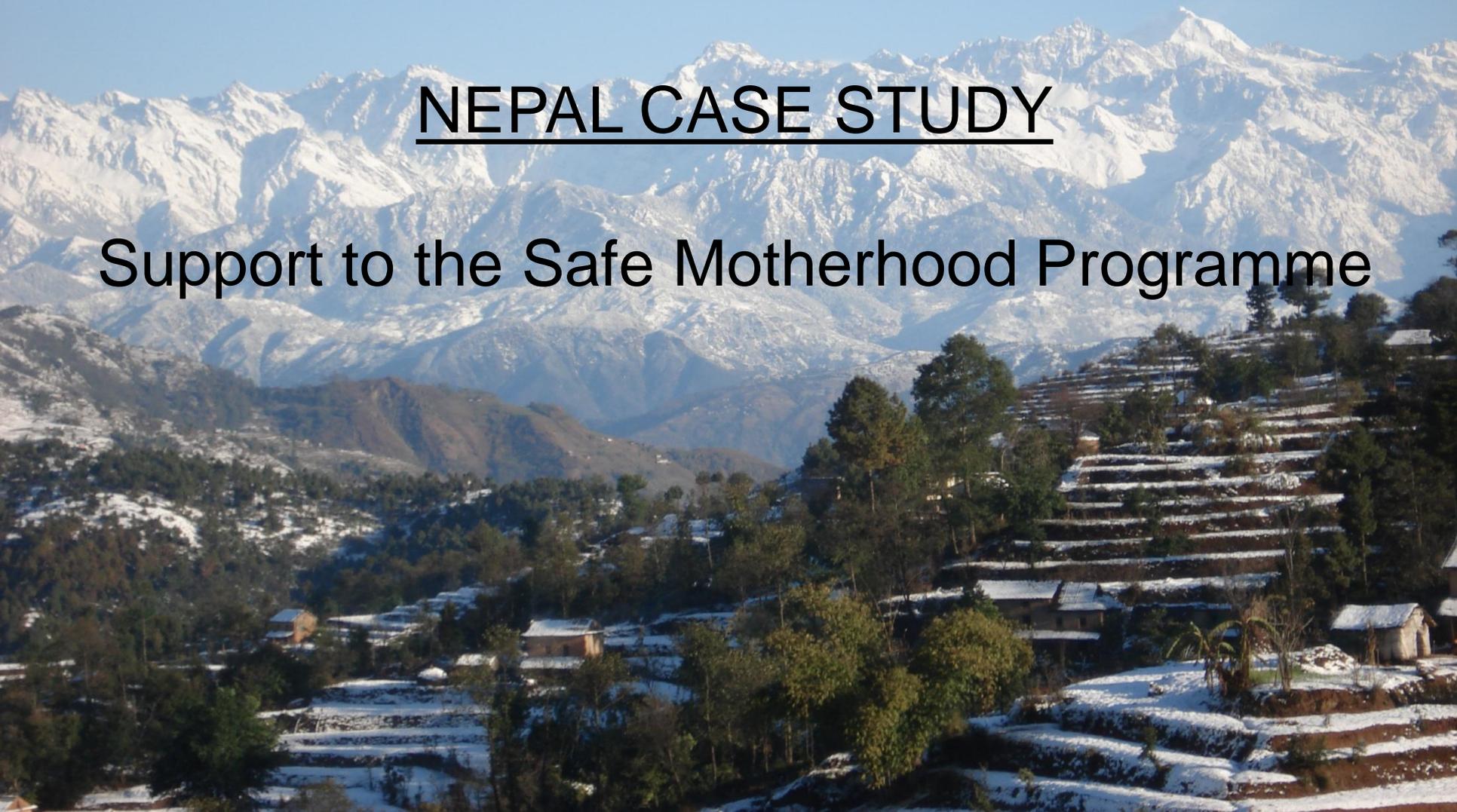


**Workshop on: Strengthening the development results and impacts
of the *Paris Declaration on aid effectiveness* through work on
gender equality, social exclusion and human rights
London, United Kingdom • 12-13 March 2008**

Session 3

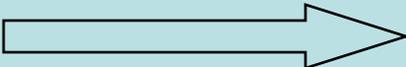
NEPAL CASE STUDY

Support to the Safe Motherhood Programme



Context

- Nepal: Pop: 27 million; HDI: 0.534
- 103 distinct ethnic groups
- Caste system v. strong determinant of social exclusion
- EDPs fund 21.1% (2006) of development budget

