

Health Sector Transition and Recovery Programme

Social Audit Guidelines revised
to include Equity Monitoring

January 2017



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1. BACKGROUND

Nepal Health Sector Support Programme (NHSSP) has been supporting the mainstreaming of Gender, Equity and Social Inclusion (GESI) processes throughout the health sector. The Ministry of Health (MoH) adopted social audit as a demand side monitoring and accountability tool under NHSP-2. Social audit is adopted as an approach for improving the governance of health services provided by district hospitals, primary health care centres and health posts.

In 2011/12, the Primary Health Care Revitalization Division (PHCRD) of the DoHS was made responsible for managing and overseeing social audit across the health sector. As of 2016, PHCRD has implemented the guidelines in 1252 facilities in 55 districts. Its growing use is enabling many women, people from excluded groups and the general public to participate in improving the governance of health facilities. A number of EDPs are also supporting this initiative.

The social audit evaluations conducted in 2015 identified some key factors that affected the quality of the implementation of social audit and the effectiveness of the process in improving the access to and quality of health services including the better management of and accountability of health facilities. These factors included the need for capacity improvement of facilitating NGOs, follow-up of social audit action plans, women's participation, coverage and continuity of social audit.

In light of these findings, the evaluations provided some key recommendations, among them revision of social audit guidelines (originally produced in 2013) to include a simplified social audit process and tools. Also, the evaluations clarified that revision of guidelines will support improved management and accountability of health facilities and stakeholders as there are a number of steps and definitions that are redundant and not applicable in current context. Furthermore, the guidelines should enshrine the spirit and perspectives of 'Leave No-one Behind'

2. REVISED SOCIAL AUDIT GUIDELINES¹

The social audit guidelines 2013 have been revised and approved by MoH on 8th January 2017. The key revisions of the guidelines are stated below.

3. PROCESS OF GUIDELINES REVISION AND KEY CHANGES

The overall purpose of this work has been to support MoH/PHCRD to improve governance of health services at local level through the revision of the social audit guidelines based on the evaluation findings and recommendations, feedback from the districts and lessons learned from the implementation of equity monitoring² in earthquake affected 3 districts - Ramechhap, Dolakha, and Sindhupalchowk.

¹ Hard copy of revised social audit guidelines has been submitted to DFID.

² Equity monitoring is an approach to monitor the level of equity in the delivery of health services and health resources as part of the Government's recovery and transition plan, and identify communities and populations at risk of being underserved or left out. It provides rapid information for district and local level decision-makers to address equity gaps, and target services and resources to meet the needs of underserved and vulnerable communities.

The guidelines encompass a fair amount of changes, amendments and additions as per the suggestions provided during the rounds of consultation meeting, workshop, individual feedback, district and central level response and recommendations from the social audit evaluations 2015.

Table #1 encompasses the synopsis of key revisions made in the guidelines. Similarly, table # 2 documents the detail of chronological events/processes conducted for the revision and show the support provided by NHSSP. Overall, the attempt has been made to make the guidelines a “smart” user-friendly document.

4. KEY REVISIONS MADE IN THE GUIDELINES

**Table # 1:
Key revisions made in the guidelines**

Headings	New Revisions	Remarks
1. Background	The Interim Constitution of Nepal established that "Every citizen shall have the right to basic health care services free of charge from the State as provided by law."	The provisions made by the new constitution have been included.
2. Definition - Health Facility - Social Auditor Local Resource Person	Health facility means district hospitals including local health facilities such as primary health care centers, health posts, community health units and urban health clinics. The social auditor means person/s having an ample experience to facilitate the process at health facility from the agency selected to conduct social auditing. The provision of Local Resource Person has been removed.	Community health units and Urban health clinics are included for social auditing purpose (they were not included before). The new provision specified that Social Auditor will be identified by the agency themselves. Earlier, D(P)HO was responsible for the selection of Auditor/s. The implementation of social auditing process revealed that the Local Resource Person was not required.

