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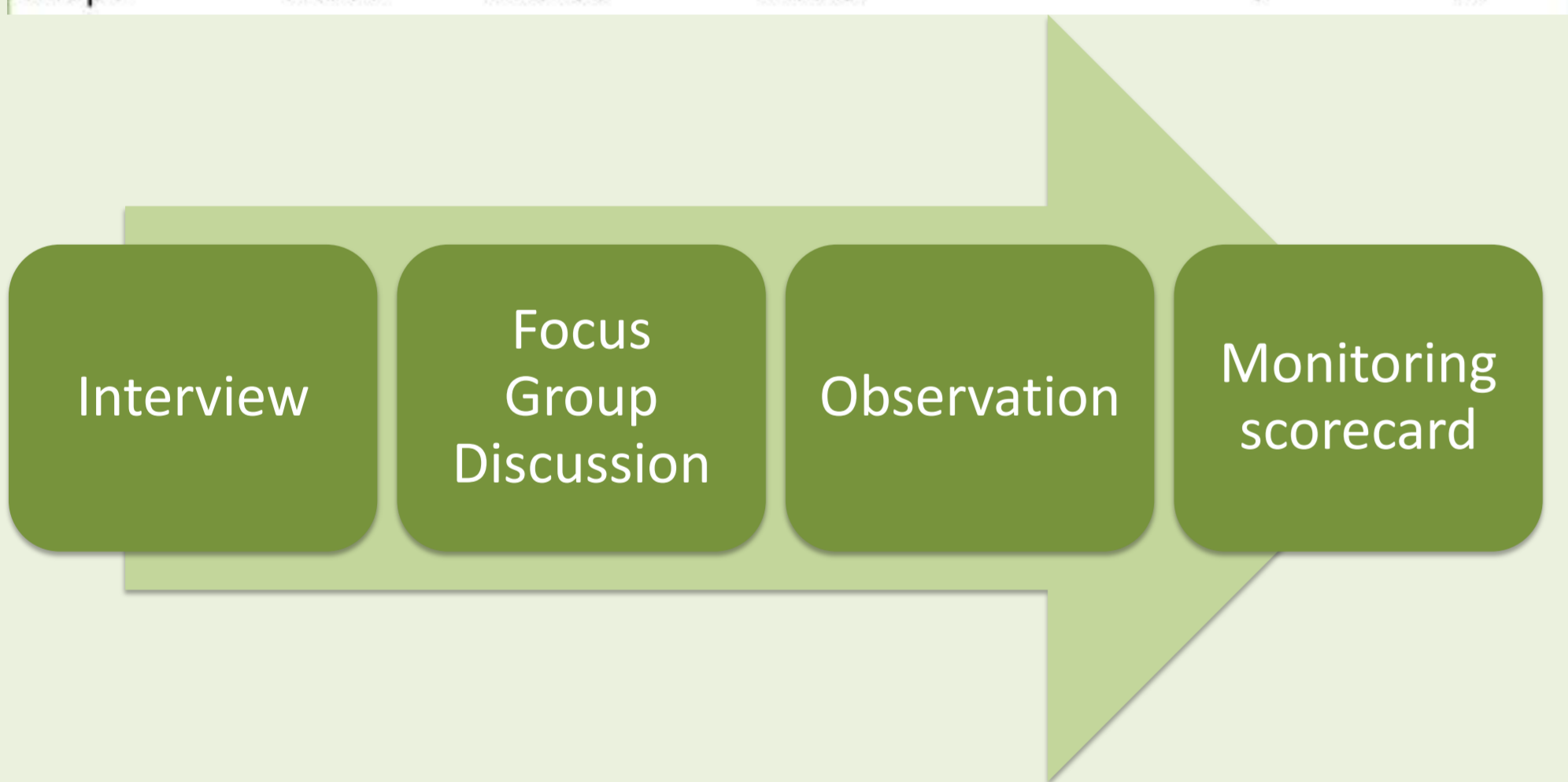
Introduction

The Ministry of Health introduced social audit of health facilities in 2012.

- Implemented in over 1250 primary health facilities.
- Facilitated by third party district level NGOs.
- Includes interviews with users and staff, mass meeting event and preparation of a Health Facility Action Plan.