- Emerging from 12 years of conflict
- ...social inclusion moving centre-stage in the political process  influencing policies

- SSMP: DFID funded SWAp: £20 m over 6 yrs
- Successor to Nepal Safe Motherhood Project (1997-2004)

Social Inclusion in the Health Sector

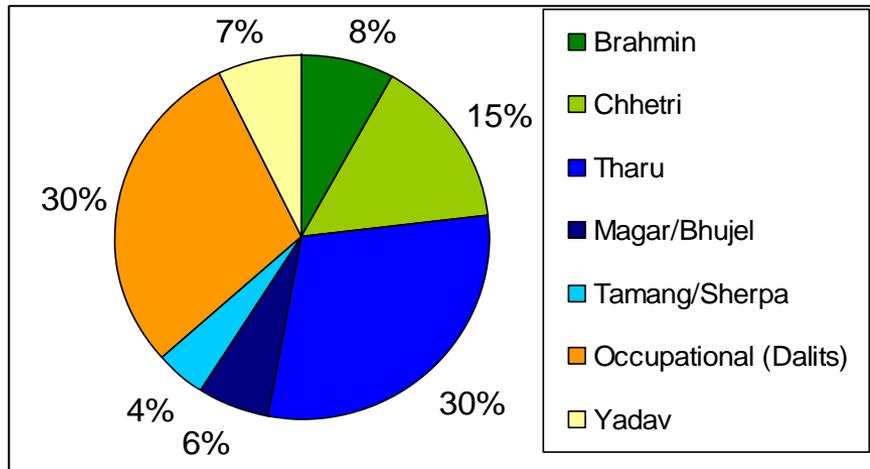
SSMP's "Equity and Access" Programme

Key Paris Themes:

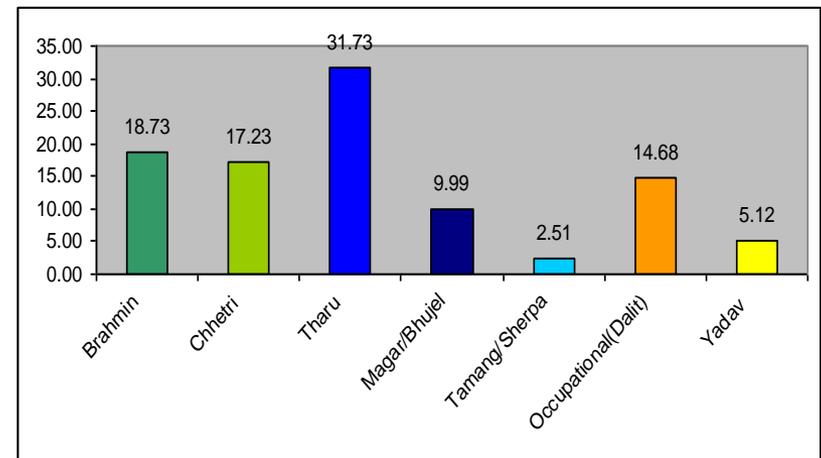
- (1) Results
- (2) Ownership
- (3) Accountability