<p>3. Working areas of social audit</p>	<p>Social auditing will be conducted stepwise in different phases in all health facilities of the country by 2020 as per the directions provided by Nepal Health Sector Strategy (NHSS 2015 – 2020). In achieving this goal, D(P)HO will prepare an action plan and share that with the Department of Health Services, Primary Health Care Revitalization Division (PHCRD). Based on the action plan, PHCRD will disburse required annual budget.</p> <p>The social audit guidelines in highly disaster affected, far-flung and extremely remote areas, will be substituted by Equity Monitoring Guidelines 2073, which has been developed and tested to monitor the equity of health services in disaster-affected districts. The Equity Monitoring Guidelines will be kept as an annex of Social Audit Guidelines.</p>	<p>This has been revised as per the need of the NHSS 2020.</p> <p>A social audit guidelines is silent regarding the monitoring of health services in highly disaster affected situations including extremely remote settings. Equity Monitoring Guidelines will be a useful tool to monitor the equity of health services in such situation and location. Thus, it has been included as a part of Social Audit Guidelines.</p>
<p>4. Subjects concerning Social Auditing</p>	<p>Included:</p> <ol style="list-style-type: none"> 1. Non-communicable diseases – Cancer, heart diseases, diabetes, chronic lung diseases and awareness and availability of services concerning them. 2. Timely preparation of full report based on HMIS. 3. Availability and convenience of medicines, equipment/tools including physical set-ups. 4. Establish strong coordination mechanism with Regional Health Directorate for effective monitoring. 	<p>Revised focusing the NHSS 2020 requirement.</p>

<p>5. Formation of Social Audit District level Committee</p>	<p>In addition the old ones, the following officer level representative are included as Members from:</p> <ol style="list-style-type: none"> 1. District Administration Office 2. District finance control office 3. Municipality having District headquarter 4. Contact person from D(P)HO office <p>Note included: In absence of the District Development Committee (DDC), the D(P)HO and Social Audit Contact Person will work as a Coordinator and Member Secretary respectively.</p>	<p>Revised based on the suggestions received from the districts.</p>
<p>6. Role of Health Facility Operation and Management Committee (HFOMC)</p>	<p>Coordinate with VDCs and other agencies/organizations to include the issues raised by social auditing in their annual work plan.</p>	<p>This has been in a practice by some districts and has been quite successful. So to replicate the good practice, this has been included in the guideline.</p>
<p>7. Selection of local resource person</p>	<p>This provision has been removed as local resource person's contribution was negligible.</p>	<p>As per the recommendation of the social audit evaluations 2015.</p>
<p>8. Capacity building</p>	<p>Capacity building program will mainly cover central and regional level concerned staffs as well as D(P)HO, HFOMC, service providers, NGO selected for social auditing and auditors.</p>	<p>As per the recommendation of the social audit evaluations 2015.</p>
<p>9. Steps and procedures for Social Auditing</p>	<p>Included:</p> <ol style="list-style-type: none"> 1. Preparation, information collection and analysis – 5 days <ul style="list-style-type: none"> • Meeting, orientation and program planning with management committee and health service providers. • Observation of health facility, 	<p>As per the recommendation of the social audit evaluations 2015.</p>

	<p>information collection and interview with clients who have received services</p> <ul style="list-style-type: none"> • Preparation of mass meeting/gathering (participants, place, issues to discuss and role etc.) • Information collection from the community (group discussion, presentation by health facility, meeting with mothers who have received services from the facility) • Analysis of information • Discussion with management committee and health service providers on preliminary findings and preparation of draft action plan <p>2. Organization of mass meeting/gathering and development of action plan – 1 day</p> <ul style="list-style-type: none"> • Facilitation of mass meeting/gathering (conveyance, presentation of findings, open/floor discussion) • Presentation of draft action plan and amendment as per the need <p>3. Preparation of report and determining the future roadmap – 1 day</p> <ul style="list-style-type: none"> • Submission of action plan at health facility and consultation/discussion with health service providers to determine the future roadmap • Preparation of brief report <p>Total 7 days</p>	
10. Local level	Note included:	Feedback based on

	At the local level when social audit takes place, it is mandatory that a representative from D(P)HO attend the program.	central level monitoring.
11. Monitoring and reporting	The result/findings of social auditing should be included in the quarterly reviews at the district level. Similarly, regional and national reviews should also embrace the progresses made at district level. The progress report should profoundly analyze the progresses made on action plan prepared at the end of the social auditing reflecting on the expectations from the general public.	As per the central and district level feedback.

