



Association of International NGOs in Nepal

# HEALTH WORKING GROUP

## Workshop on Right Based Approaches and Social Audit Practices

खारे रोकना बाहेरका निर्माण योजना  
 उपभोग्य समिति ००-२०५२२  
 क्यान्वेटल बाउन्डरी डिप्लोम तैयान  
 योजना ३२२ मिनि २०५२/३२२ मिनि २०५२/३२२  
 योजना ३२२ मिनि २०५२/३२२ मिनि २०५२/३२२  
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 नतसामग्रीको परिचयः ३२२/०००

योजना विवरण  
 लम्बाईः २०० मि. चौडाईः १२० मि. उचाईः २२ मि.  
 बाटो पुनर्को दोवाः २२० मि. चौवाः १२ मि. फ्याः १२ मि.  
 प्रत्येक न्यायान्तकवर्ती संख्याः ६२ मोलिन बस्योः १५  
 सावधान प्राण जर्न संख्याः २६२ मोलिन - २८५ पुष्पः २०५  
 अग्रवत नाभारिवत बस्यो संख्याः १०८ जनसंख्याः ६००

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आवसत	-	१	१
सुविच	-	१	१
कुपायत	१	-	१
सदस्यसङ्ख्या	१	२	३
जम्मा	३	६	९

योजना कार्यान्वयनका लागि प्राण रक्ताग्नि व्यवस्थापन  
 योजना मर्मत सभार व्यवस्था-



यो विद्यालय भवन युरोपेलीसंघ र लुथरन विश्व महासंघको सहयोगमा सिप्रेडर डिप्रोक्स-नेपालद्वारा संचालित (IPEV) कार्यक्रम मार्फत निर्माण गरिस्के भेदारी सिपेभवाँकेरु.२०१४४८/ गा.वि.स. रु. २५०००/ विद्यालय रु. १०४१६६/ समुदाय रु. ३०,०००/अमदान कुल जम्मा रु.३६०,६४४। तिक २०६४, (अक्टोवर - २००७)

# REPORT

23 APRIL 2008

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## Welcome & Context Setting

Health Working Group (HWG) Coordinator Phanindra Adhikary welcomed and conveyed his gratitude to all the participants for their time and presence in the workshop. He shared that HWG was formed in 2007 with objectives to work in harmony, share lessons learnt, work closely with the government and to bring in major actors in one forum.

### HWG Objectives & Activities 2009

#### **a. Work closely with AIN Member NGOs working in Health**

- Share lessons learning through periodic meetings, thematic meetings, workshops
- Invite national partners for their lessons sharing and contributions
- Discuss key thematic issues for advocacy in advance (Social audit in Health programs, child health, Youth, inclusion, etc.)
- Work together to have conceptual clarity for Health in federal structure
- Organize at least one workshop including national partners to learn and discuss our priorities further

#### **b. Continue engagement with MOHP, donors and other stakeholders**

- Periodic meetings
- Organize at least one workshop
- Participate in the events organized by MOHP, donors and others
- Prepare for JAR in May/June 2009 (AIN may be asked for a presentation)

#### **c. Advocate for Effective Service Delivery and Inclusion**

- Develop common guidelines
- Follow up on IHP
- Organize thematic group based on key advocacy issues – Youth, adolescent RH, Inclusion, etc.
- Contribute to NHSP II process

### Key Deliverables

- Updated Health Mapping report
- Contribution to JAR process – Active AIN participation leading to harmonized relations at the Policy level
- Contribution to NHSP II process – AIN/HWG roles and responsibilities 'potentially' worked out
- AIN internal Health INGOs sharing and lessons learning – platform for effective internal collaboration
- YOUTH leadership to address health issues (rural)
- Continued lessons sharing and learning – effective internal coordination
- Advocacy on child Protection, Youth focused development, Adolescent reproductive health, inclusion

## Workshop Objectives

Phanindra Adhikary shared that the workshop is a good opportunity to share lessons on the Rights Based Approach (RBA) and Social Audit practices of the AIN-INGOs working in health, their national and local partners; and to develop a unified approach in RBA and Social Audit. In addition the workshop would prove to be a worthwhile initiation to work closely with the Government and MOHP. He also emphasized that the workshop will be extremely useful for learning about RBA and Social Audit practices and developing an appropriately unified framework for the AIN members, particularly working in Health.