Nepal: Maternal Deaths by Caste/ethnicity

**Percentage of Maternal Deaths
(3 districts)***



**Average Percentage
Population
Okhaldhunga, Kailali,
Rupandehi**

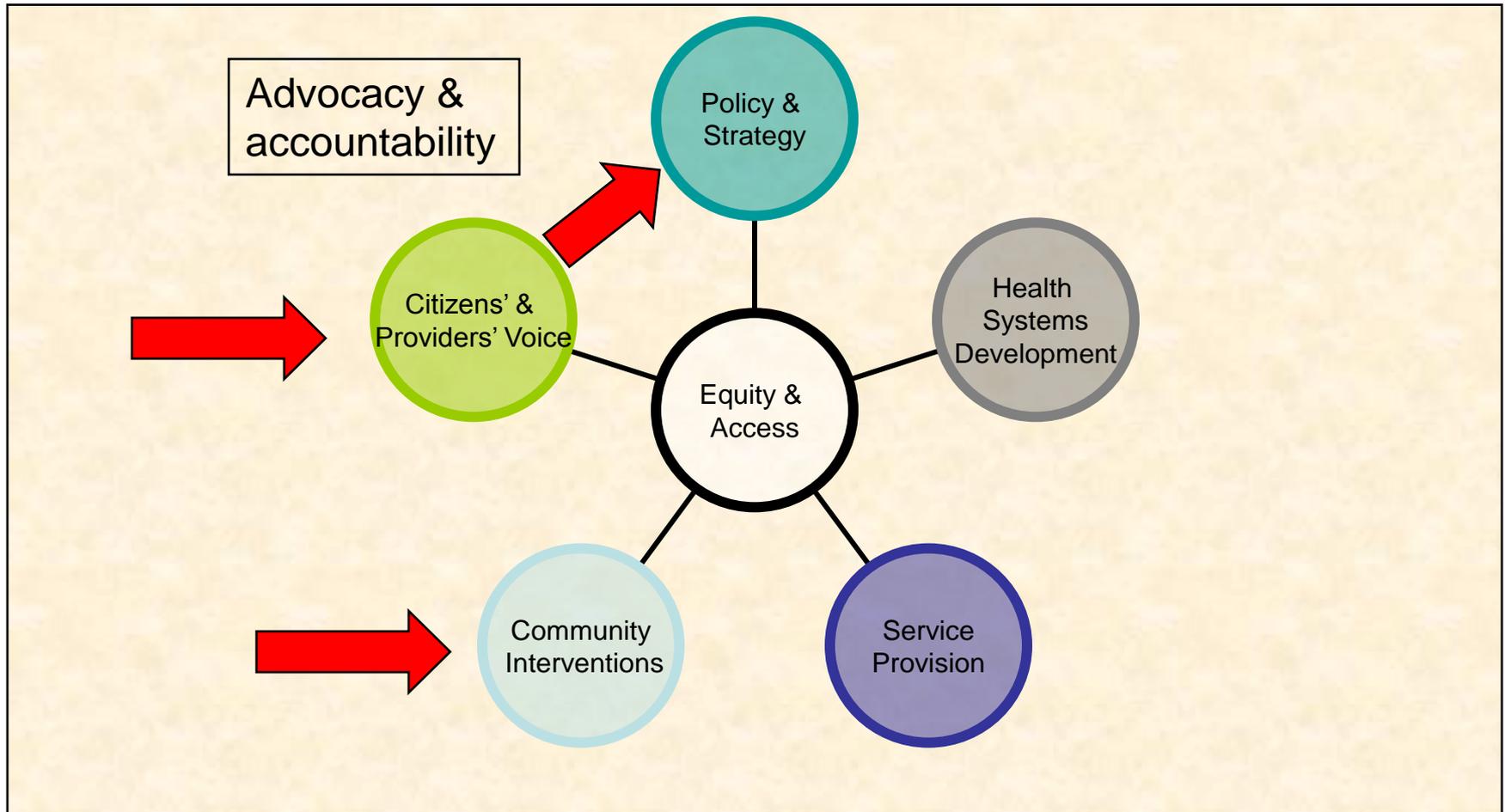


1. Caste, class, ethnicity (and geography) are strong determinants of maternal health outcomes
2. Equity requires a focused approach.

