Community Circle of Accountability

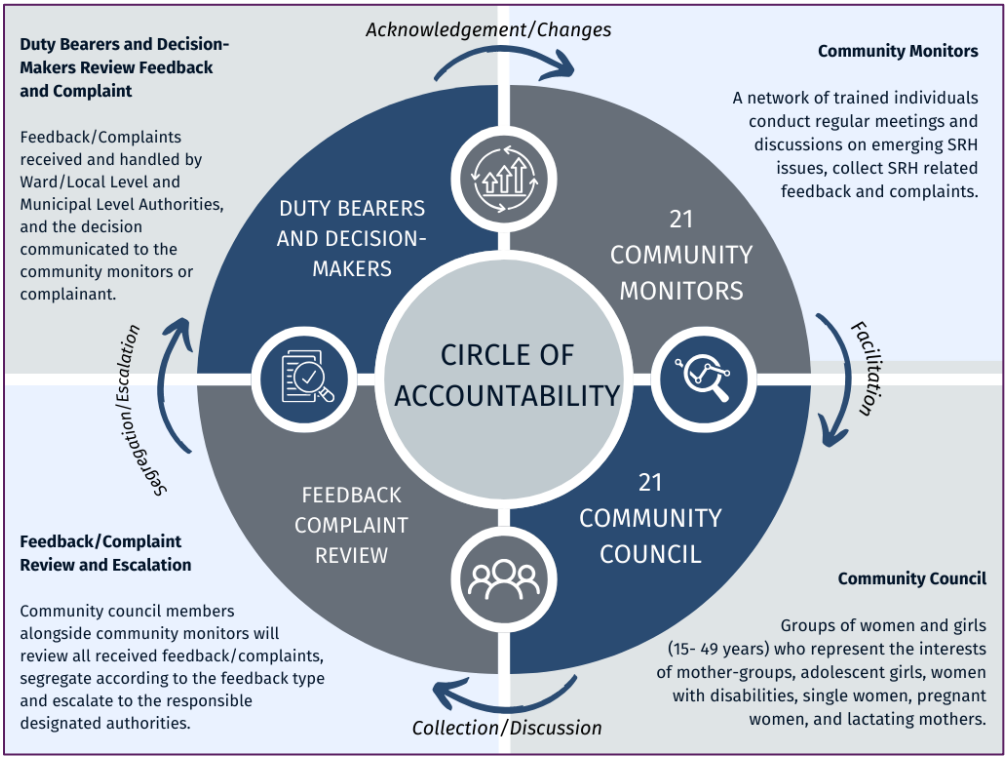
A practice model co-designed under "*Improving Access to Right Based Reproductive Health Services in Nepal- In Disaster Setting*" project in Kailali District

Overview

The "Improving Access to Right Based Reproductive Health Services in Nepal- In Disaster Setting" project is being implemented with the support of the Packard Foundation, and the consortium of partners Center for Reproductive Rights (CRR), CARE Nepal, Forum for Women, Law, and Development (FWLD) and in partnership with NEEDS Nepal in Kailali district of Sudurpashchim Province. Access to equitable, timely, quality and lifesaving SRH services, is one of the major challenges for women and girls in the community during disaster response and recovery. Considering the serious need for comprehensive Sexual and Reproductive Health and Rights (SRHR) services during disaster, the project aims to "establish a participatory and rights-based social accountability mechanism within local health systems to collect, review, remedy, and monitor SRHR-related complaints among women and girls during disaster response and recovery."

Solution

During the inception and planning meeting of the partners, knowledge sharing on human-rights based accountability model, an intermingling of social and legal accountability was put forward. Owing to the institutional knowledge of CRR and CARE on social accountability practices, and FWLD on legal accountability, a practice model on "Circle of Accountability" (CoA) was co-designed. Stakeholders mapping was conducted of the most relevant actors, who contribute to strengthening SRHR services, and the most vulnerable marginalized individuals, who have limited access to these services, especially during disasters. This model was finalized by the CARE Nepal team, in further consultations and sharing with local government stakeholders, which included duty-bearers, as well as right-holders within the community. The CARE Nepal team finalized a comprehensive Standard Operating Procedure (SoP) for the functionality and operationalization of this model within the community.



The model has been successfully practiced in 21 community councils in Godawari RM and the members have significantly enhanced their awareness on the importance of SRHR during disaster and have improved access to SRHR services, as well as feedback and complaint mechanisms.

Key Achievements

- **Enhanced knowledge and awareness on SRHR issues:** The groups have been conducting regular meetings twice a month (with a total of 21 communities where it is practiced), where the members learn about various SRHR issues, such as HIV prevention, family planning measures, and menstrual hygiene, among others.
- **Improved access to health services:** Groups have increased awareness of access to free health-care services for women provided to them by the government, including free

ambulance service and check-ups for pregnant women, health post services, medicines, iron tablets and sanitary pads.