## Opening Remarks

Dr. B. Marasini Coordinator of Health Sector Reform, MoHP in his opening remarks appreciated that the workshop has been very relevant and timely. He stressed that time has come to act and to walk the talk. He shared on issues like maternity health, family planning, adolescent health and women's right. He informed that Nepal has made significant progress in maternal health issues. However, he stated that there are many challenges still to be addressed like geographic settings which have resulted in poor mobilization of resources in many districts despite of the availability of funds and resources. He emphasized about the importance of social audit in the local level.

## Current Success & challenges experience with National Free Health Service Program

**Parashu Ram Shrestha.**  
**Senior Public Health Administrator**  
**Chief National Free Health Service Program & Social Security Section**  
**Management Division**  
**DOHS**

Every citizen shall have the rights to basic health services free of costs as provided by law . Interim constitution of Nepal 2063 ( After the Jan Andolan i.e., Secon popular People's movement 2006)

### 1. Objectives of NFHS program

- To secure the right of the citizens to the health services;
- To increase access to health services especially for the poor, ultra poor/destitute, disabled, senior citizens and FCHVs;
- To reduce the morbidity and mortality of the poor, marginalized and vulnerable people;
- To secure the responsibility of state towards the people's health services;
- To provide quality essential health care services effectively

**Free Health Service**  
First Phase

- Free EHC – program FY 2063/064
- Implementation after Guidelines 063/8/29 (15<sup>th</sup> Dec,2006) approved by cabinet.

- Service in Emergency and indoor of all Hospital (25 bedded) & PHCs.  
Targeted People
    - Very Poor/Destitute, poor and Disable, Sr Citizen, FCHVs
 Free EHC programme FY 2064/065  
Targeted to ultra poor/Destitute, poor and Disable, Sr Citizen, FCHVs
  - Program continued to 40 districts (Emergency & Indoor)
  - Program expanded up to SHP, HP, PHC, Hospital = 35 Low HDI districts (OPD,Emergency & Indoor)
  - Free health service to all patients in HP & SHP
    - Decided by cabinet **2064/6/21 (Oct. 8, 2007)**
    - Implemented -1<sup>st</sup> Magh 2064 (15 jan 2008)
    - Free in **Emergency & Indoor** and OPD = 35 Dist.
    - Continue **Emergency/Indoor in 40 district**
  - Decided by cabinet 2064/6/21 (Oct. 8, 2007)
  - Implemented -1<sup>st</sup> Magh 2064 (15 jan 2008)
  - Free in Emergency & Indoor and OPD = 35 Dist.
  - Continue Emergency/Indoor in 40 district
2. Current situation of Free Service
3. Subsidies
4. New OPD visit
5. Budget allocation in Drugs
- 21 cr. In 064/065
  - 75 cr. in 065/066
6. Success in FHS
- Based on spirit of Interim constitution 2003.
  - Access to Targeted group and general citizen to HFs
  - People informed by health services through the citizen charter of each levels of HFs.
  - Medicine supply round the year.
  - Monitoring system developed in all levels
7. Major issues and challenges to be monitored
- The National Free Health Service Programme has drawn the attention of policy makers, EDPs , program managers, health care providers, clients and civil society.
  - The financial and quality of care implications of the free health care for all citizens and targeted free care policies are at the heart of the discussions.
  - Deployment and retention of health care providers and availability of drugs are major concerns, particularly if demand for services is expected to increase significantly.
  - Utilization of free health care.
  - Awareness of the NFH Programme.