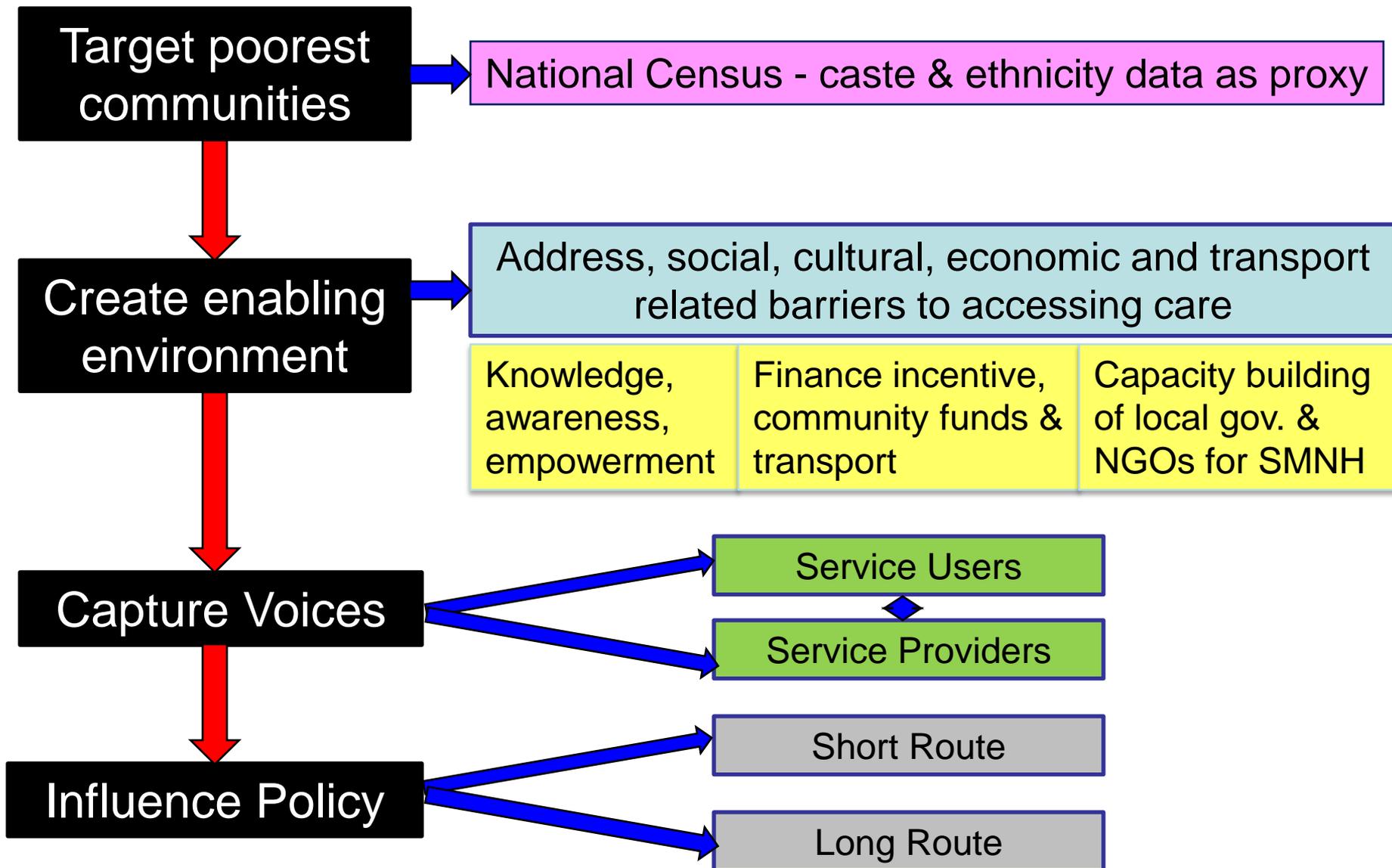
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Social Inclusion Approach:

