

Social Accountability Reporting Checklist for Practitioners (SAR4Practice)

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Overview: Social accountability (SA), mechanisms and processes by which citizens and civil society groups hold the health system and its actors accountable for their commitments, are being used more frequently in health programming in developing countries. Such interventions seek to raise awareness among community members of their rights around health and gaps in services, and empower communities to engage with actors (e.g., providers) in the health system to improve health programming and health outcomes.¹ More broadly, they aim to change local power structures and increase the voices of people and communities in decision-making about the health system to improve health outcomes. The implementation of SA requires a unique set of complex activities that engage communities and health system actors in collaborative activities involving many steps and different actors. Because of their complexity, SA activities are often adapted during implementation to produce the community and health outcomes they aim to achieve.

Practitioners working on SA are challenged by the diversity in how SA is defined, the wide variety of SA activities, and a lack of robust evidence on SA. The dearth of documentation about how social accountability (SA) programs are designed and implemented, and the difficulty in explaining how and why SA activities achieve their objectives, makes adoption, adaptation and use of effective SA activities challenging.

Purpose: To support collective learning through improved documentation of SA, we introduce this checklist to guide practitioners in their reporting of SA programs in dissemination and other public-facing materials, including case studies, blogs, project reports for donors, working papers and more. The checklist identifies key content to include in project documents and materials to facilitate decision making about use and

¹ Boydell V, Keesbury J: Social accountability: What are the lessons for improving family planning and reproductive health programs? Washington DC: Population Council Knowledge Commons; 2014. (2) Martin Hilber A: Mapping Social Accountability in Health. Background document for the Symposium on Social Accountability for Improving the Health and Nutrition of Women, Children and Adolescents. Geneva, Switzerland: PMNCH; 2018.

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adaptation in different settings, for different audiences and in various formats. For example, one of the first checklist domains encourages the user to reflect on and describe how they understand and define their SA work. The checklist does not attempt to be comprehensive of all the information from a SA program or prescriptive; instead, it identifies the ‘must-have’ content that can foster reflection, tell the story, and communicate learnings with other practitioners, researchers, local stakeholders, and program funders.

It is not always clear what should be included in reporting to support program adaptation, to contribute to an evidence base and to improve the future design of SA. This checklist draws attention to gaps in reporting, including things such as how programs generated informed dialogue between service providers and citizens to support collective action on equity, quality, responsiveness issues and/or to change local power structures; what leverage was used to drive change within power structures; how the local context shaped activities and interventions; how the boundaries of program plans shifted in response to how they were implemented and changes in the local context.

This checklist is adapted from the ‘*Social Accountability Reporting for Research (SAR4Research): Checklist to Strengthen Reporting on Studies on Social Accountability in the Literature.*’ (ADD REF when available (i.e., paper is under peer-review). To make the SAR4Research checklist meet the needs of practitioners we: (1) reviewed the WHO’s *Programme Reporting Standards for Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (PRS)*² to compare and contrast content; (2) reviewed a sample of 5 publicly available practitioner project documents to compare and contrast what content was covered; and (3) held three rounds of consultations with a diverse group of practitioners to enhance the usability and quality of the practitioners checklist. The resulting *Social Accountability Reporting Checklist for Practitioners (SAR4Practice)* is intended to be used by practitioners implementing SA activities in health together with the WHO’s PRS. *SAR4Practice* emphasizes the particular facets of SA that would be useful to report on in addition to what a typical program report would include. For each domain in the SAR4Practice checklist, we identify the element of the WHO PRS where the SA-specific content could be integrated. The asterisks(*) in the table below indicate a link with the WHO PRS.

Using this checklist will help you:

1. Explain who you/your organization is, your partners and why you did this work;
2. Outline how you define social accountability and describe the context of activities you implemented;
3. Explain how your program would bring about change, in what timescale and under what assumptions;
4. Tell a story of what happened in your SA program and why, including any changes to your planned activities, as well as what community, health system and health outcomes were achieved;

² https://www.who.int/maternal_child_adolescent/documents/program-reporting-standards/en/

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5. Tell a story of things that went according to plan and things that did not, and what you would do differently in the future.