- Policy Implementation capacity.
- Access for poor and excluded groups
- OPD Hours.
- Waiting and consultation times

7.1 Utilization of free Health care

7.2 Awareness of the Free health care program

7.3 Policy implementation capacity

7.4 Access for poor and excluded groups

7.5 OPD Hours

7.6 Waiting and consultation time

7.7 Drug management:

- Shortage of drugs, equipment, and physical facilities
- Leakage of drugs
- Irrational prescription and dispensing of drugs
- Human resources at health facilities

7.8 Poor placement of personnel at health facilities

- Some facilities have staff trained to perform services that the facilities do not provide, and some facilities are meant to provide services for which they do not have trained staff.
- Deployment of staff must match services provided at facilities and address health care priorities.

7.9 Identifying poor clients is a complex process as it is difficult to classify the clients into poorer, poor, and wealthier groups in the absence of practical criteria and procedures for identifying the poor.

8. Roles of Various Institutions in Monitoring

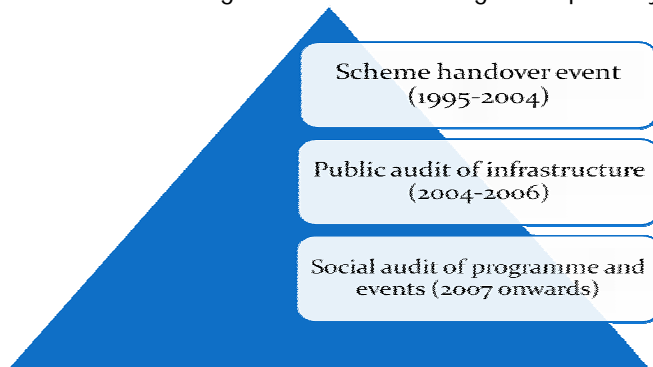
- FCHVs & community leaders.
- ii S/HP, PHC level monitoring committee
- iii. District level monitoring committee.
- iv. D/PHO.
- v. Regional level monitoring committee.
- vi. RH Directorate.
- vii. Central level monitoring committee.
- vii. High level Monitoring committee.
- ix. MOHP
- x. External Development Partners/NGOs.

### Rajesh Dhungel /Development Project Service Centre (DEPROSC-Nepal)

#### Concept:

Poor people are the right holders rather than the beneficiaries

SOCIAL AUDIT- A governance tool through transparency and accountability



#### Why Social Audit?

- Support planning at local level
- Decentralized planning, implementation, monitoring, supervision and evaluation
- Social mobilization and empowerment
- Conflict resolution
- Mobilization of local resource
- Sensitize duty bearer and right holders
- Sustainability of intervention
- Maintain goodwill of the organization

#### How Social Audit

- Scheme wise (Health post/sub health post, DWS, Low cost community latrine)
- Programme/project wise (VDC and district level)
- Event wise (VHW/FCHV/Watch group training)
- Not as event but as process
- ✓ By organizing one day meeting at the settlement/VDC/district level particularly at project site level (scheme and event) and district and VDC level (Programme),
- ✓ DEPROSC/UC will invite all the UG members, local level stakeholders, other contributory and relevant people of that settlement,
- ✓ DEPROSC will assist UG in the preparation of Brown Paper presentation, containing,
  - ❖ Objectives of the scheme,
  - ❖ List of UG and UC,
  - ❖ List of materials used, quantity and cost,
  - ❖ Participation, work days, attendance,
  - ❖ Quantity of rice distributed by beneficiaries,
  - ❖ Operation and maintenance mechanism,
  - ❖ End use plan,

- ❖ Benefit sharing plan,
- ❖ Any others, relevant at the local level

### Contents

- Clarity of objectives
- Detailed financial update of the project/event/scheme completed
- Information of forthcoming activities/schemes
- Project till date
- Response to the voice of the public