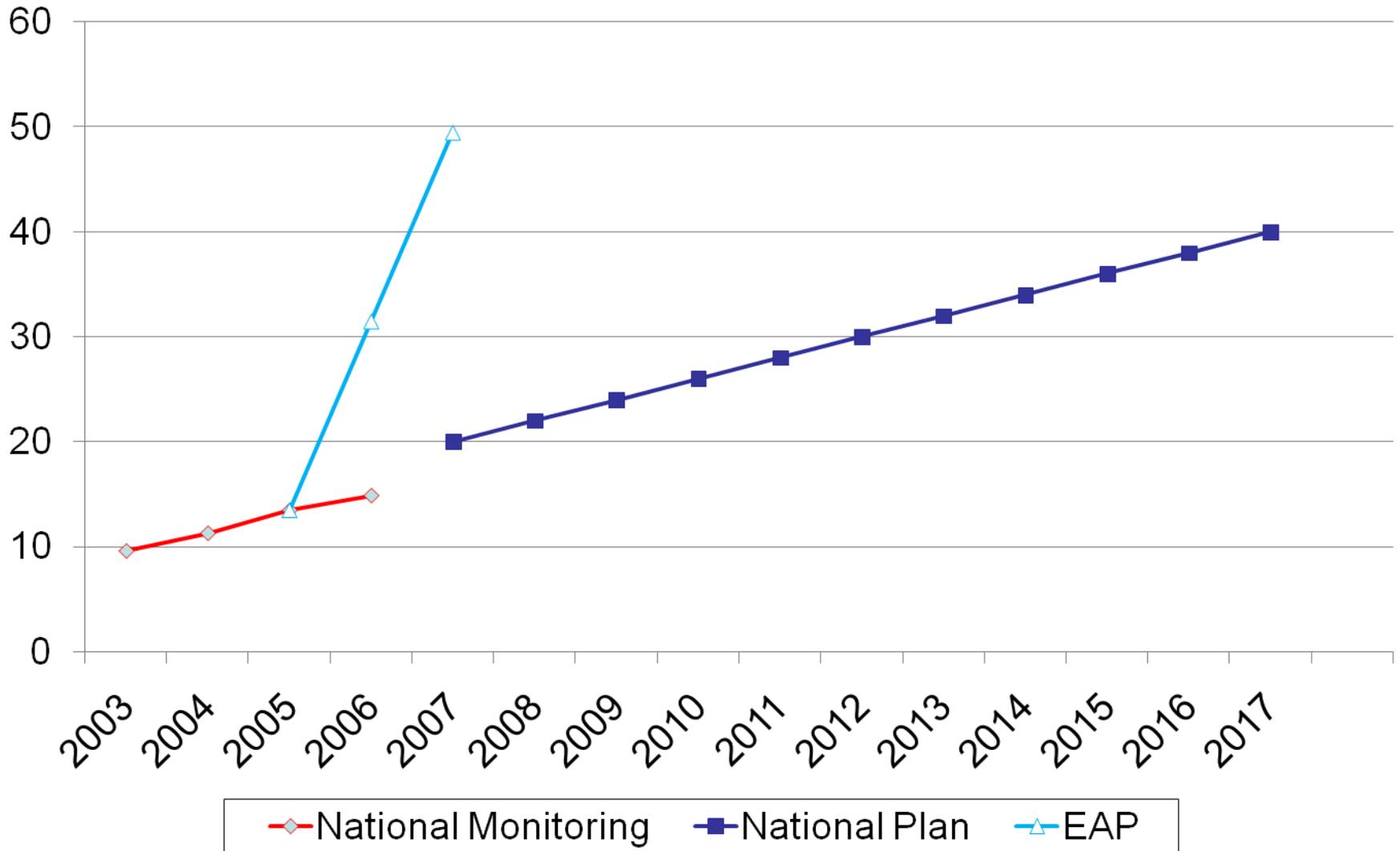
Rights Based, Whole Systems



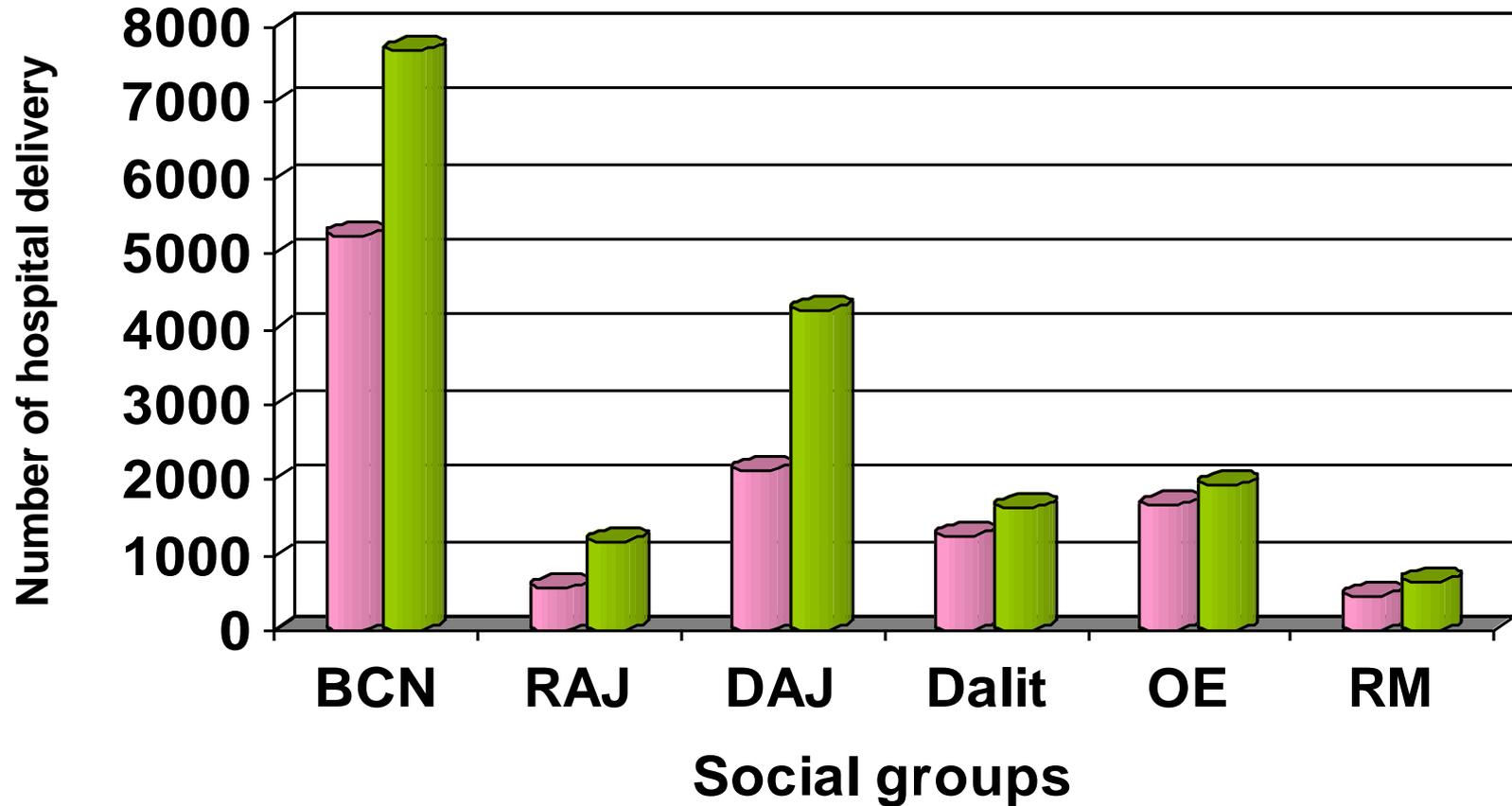