Methods

District	Hill or Terai	Governance context	Technical Assistance	2013 Sample facilities	2014 Sample facilities	2015 Sample facilities
Palpa	Hill	Better	NHSSP	6		5
Rupandehi	Terai	Worse	NHSSP	4		6
Ilam	Hill	Better	None		5	5
Jhapa	Terai	Worse	None		5	4



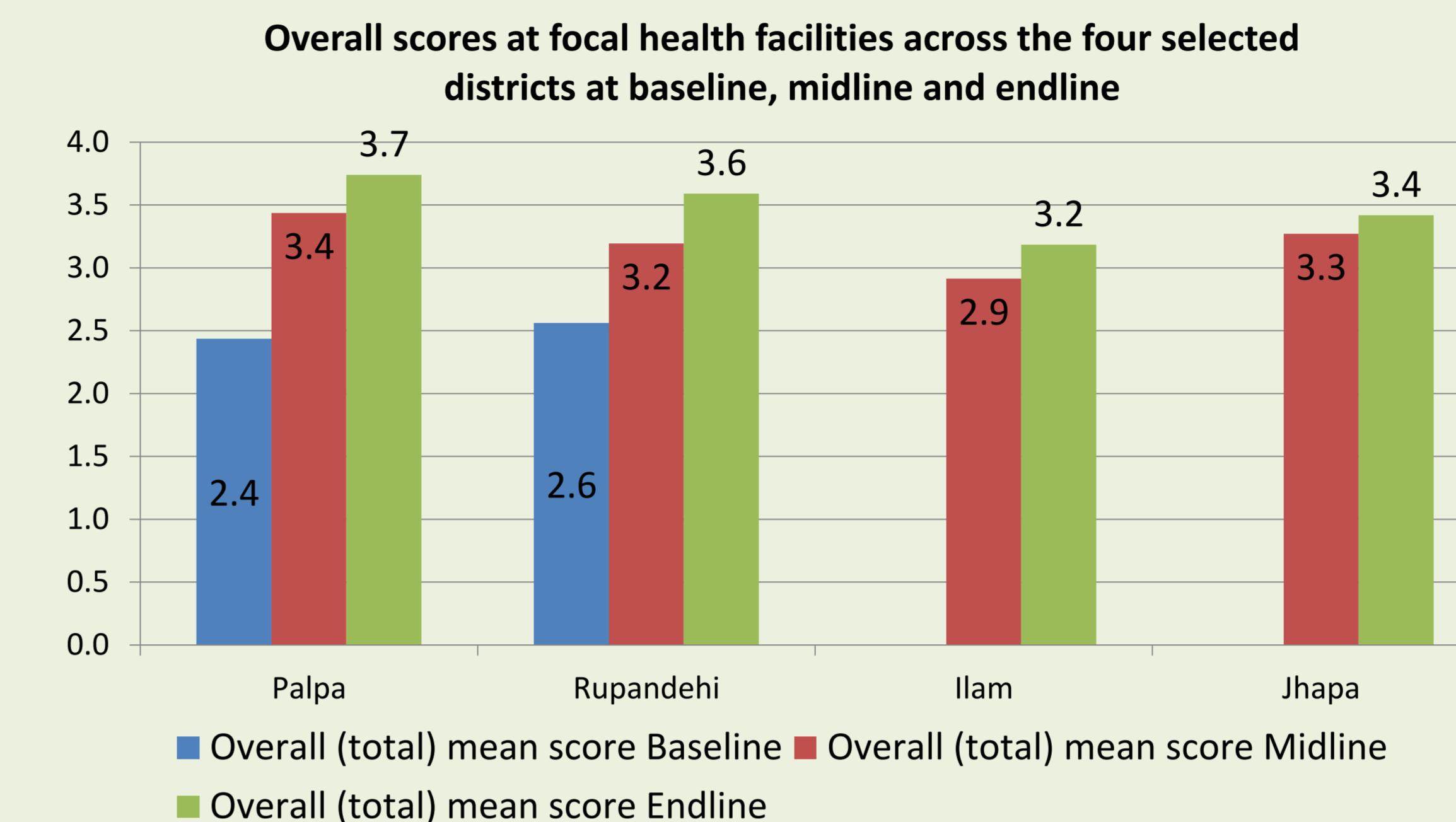
Social audit implementation challenges

- Political pressure affected hiring and retention of competent NGOs.
- Capacity of NGOs and quality of social audit training needs improving.
- The package of tools was demanding and not fully understood.
- Poor annual follow up of social audit action plans in Jhapa and Ilam.
- Weak response by the Ministry of Health to social audit demands.
- Structural issues such as distribution of expired drugs were excluded from the process.
- Women felt positive about their participation but wanted financial incentives to compensate them for their time from daily labour.
- Trade off between coverage and continuity within tight government budget allocation.