### When

- First month of the project/initiation of scheme
- Middle of the scheme
- End of the scheme/event

### Lesson learnt

- Promote resource synergy and functional collaboration
- Sensitize duty bearers for accountability
- Maintain social harmony
- Sustainability of interventions
- Conflict resolution
- Address sensitive and complex issues
- Overall community empowerment
- Maintain goodwill of the organization

### GAPS

- Need to mainstream with every development intervention
- The process should be harmonized
- Community empowerment (advocacy and auditing)
  - Health - Watch group
  - Education - SMC, PTA
  - Livelihoods – PG

(Child club, mothers' group, CBOs, etc can also be mobilized)

## Presentation on Social Audit Concept and Process

### Yadu Lal Shrestha/LWF

#### Social Audit

- Social Audit is the process of review, analysis and socialization of the organizational performances of any public agency amongst service providers, receivers, and the concerned stakeholders. Which helps to strengthen good governance and promotes transparency and accountability.
- Social Audit ensures transparency, accountability and responsiveness towards the people and stakeholders. It creates equal commitment and ownership of the program participants and support organization towards the programmes through public dialogue and frequent feedback.



## Objectives

- Enrich organizational learning through reflection and feedback
- Enhance public participation, strengthen relationships and partnerships among rights holders and key stakeholders
- Disclose organizational information to the rights holders and stakeholders
- Promote institutional transparency, accountability and responsiveness

## Principle

- Transparency – Comprehensive information
- Multi perspective feedback
- Accountability
- Empowerment
- Improve Performance

## Social Audit – Steps

### 1. Pre Social Audit

- Organizational decision to organize Social Audit with date and venue
- Prepare appropriate invitation list and invite – programme participants, organizational member and other stakeholders
- Preparation of the Institutional, Programme and financial report with achievement and challenges

### 2. During Social Audit

- Formal opening – Sitting arrangement, Welcome, Introduction, objectives of the program, Ground rule and process
- Disclosure of the prepared information

## Financial Information

### Balance Sheet

## Social Audit 2008 – ACCO

- Achievements
- Changes
- Challenges
- Organizational learning

## Comment and feedback

- Group division with fixed time and number
- Group work - Facilitate to each group
- Collect verbal and written comment and feed back
- Presentation of the comment and feedback
- Response of the comment and feedback
- Plenary discussion
- Closing

### 3. Post Social Audit

- Organizational reflection on the Social Audit program
- Preparation of the report
- Prepare action plan with incorporating comment and feedback to improve organizational performance
- Circulation of the report to all stakeholders

## Sharing on AIN Social Audit Guideline

### Krishna Pathak, AIN Capacity Building Working Group

#### Foundations for SA

- AIN is committed to implement the principles outlined in partnership guideline such as transparency, participation. (AIN strategic plan)
- AIN (CBWG) intends to make social audit an ongoing organizational process covering all aspects of an organization rather limiting its scope within the one sector or in a specific project.
- AIN (CBWG) believes social audit as a tool of capacity building rather obligation.
- Government rules/policies

#### Foundation for SA

- Some of the AIN members have experienced that doing social audit adds the strengths to organizations by being participatory, transparent and accountable to the rights holders/beneficiaries and stakeholders which improves institutional governance as well as organizational performance.
- They must have stated Social service purposes focused on particular constituencies/rights holders or target beneficiaries and their social, economic, development or humanitarian needs.

#### Contents

- Context (Practices and government policies)
- Purpose, Process and Scope of the Social Audit
- Difference between Social Audit and Other Form of Audits
- Principles of Social Audit
- Benefit of Social Audit
- Social Audit in Action (Success stories and experience from field)
- Social Audit Facilitation (Set of questionnaire) Before/During and after
- Frequency of Social Audit
- Issues and Challenges

Aims to develop a group of trainer among AIN members to facilitate the social audit.