5. CHRONOLOGICAL EVENTS/PROCESS FOR THE GUIDELINES REVISION

Table # 2:
Chronological events/process for the guidelines revision

S.N	Activities	Counterparts/partners	Timeline
1.	Social Audit Evaluations finalized.	PHCRD & NHSSP	October 2015
2.	Sharing meeting with PHCRD team regarding the overall outcomes of the evaluations with particular focus on evaluation's findings.	PHCRD & NHSSP	December 2015
3.	Sharing of the findings with wider-level stakeholders.	PHCRD, PPICD, NHSSP and EDPs	February 2016
4.	Meeting with PHCRD team regarding the revision of social audit guidelines. Request sent from PHCRD to NHSSP for the technical assistance support for guidelines revision.	PHCRD and NHSSP	May/June 2016
5.	Meeting at PHCRD for the step-wise process and the role of different	PHCRD and NHSSP	June 2016

	<p>stakeholders for guidelines revision.</p> <p>Identification of members to be a part of Technical Working Group (TWG).</p>		
6.	<p>Meeting at PHCRD for the formation of TWG to revise the social audit guidelines led by PHCRD director. Team included officials from PHCRD, representatives from Management Division, Family Health Division of DoHS, Policy Planning and International Cooperation Division (PPICD) and Public Health Administration, Monitoring and Evaluation Division (PHAMED), GESI Section at MoH, representative from GiZ, H4L and NHSSP (GESI team).</p> <p>Memo sent to Secretary by PHCRD Director regarding the same.</p>	<p>PHCRD, PPICD, FHD, PHAMED/GESI section, Management Division, NHSSP, GiZ and H4L</p>	<p>June-July 2016</p>
7.	<p>Briefings to MoH Secretary including PPICD chief, PHMED chief, PHCRD chief, Finance division and GESI section at MoH by NHSSP regarding evaluations findings and the necessity to revise guidelines as well as the step-wise process being initiated.</p>	<p>Secretary, PPICD, PHAMED, Finance Section, GESI section and NHSSP</p>	<p>July 2016</p>
8.	<p>Social audit guidelines revision prioritized in Minister's 100 days program.</p>	<p>PHCRD, DoHS</p>	<p>August 2016</p>
9.	<p>3 rounds of workshop lead by TWG and facilitated by NHSSP was conducted at NHSSP office with other members from MoH, DoHS and EDPs</p>	<p>NHSSP and TWG</p>	<p>Sept- November 2016</p>

	to review the guidelines.		
10.	The revised draft guidelines was circulated to the wider-level stakeholders for their review and feedback.	MoH, DoHS, NHSSP and EDPs	November 2016
11.	Half a day workshop was conducted by NHSSP for the review, sharing and incorporation of feedback. A consensus was built to incorporate the feedback in finalizing the draft guidelines.	NHSSP, TWG and EDPs	November 2016
12.	Final meeting was conducted at PHCRD to review the last minute adjustments to the final revised guidelines (if any). Memo/File was developed by PHCRD for the approval of the revised guidelines by MoH. Memo/File was forwarded to MoH seeking an approval.	MoH, PHCRD and NHSSP	December 2016
13.	Revised guidelines approved by MOH. NHSSP will facilitate the printing of the guidelines after its approval.	PHCRD/DoHS and MoH NHSSP	January 2017 January – February 2017
14.	Roll-out of the guidelines at districts	PHCRD and NHSSP	January 2017 onwards

6. APPROVAL PROCESS

The revised Social Audit guidelines were forwarded by the PHCRD to MoH with the detailed reflection of the changes made based on the rounds of events and justification as to why the changes were essential.

The revised guidelines were approved by the Secretary MoH on the 8th January 2017 with no alterations or comments.

7. PRINTING OF THE REVISED SOCIAL AUDIT GUIDELINES

The PHCRD requested NHSSP to support for printing of the revised Social Audit guidelines for which the logistical processes have been completed. The 3000 copies of the guidelines will be printed within the month of January.

8. ROLL OUT OF THE REVISED SOCIAL AUDIT GUIDELINES AT DISTRICTS

The rollout of the guidelines has been planned from mid-January 2017. The DHO/DPHO and social audit focal persons from all 75 districts will be oriented on the guidelines using a regional meeting approach. NHSSP will support the process by means of preparation of a presentation and facilitation of the orientation meetings. At the end of each orientation the districts will prepare a work plan for implementation of social audit.

9. TRANSLATION OF THE REVISED SOCIAL AUDIT GUIDELINES IN ENGLISH

The guidelines will be translated into English to meet the needs of external partners. The translation work will be completed by the end of February.