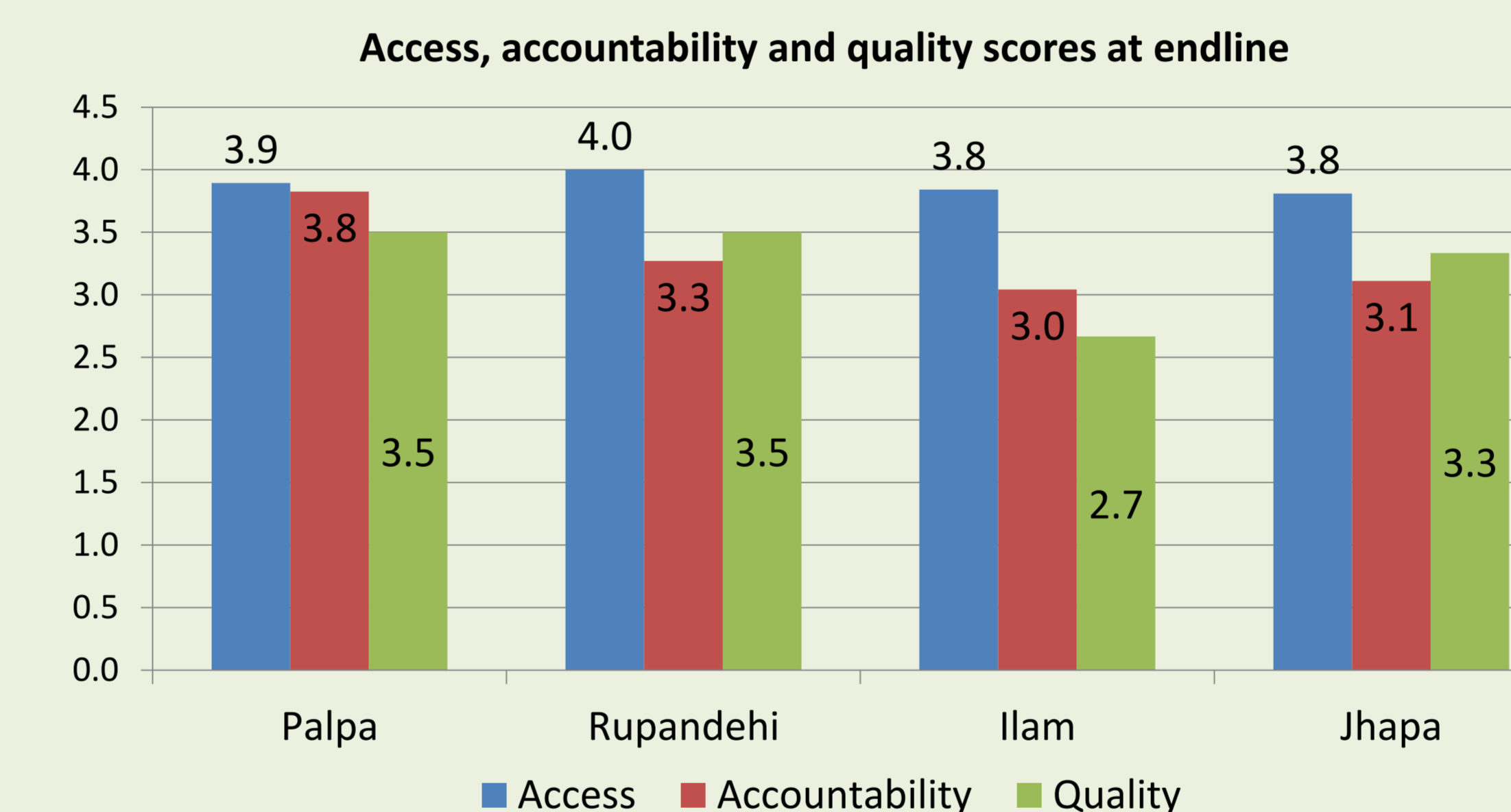
Results

Scorecard measured composite access, quality and accountability indicators

- Total mean scores improved in all four districts.



- Access scores increased more than quality or accountability scores.



- Improvements in access included:
 - Full provision of entitlements to beneficiaries for antenatal care and institutional delivery.
 - Longer facility opening hours.
 - Increased staff attendance.
- Improvements in quality included:
 - Fewer stock outs of medicines.
 - Increased privacy.
- Improvements in accountability included:
 - Display of names of ANC and institutional delivery entitlement beneficiaries.
 - More regular health facility management committee meetings.

Reflections

- Staffing levels, physical infrastructure and equipment gaps are less easy to improve than actions within the control of health facilities and local actors.
- Gains stronger in Palpa and Rupandehi were:
 - Social audit has been continuous
 - Training and facilitation of NGOs was better
 - NHSSP provided initial technical support.
- Commitment and support of District Health Officers and local government bodies (VDCs) are enablers.
- Social audit mobilised local resources from communities and local government to improve services.

Conclusion

Social audit can improve the delivery of health services but implementation in Nepal needs strengthening:

1. Develop and enforce an appropriate mechanism to select and retain competent partner NGOs.
2. Develop and enforce a mechanism to improve the quality of training to partner NGOs.
3. Simplify the social audit package of tools.
4. Revise budget allocations to ensure NGO facilitation costs are adequately covered.
5. Strengthen the monitoring and response mechanism of the central Ministry of Health.
6. Implement for three consecutive years in chosen facilities and thereafter repeat after three years.

Further Information

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