## Meaning

- A social audit is a systematic process and means of measuring the performance of an organization by rights holders/beneficiaries and stakeholders.
- The social audit creates a conversation between an organization and its constituents or stakeholders.

## The Key Principles

- **Multi-perspective:** the social audit should reflect the views of all those involved with or affected by the organization (the "stakeholders").
- **Comprehensive:** the social audit should aim ultimately to embrace all aspects of an organizations' social, environmental, cultural and community benefit performance.
- **Comparative:** the social audit should offer a means whereby the organization can compare its own performance over time, make comparisons with other organizations engaged in similar work and relate performance to appropriate benchmarks.
- **Regular:** the social audit takes place regularly and not just be an occasional or one-off exercise.
- **Verification:** the social accounts verifies by one or more person who has no vested interest in the results.
- **Institutional Transparency and Accountability:** the social audit promotes overall institutional transparency through disclosing information and justifies accountabilities by answering public questions and verifications.
- **Disclosure:** the findings of the social audit should be made available to all those people involved in the organization and to the wider community.
- **Improved social performance:** the main message of social auditing, for any organization (big or small), is the principle of improving social performances.

## Objectives of Social Audit

- Assessing the quality of services provided to the public or specific groups.
- Assessing the physical and financial performance and gaps between needs and resources invested by organizations.
- Increase accountability of the organization to its rights holders/beneficiaries and stakeholders.
- Enables an environment to learn and gain insight into own's work through feedback and inputs from stakeholders.
- Creates a forum where stakeholders can share their experiences that contribute to the future direction to the organizations.

## Steps to Social Audit

Before:

Identify and select stakeholders (GO, Local authorities, local social leaders, politicians, institutions, private sector institutions, donors, networks and NGOs) with a focus on their specific roles and duties. Social auditing aims to ensure a say for all stakeholders.

Select rights holders/beneficiaries to participate in the social audit process. It is particularly important that they have a say on development issues and activities and have their views on the actual performance of organization.

### Planning and communication

#### *Prepare following documents:*

- Strategic plans (Vision, mission, goals, objectives) policies, guidelines, organisational profile, total budget). Management and governance structure (sub-committees).
- List of programmes and major interventions, Planning documents, indicators, target, progress reports (quarterly and annual), budget of each program, geographical areas, donors of each program, Review reports, evaluation reports, assessment reports.
- Total budget (internal and external), policy regarding internal revenue, financial report, financial policy, procurement policy, audit reports (internal and external), overhead cost, budget projection for next year.
- Staff structure, personnel policy, program policies, staff profile, communication and relationship.

### During

- Identify a facilitator
- Planning for the social audit – venue, logistics
- The facilitator runs the social audit event
- Have a Code of Conduct
- Allow host organization to present
- Allocate time for participants to discuss and prepare
- Presentations and plenary discussion
- Allow the host to clarify the issues raised and make commitment to acknowledge feedbacks received
- Ask questionnaire

### Sharing Information

#### Institutional Information

- Goal, objectives and policies
- Governance – decision making process, staffing, inclusion
- Core values and guiding principles
- Working strategies and procedures
- Other as relevant

### **Programmatic Information**

- Periodic plans
- Activities conducted
- Overview of progress and outcomes
- Learning
- Missed opportunities and failures
- Plan for next period
- Other as relevant

### **Financial Information**

- Budget statement
- Income and expenditures
- Segregated financial information – expenditure on thematic areas, activities, among other
- Comparative financial overview- expenditure on programme vs operations and the like
- Measures adopted to be cost effectiveness and its impact
- Other as relevant

### **After Social Audit**

- Summarize the findings
- Documentation and dissemination
- Prepare organisational action plans
- Incorporate social audit findings into organisational work plan and budget

### **Challenges**

- Institutionalization and skills
- Knowledge and skills
- Conceptual clarity and scope
- Cost and time involvement
- Focus on financial information

### **Social Audit Levels and Duration**

National level – annually

Local level- half yearly?? along with the partners

### **Further Action Plan**

- Finalise the guidelines and share within AIN members
- Set up social audit rolling out team
- Organise sharing, orientation and training to AIN members at various levels
- Assist AIN members in conducting social audits

## Social Audit: Practice & Experiences

**Min Bahadur Shahi**  
**Chairperson KIRDARC Nepal**

### CONCEPT

- Based on the principle that democratic local governance should be carried out with consent and understanding of all concerned.