- **Increased awareness about the importance of SRHR during disaster:** The group members are more aware about the importance of SRHR during disaster, including the differential needs of pregnant & lactating women, adolescent girls, elderly women and people with disability (PWDs).
- **Changing harmful social norms and breaking social taboos:** The practice has helped group members address various harmful social norms and beliefs related to SRHR. Since talking openly about SRHR is considered a taboo, the members initially felt very embarrassed discussing such topics in public. Likewise, adolescent girls felt apprehensive to share about their SRHR issues with parents or family members. However, the sessions and discussions with Community Monitors have helped them realize the importance of SRHR and they now feel more encouraged and confident to raise their SRHR concerns. Besides discussing SRHR issues, the community council and community monitors also bring forth feedback and complaints regarding accessibility to SRHR services. Conversely, many community members used to visit quack doctors (Dhami Jhakri) for any health issues, but the CoA and SRHR sessions have helped them realize the importance of going to hospitals or health posts to seek medical treatment.

"This is the first SRHR program in our community and it has been very effective in creating awareness about social issues related with SRHR such as GBV, Pelvic Uterus Prolapse and its treatment and child marriage, along with awareness on SRHR services. We are further planning to expand our initiatives in other mother groups, women's groups and schools."-**Koshila Nepal, Community Monitor, Health Mother Group, Godawari Rural Municipality**

- **Strengthening of regular feedback and complaint handling mechanisms and practices:** Since the inception of the programs, approximately 35 feedback and complaints have been recorded and received by the community monitors. Among these, there were 10 routine feedback and questions, 22 moderate concerns, and 3 serious concerns. Routine to moderate concerns were handled by community monitors with support from local health posts and municipalities. The serious concerns were shared with FWLD focal points as they were of a sensitive nature and are being investigated and handled with utmost confidentiality. The community members shared that they were happy to be able to share their concerns and complaints through the CoA model. Their feedback and complaints were related to request for information, accessibility to services, concerns about behavior of health post

professionals, quality of services, as well as severe and sensitive cases of violations of human rights, discrimination, and medical negligence.

- **Enhanced accountability and improved behavior of health service providers:** The groups also shared that the behavior of health service providers has significantly improved after this practice. They are more positive and receptive towards the SRHR concerns of the community members and have started treating the community members with more empathy and concern.

"I have been participating in the sessions for the last 6 months, and I have learnt about addressing Gender based Violence (GBV), especially during disaster, family planning measures and menstrual hygiene. I have now started sharing with my family regarding my menstrual health issues, and I get iron tablets from Female Community Health Volunteers (FCHVs) rather than going to quack doctors**."- Sharda Nepali, adolescent girl, Godawari Rural Municipality**

- **Increased coordination among duty bearers and community monitors and enhanced accountability among local government to integrate SRHR in disaster response:** The local government stakeholders are very positive about the initiation, and they expressed full support and commitment to continue and further strengthen it in future. The program has also strengthened the relationship between duty bearers and right holders. Both the groups of community councils and the municipality stakeholders shared that initially there was a lot of conflict between duty-bearers/service-providers/municipality and the community monitors. However, over time, with better communication and understanding among the agents, they were able to work together to inform the community members about access to SRHR services and issues, and to work together to strengthen these services in future disasters. During the interaction with the Deputy Mayor, Chief of Health Division, Health Division Members, Rapid Response Team members, and Disaster Division Members, the community members also requested further programs to raise awareness about SRHR issues, especially in schools.

Challenges and Learnings

- One the key challenges has been to ensure that the CoA model is fully functioning and adaptable especially during a disaster setting. While the women and girls from the community are being made aware of how SRHR services can be accessed during a disaster, without adequate pre-positioning from the side of the duty-bearers, it is difficult to render the CoA effective.
- Another challenge is to ensure that women and girls from the community council and beyond can reach out to service providers and duty bearers independently. While the community monitors serve as the mediator and intermediary between the direct right holders and duty bearers, to ensure that CoA model is effective in the long run, the

community council needs to function without the community monitors. As the community monitors are working on a volunteer basis, without resources, it will be difficult for community monitors to continue the responsibility they are currently taking.

- The community monitors have been helpful in sharing what kind of programs, services, and interventions are wanted by the citizens. Community Monitors should be from a health background, and they should also have a good understanding of harmful social norms change approaches as it will help them handle SRHR issues more effectively and efficiently. Female Community Health Volunteers (FCHV) should also be a part of the CoA and invited to meetings on a regular basis, as it will further strengthen the coordination between community members and health service providers. Furthermore, there is a need to integrate the community council and mothers'/women's groups.
- There is a need to introduce mechanisms to facilitate regular communication and coordination among government health service providers and community members.
- There is a need to integrate health and SRHR components into DPRP and introduce school-based RH programs.

Way Forward

- Introduce sustainable measures to ensure adequate pre-positioning of CoA from the side of the duty-bearers.
- Design sessions that focus on strengthening mechanisms to ensure confidentiality when discussing feedback and complaints on SRHR issues, focusing on community members' right to privacy and confidentiality so that the practice and behavior of dealing with sensitive information with dignity and respect for others will be a norm.
- Facilitate more interaction, engagement and learning within and among the groups, as well as with health service providers and local government representatives, on available SRHR services.

"The project has helped strengthen the link between health service providers and seekers. There was a need to develop SRHR Act in the municipality and we have now initiated the process. After this program, women and adolescent girls have become more aware about SRHR, and we highly appreciate the support and express commitment to continue these initiatives in future**."- Sharada Devi Rokaya, Deputy Mayor, Godawari Rural Municipality**