“Equity and Access” Approach



Results: Institutional Delivery in EAP Areas (% of total births)



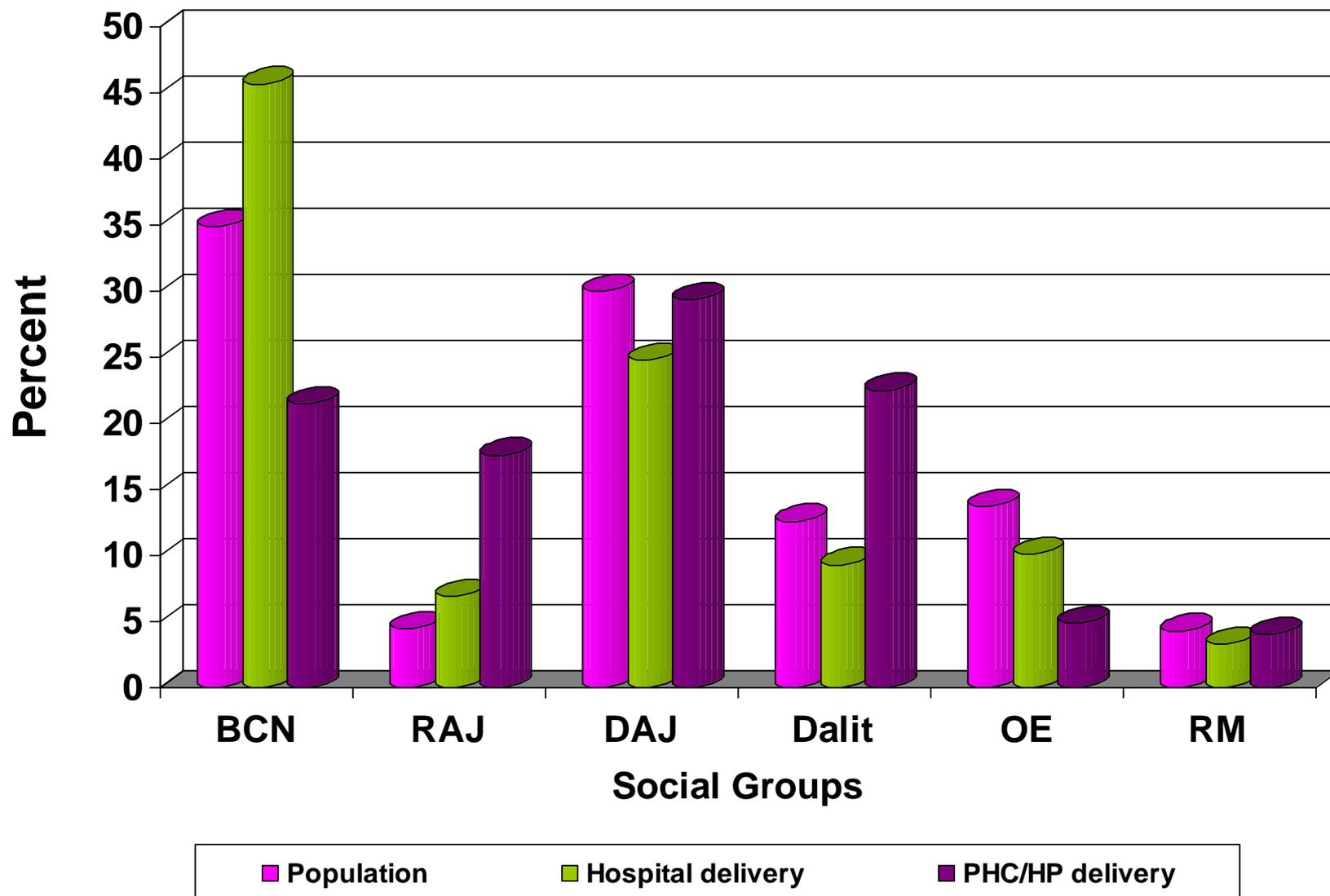
Results: Hospital deliveries by social group in EAP districts