### WHAT

- Is a way of measuring, understanding, reporting and ultimately improving an organisation's social and ethical performance (governance)
- This is a process not an event

### WHY

- For the transparency of the process, targets, achievements, and resources utilization
- To support people's rights to information
- To reduce misconceptions and contribute for peace building and sustainability
- To increase the accountability of service delivery organisations
- Support 'Beneficiaries' to become 'Rights holders'

### How social audit?

#### Social Audit Forum

- Government Staff
- Political Parties
- VDC Secretary
- Media ( Journalists)
- Community People
- CBOs, CC, YC, HRPG

### PROCESS IN KIRDARC

- Selection of issues, stakeholders and information
- Selection of facilitator
- Preparation
- Discussion/Presentation
- Two way discussion between the duty Bearers and rights holders
- (project implementation process,
- Target groups and their participation,
- Financial progress,
- Project efficiency, effectiveness
- Monitoring and feedback
- Dissemination of Information

## PRACTICE IN KIRDARC

- Practicing social auditing for all programmes and Institution level
- Recognized as a mandatory reference for the completion of the project
- Not only practice but promotes and advocates

## EXPERIENCE

- Community people are supportive and practicing Social Auditing local level through HR and Peace Groups, UCs, CC, YC, UC etc
- Close relation between duty bearers and right holders
- Duty bearers are realising the importance of public audit for transparency

## Questions & Concerns raised

- Free health services for Women: Need of free operation services to Women's' uterine prolapsed cases: what are the facilities available for them
- Medicine distribution : Though many drugs are available for free most of them are not available for free : lot of bureaucracy
- There is a need of strengthening district capacity and management
- It was recommended that the Manager should be dedicated
- Gender Inclusion issues should be incorporated
- Reports show that the OPD visits patients number has increased: It may be due to seasonal variations
- The local monitoring system should be improved
- Department of Drug Administration and Quality Control Board should be well capacitated
- There is a need of orientation on the use of social audit tools: A handy guideline could be developed for AIN members
- Is Social Audit mandatory? Is it Nepal Government endorsed? INGOs should do Social Audit at what level. Many INGOs do through partners. Is social audit for organizational purification or for own accountability?

## Presentation on Social Audit Practices

### Sambhu Adhikary PMC Sunsari, UMN

Sambhu Adhikary shared that they had just started the social audit process in their child development program which they do once a year in the presence of the government, Political parties/ reps, DEOs and the community people where they share their work process, progress and income. Sambhu Adhikary stated that Social Audit has helped them to be better managed, well governed and show improved performance. It has also helped them to build stronger relation with the community and improve their behavior within the community.

## Presentation on Right Based Development: Yadu Lal Shrestha

### Definition and principle

1. The right to development is an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized.

- RtD Declaration 1986, UN

2. A change process in people's life as a member of human family based on norms and standards of universal human rights

3. Development process that empowers the right-holders to responsibly and peacefully claim their rights and the duty bearers to comply with their obligations to develop and properly implement laws, policies, plans and budgets based on the universal rights of all.

Principle - NEPAL

- Non Discrimination
- Empowerment
- Participation
- Accountability
- Links with rights

Right Based Development

Role of NGO

Rights-based analysis

Causality analysis

What are the problems and unfulfilled rights?

WHY is this so? Why is it happening?



Responsibility analysis

WHO is supposed to do something about it?



