



PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

SOCIAL AUDITING

Promoting transparency: Assessing citizen satisfaction with health services

- » The majority of the population relies on the public sector for health care
- » Increased democracy and public awareness means higher expectations of public health services
- » People want to know how public money is spent
- » Communities want to be involved in improving the quality and availability of their local services
- » New programmes such as Aama and Free Care have a high public profile, represent high public expenditure and can bring huge benefits. Greater transparency will enhance their effectiveness.

Meeting of health facility management committee and health workers

WHAT IS SOCIAL AUDITING?

Social auditing is a process that enables everyone concerned with a service, either as a user or provider, to express an opinion and be listened to. It is guided by the principle that service users are rights holders (with a right to services) rather than passive beneficiaries. The main objective of social auditing is to monitor how resources are used and who is receiving them, to increase transparency and improve governance. The process should be transparent and impartial, with findings shared widely and used in a positive and supportive way to improve the availability and quality of services.

HOW DOES SOCIAL AUDITING WORK?

- » The process is led by an impartial social auditor, who is appointed by the social audit organisation, a local non-government agency requested by the district to undertake the audit.
- » To oversee the process, a Health Service Social Audit District Committee is formed under the leadership of the Local Development Officer.
- » Each participating health facility forms a Social Audit Local Support Group, led by a member of the Health Facility Management Committee.
- » The social auditor works with these committees to ensure active participation of health workers, managers, service users and the general public, including media representatives.
- » Activities include interviews with health staff and clients, focus group discussions and observation of services.

- » The audit covers the district hospital every year, and a selection of primary health care centres, health posts and sub-health posts, rotated to cover all facilities within a few years.
- » Findings are discussed at a public gathering at the district hospital and/or village development committees, with local meetings at smaller facilities to discuss their particular issues.
- » An action plan is developed at the public gatherings to address the issues raised, with follow up mechanisms agreed through the district health office, to ensure implementation.

In 2012 the Primary Health Care Revitalisation Division of the Ministry of Health and Population produced a standard set of Social Audit Operational Guidelines to ensure uniformity of practice for different programmes and in different districts. In 2011/12 a budget was allocated for pilot social audits in 20 districts, of which six have so far been completed and 14 are just beginning.



Butaha District Hospital

Key to the success of social auditing is:

- » Strong leadership from the district health office
- » Equal commitment and participation by health workers and communities
- » A local facilitating institution that is socially inclusive, non-political and keenly aware of community concerns over health services
- » Careful selection of a credible local social auditor, who understands the context but is from outside the immediate community, to ensure impartiality

- » Public acknowledgement and praise for good performance, as a powerful motivator
- » Completion of the audit within a fixed timeframe
- » Use of the findings to improve services
- » Linking the social audit with a financial audit.

IMPACT

Experience from the Equity and Access component of the Support to Safe Motherhood Programme (2005-10) showed how social auditing can increase understanding between health service providers and clients, leading to direct improvements in services. Examples include longer and more regular service hours; more polite and caring treatment of clients, especially those from lower castes and economic groups; recruitment of additional staff by facility management committees; improved cleanliness and infrastructure (such as water supply and waiting rooms). As social auditing becomes the norm, communities will increasingly value and use their health facilities and health staff will feel a greater sense of pride in their work, making a positive feedback loop. Already facilities are incorporating actions recommended by the social audit into their annual plan and budget - the draft Service Tracking Survey report found almost two-thirds of facilities had done so.

NEXT STEPS

Within five years all 75 districts will be performing annual social audits for their health services, always including the district hospital and a rotating selection of other facilities. Findings from the audits will be used to inform decision making at district, regional and central levels, supporting further improvements in services through appropriately targeted planning and budgeting.

NHSSP (Nepal Health Sector Support Programme) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since its inception in January 2011, NHSSP has facilitated a wide variety of activities in support of the NHSP-2 objectives, covering health policy and planning; human resource management; gender equality and social inclusion (GESI); health financing; procurement and infrastructure; essential health care services (EHCS) and monitoring and evaluation. For more information visit our website www.nhssp.org.np