2004-2005

2006-2007

Results: Institutional deliveries in EAP areas against % local population (2006/2007)



Policy Implications:

Poorest preferentially deliver in peripheral institutions, or at home, so need to:

- 1) Increase number of, and strengthen, peripheral institutions
 - 2) Focus demand creation on marginalised groups
- No clear attribution, but Ministry now allocating 55% infrastructure budget for PHCs and below



Maternity Incentive Scheme – Policy Impact?

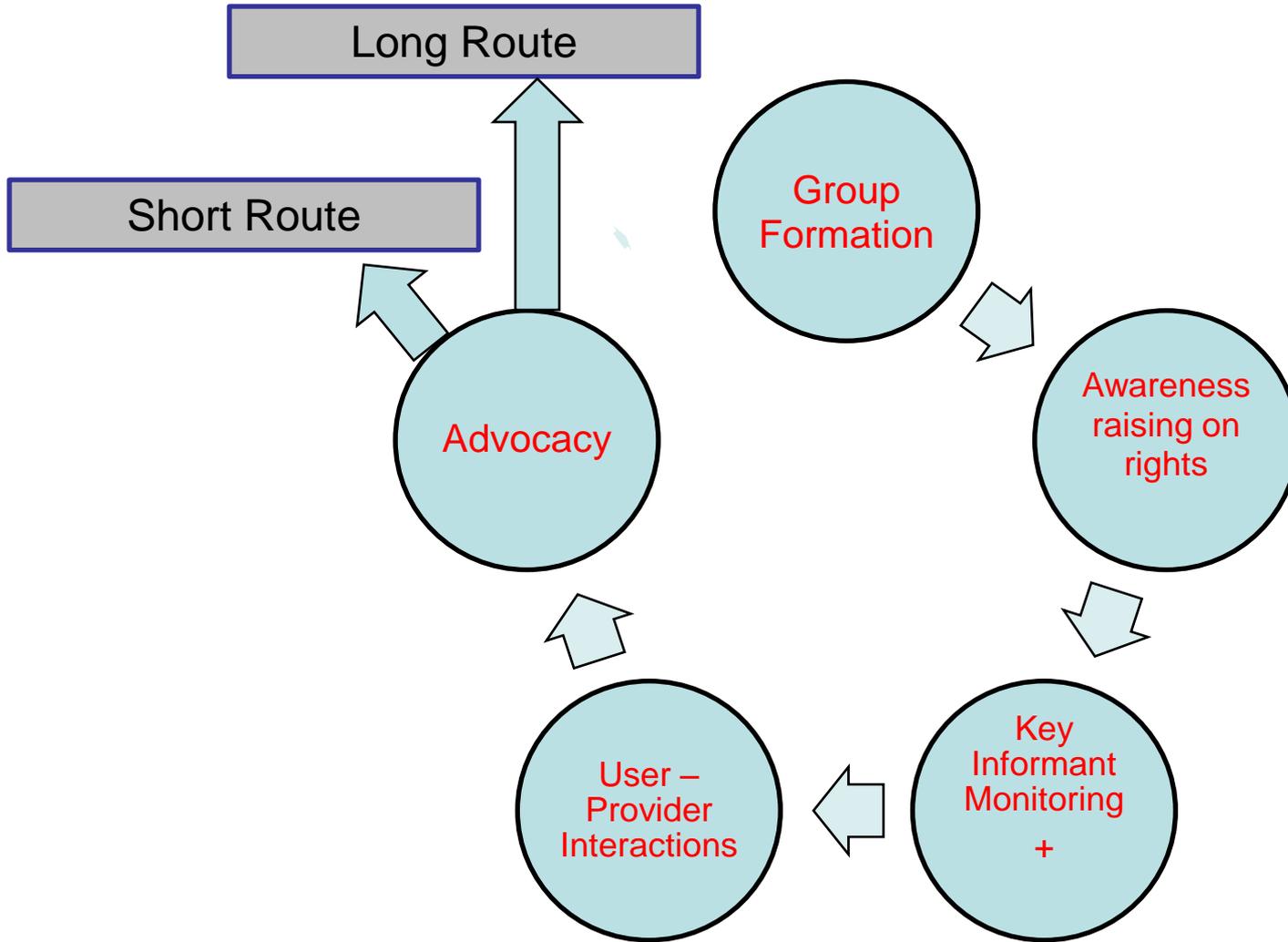
- 2003: NSMP study shows transport and related costs account for over 50% cost of normal delivery

- 2005: Ministry owns findings and launches nationwide scheme:
 - contribution to transport costs,
 - cash incentives to health workers and institutions,
 - free delivery in 25 low HDI districts

- 2006, Interim Constitution acknowledges health as fundamental right; commits to free essential health care services in 25 low HDI districts and all peripheral institutions

Indicative attribution?

Ownership: Voice Capture and Accountability



Ownership: “Voice” Capture and Policy Influence

Short Route

Improving access to services

- Empowerment: Women more likely to make care seeking decisions themselves and obtain resources to access care.
- Groups visit districts to claim rights - lobby for additional health staff, contributions to emergency funds etc.
- Duty bearers more accountable to communities – regular working hours; more courteous; less discriminatory
- Drafting of exemption guidelines for the poor in primary health centers and district hospitals

Ownership: “Voice” Capture and Policy Influence

Long Route

Changing the “rules of the game”

- Reserved places for women, *dalits* and *janjatis* in local health facility management committees
- Training of *dalit* and *janjati* women as nurse midwives
- Scholarships for poor and excluded to study as doctors
- Behaviour Change Communication materials in local languages
- Government budget for “Equity and Access” targeted initiatives and increased allocations for 25 low HDI districts
- Revision of national health monitoring system to include disaggregation by caste and ethnicity

Key Roles

Government

RSI Policy: e.g: affirmative action; civil society partnerships

Structure: Integrated GSI unit

Activities: e.g. screen programs, monitor, awareness raising; coordinate with other ministries

Civil Society

Donors

- Voice capture
- Build synergies between rights holders
- Facilitate interface between rights holders and duty bearers
- Feed into "system" for policy reform
- Social auditing; political advocacy

- Embed RSI within SWAp type approaches: FA+TC – "change from within"
- Harmonise approaches with gov.
- Facilitate cross-sectoral exchange

Key messages

1. The marginalised cannot claim rights without a socially empowering approach.
2. Disaggregated data is essential to assess extent of the problem and progress made.
3. Taking a whole systems approach, including embedding in national plan, makes social inclusion everyone's business, throws up new champions and increases likelihood that voices will be heard.
4. Must understand political dimension of exclusion – seize the moment to influence political policy and accountability – national and local.