Capacity analysis

WHAT capacities are lacking for doing something about the problem and for demanding action?

Capacity – GAP assessment

Duty bearer

- Political instability
- More commitment less compliance – national and international
- Inadequate resources
- Attitude and behavior
- Structural gap
- Lack of appropriate legislative provision
- Rigid bureaucratic system
- Inadequate information



## Role of NGO

Vienna Declaration 1993 - 38

- The World Conference on Human Rights recognizes the important role of non-governmental organizations in the promotion of all human rights .....The World Conference on Human Rights appreciates their contribution to increasing public awareness of human rights issues, to the conduct of education, training .....and to the promotion and protection of all human rights and fundamental freedoms..... dialogue and cooperation between Governments and non-governmental organizations.

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## Right Based Development

### LWF Nepal – RBA frame

#### Issue identification

##### analysis and dissemination

- Human Rights Issues
- Organizational mandate - position
- Prioritization
- Research
- Report
- Dissemination

### Empowerment process

#### Critical Awareness

##### Follow Participatory approach to

- Issues collection
- Prioritization
- Analysis
- Links with rights
- Educate on legal and human rights provision
- Prepare planning cycle
- Continue Reflection/Action

#### Capacity Development

- Organize people in Group and Group Federation
- Training and facilitation on organizational management and development
- Training and facilitation on human rights, right based development and advocacy
- Training and facilitation on planning cycle

#### Advocacy and Networking

- Education
- Cooperation
- Litigation
- Persuasion/Networking
- Confrontation - peaceful

## Sensitization Process

### Realization

- Submission of findings and report
- District Advisory Committee/VAC meeting
- Interaction/workshop
- Public hearing
- Issue based application/appeal

### Lobbying

- Interaction/Workshop
- Request/Petition
- Phone/Fax/Mail
- District Advisory Committee meeting
- Village Advisory Committee meeting

### Collaborative efforts

- Meeting
- Find out the requirement of resources
- Area of intervention
- Gap identification
- Prepare planning cycle jointly

### Major outcome

- Declared Haliya freed as well as all forms of bonded labor by government on 6 September 2008
- 5 points agreement done by government with RHMSF on 5 September 2008
- Priority given by Government of Nepal through its policy and program as well as budget speech
- 211 Haliya won the cases and freed from DAO and 77 Haliya freed by landlord based on bilateral negotiation in different districts before declaration
- 1332 HHs organized in 94 Groups and mobilizing
- 94 Groups were federated in 7 DHMS
- 7 DHMS federated in RHMSF
- Estimated Haliyas HHs – 18314

## Group Work : Facilitated by Geeta Pradhan/LWF

**Group one: How as civil societies we can work collaboratively with the government on certain issues and challenges faced for e.g Free health care services**

Social Auditing for free health care services:

Objectives;

To assess effectiveness and efficiency of utilization of free health care services

Process:

1. Prepare guideline
2. Collaborate with AIN Members( I/NGOs, DDA, QSD)
3. Orientation/training: Duty Bearer, Stakeholders & Community
4. Reporting system of social audit and feedback system

#### Areas

- Ascertainment of utilization by targeted groups
- Disaggregated data
- WHO indicators for rational use
- Waiting time
- Regular supply chain
- Functioning of HFMC
- HFMC monitoring
- Quality Services
- Assess demand
- Policy implementation

How to conduct social auditing clearly: write in guidelines eg HFI will present his/her report

#### Person's involved

- Representative of DDC
- Representative of DPHO
- Representative of civil society/ political parties
- Representative of FCHV
- Representative of HFMC
- Representative of Users Forum/ NGO
- Representative of CBOs
- Pharmacy- External

#### Group two: Unified approach of social auditing by the civil society at various level

##### VDC Level

- Health Facility Management Committee
- Teachers
- Health Workers
- Local Partners/ organization
- FCHVs
- Traditional Healers
- Civil Society
- Media Community/ F.M
- Women Volunteers
- Traditional Healers: Dhami, Jhankri

