

CIET social audits

Building the community voice into planning

Origins and principles

Social audits use community based mixed methods to get better evidence on how health services work.

Originating in the follow-up of Bhopal survivors in the 1980s, CIET surveys cover a sample of households (so far 504,057 households in 27 countries). Teams return results to communities to discuss solutions in meetings and focus groups.

Central concerns are equity and universal coverage, with evidence from people who reach health services *and* those who do not.

1984 to mid-1990s

Planning environment

Expert or precedent driven
Evidence: inputs and outcomes
Funding focussed on indicators

Mid-1990s to mid-2000

Planning environment

Evidence-based (results-based) planning in vogue
Accountability prominent
Funding included feedback
Impact assessment discourse

Mid 2000 to date

Planning environment

Quality of evidence prioritised
Funding available for trials
Large numbers of pragmatic and cluster randomised trials

Principles of CIET social audit

Most planning presumes causality: interventions *should* work
Provide the best possible evidence on this causality
Focus on actionable interventions
Use sample for representation, speed and efficiency
Link qualitative and quantitative methods in same sample
Avoid token community participation
Vertical integration: share the same evidence with all
Capacity building: design, fieldwork, analysis and community readiness to participate

First generation

Often unconventional sample
Focus on fieldwork quality
Speed of turnaround
Feedback mostly unfunded
Stakeholder discussion of simple frequencies and associations

Training: Basic epidemiology and fieldwork skills

Second generation

Census based samples
Attention to missing data
Customised analysis and raster mapping (CIETmap)
Socialising evidence for participatory action (SEPA)
Community-led solutions

Training: CIETmap and SEPA

Third generation

High-level research methods like RCTs
Advanced sampling
Cluster randomisation
Advanced analysis
Cellular technology for GPS and transmission of questionnaires

Training: RCTs, advanced analysis

Social audit directions

Cluster randomized controlled trials:

- Pakistan: Lady health workers, immunization
- Mexico: Safe birth, dengue prevention
- Nicaragua: Dengue prevention
- Southern Africa: HIV prevention.

Pipeline planning: Botswana HIV prevention trial (INSTRUCT).

Cellular technology and data integration (Nigeria).

Linked with higher level capacity building.

Phase 1: design and data collection

- clarify the strategic focus
- analyse existing data: gaps, operational questions
- design sample, instruments and conduct pilot test
- collect information: households, institutions, key informants, in representative communities
- link service and household data, analyse to point to actions

Phase 2: socialising evidence for participatory action

- share findings with communities; get views on how to improve the situation
- summarise information for policy and management
- evidence-based training: planners, service providers
- partnerships with civil society

Two phases of social audits

45 social audits in 27 countries

Afghanistan 1994, 1997, 2009	Angola 1999
Baltic states 2002	Bangladesh 1999-2003
Bosnia & Herzegovina 1994-7	Botswana 2006-2018
Cambodia 1994	Canada 1998 -2001
Ethiopia 2001	Maldives 1999, 2004
Mali 1995	Mexico 1986 -ongoing
Mozambique 1994-5	Namibia 2008-13
Nicaragua 1998-2014	Nigeria 2006-2014
Pakistan 1996-9, 2001-04	South Africa 1997-2013
Swaziland 2005-06, 2008-13	Uganda 1995, 1998
West Bank & Gaza 1998	



Dried blood spots to measure HIV status trial endpoint

For more information:

BMC Hlth Serv Res 2011; 11(suppl 2): S1
<http://cietresearch.org>



Participatory Research at McGill

CIET Building the community voice into planning