##### District Level

- District level organizations
- District health office
- DDC/municipality
- Local clubs
- Media

## National Level

- SWC
- MoHP
- INGOs/NGOs
- Media

## Way Forward/closing

Coordinator Phanindra Adhikary thanked all the participants for their valuable presence and active participation. He emphasized that there is a need of a unified approach. Since the AIN Social Audit Guideline will be finalized by end May, he requested the participants to send in their comments and inputs on the draft as their earliest. He also stressed on the significance of Social Audit as an instrument for showcasing the accountability and transparency of INGOs thereby building its image and credibility. He emphasized on mainstreaming public and social audit in INGO works/projects and practicing RBA as a major component of Social Audit.

Phanindra Adhikary emphasized that as a major outcome of the workshop, the health working group will take forward 'social audit' as a pilot public-private partnership with MOHP, and that AIN/HWG will explore if a concept could be shared during JAR meeting in May 09. In his concluding remarks, HWG Coordinator Phanindra Adhikary thanked all the presenters for sharing their experiences and expertise on the vital topics like Social audit and RBA. He also shared his gratitude towards all the Health Working Group Members and AIN Secretariat for their collaboration and coordination.

# GLIMPSES









## WORKSHOP PARTICIPANTS

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*Reshma Shrestha May09*



**AIN – Health Working Group  
Workshop on Right Based Approaches and Social Audit Practices**

15 April 09

Dear Sir/Madam,

The Association of International NGOs in Nepal, AIN on behalf of the Health Working Group cordially invites you to the Workshop on Right Based Approaches and Social Audit Practices.

**Workshop objective:**

**To share lessons on the RBA and Social Audit practices of the AIN-INGOs working in health, their national and local partners; and to develop a unified approach in RBA and Social Audit.**

**Schedule:**

Date: 23 April 2009 Venue: Yak Palace, Pulchowk

Time: 9:00 – 5:00 pm

We believe that the workshop will be extremely useful for learning about RBA and Social Audit practices and developing an appropriately unified framework for the AIN members, particularly working in Health.

Yours sincerely,

Phanindra Adhikary  
Coordinator

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Please kindly send the names of the participants by 22 April 09 to [reshma@ain.org.np](mailto:reshma@ain.org.np)

## Workshop Schedule

Time	Activity	Responsible person
<b>09:00 - 09:30</b>	<b>Registration</b>	<b>ALL</b>
09:30 – 10:00	Welcome, Context setting & Objectives	Phanindra Adhikary/ Coordinator EWG
10:00 - 10:15	Opening remarks	Dr. B. Marasini/Coordinator MoHP Health Sector Reform Unit
10:15 – 10:30	Presentation	UMN/ Sunsari
10:30 - 10: 45	Experience sharing	Prasuram Shrestha Senior Public Health Administrator/Chief of Free Health Service & Social Security Sector Teku
10:45 – 11:15	Presentation	Partner: Rajesh Dhungel/ Deprosc from Ramechhap Yadu Lal Shrestha/ LWF Nepal
11:15 -11:45	Sharing of Draft Social Audit Guideline	Krishna Pathak/Save the Children AIN Capacity Building Working Group
11: 45 – 12:45	Group Work	ALL
12:45 – 1:30	<b>Lunch Break</b>	<b>ALL</b>
1:30 – 2:00	Presentation on Rights based Approach	Yadu Lal Shrestha /LWF
2:00 - 2:30	Experience sharing	Min B Shahi/KIRDARC
2:30 – 3:30	Group work/ presentation & recommendations	All Participants
3:30 – 4:00	AIN Social Audit Tentative Framework Design	Geeta Pradhan/Group reps
4:00 - 4:30	Way forward	Dr. Maureen Dariang
4:30 – 5:00	Closing	Phanindra Adhikary