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<p>1. Who are you?</p> <p>To explain the background of your social accountability activity, it is important for people to know who you and your organization are, as well as your role in the health system. This clarifies your position so that others can see how you are placed in the field, and how they can(not) relate to you and your social accountability activity.</p> <p>In this section, the purpose is to make your positionality clear in why and how your social accountability activity happened the way it did. This also requires making clear your basic assumptions such as how you define social accountability.</p> <p><i>This SA content should be integrated into Element 4 (Stakeholders) of the WHO PRS. See page 14 of the WHO PRS for additional information.</i></p>	<p>This helps readers understand the lens and perspective through which you tell the story.</p>	<p>Who are you in relation to the SA activities described in this document and how do you relate to other stakeholders?</p> <p>How do you define SA, in theory and in practice?</p> <p>What was your role in designing and implementing the described SA activities?</p> <p>Who funded this work and what is their interest in this type of work?</p>	<p>Reflect on your own and your organization’s role within broader landscapes of health and politics.</p> <p>Call upon existing literature that discusses different definitions of social accountability to make clear your philosophy of the activities.</p>	
<p>2. How do you define social accountability? What is the context in which your SA activities were carried out?</p> <p>To explain the story of a social accountability activity, consider</p>	<p>This can help readers compare situations and learn from each other and apply it to their own situation.</p>	<p>Who are the actors (agents of change or resistance to change) involved?</p> <p>What is happening locally in terms of politics, historic and socio-economic trends, community engagement, health</p>	<p>Review and discuss your planning documents, look at policy documents, look back at scoping studies, use media reports, etc.</p>	

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<p>the details. In addition to including both community (e.g., collective efficacy) and health outcomes, describe the context in which the activity took place and explain why this particular design made sense at this specific time and place. This includes the larger structural situation such as epidemiological, demographic, social, political, historical, and economic information at national and regional levels. This also refers to the local environment – e.g. existing power dynamics within the community(ies), local health care capacity, local health workforce capacity, resource availability, and power dynamics/relationships across different levels of the system. Through consultations we learned that organizations are less likely to formally report on local environmental factors, although this information is critically important to sharing learning practices. Also consider your funding context for your social accountability activity.</p> <p><i>This SA content should be integrated into Element 3 (Setting and Context) of the WHO PRS. See page 13 for additional information.</i></p>		<p>issues etc. and which of these factors catalyzed your decision to engage in SA?</p> <p>Why did you prioritize work on SA on selected issues?</p> <p>What are existing accountability structures and spaces (formal, informal, invited, and non-invited)?</p> <p>What was advantageous of the selected SA model over others considered?</p> <p>How did answers to these questions factor into your thinking of what you wanted to achieve?</p> <p>How did the funding contexts and timescales influence the design of your social accountability activity?</p>		

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<p>3. How did you think change would happen?</p> <p>The question of how and why you thought change would happen is important because it details the assumptions you made when designing the program to bring about the desired change (results and activities). Consider how the initial reactions and inputs of stakeholders on a local, national, and international scale influenced how you expected change to happen. Also consider who you expected to do what to make change happen and why (i.e. who would do what and for which activity) and how they may have fit with or departed from what you originally thought would bring about change. Make explicit how your assumptions of change fit with or are different from an explicit theory of change.</p> <p><i>This SA content should be integrated into Elements 6 (Theory of Change and/or Logic Model) and 7 (Human Rights Perspectives) of the WHO PRS. See pages 14-15 for additional information.</i></p>	<p>By identifying these assumptions, the reader can understand the gaps between theory and practice that may also be relevant to their own context.</p>	<p>What did you think your program would look like? <i>*(Rationale for the program and how it contributes.)</i></p> <p>What did you plan to happen and how did you expect change to happen? <i>(What was the theory of change?)</i></p> <p>Who did you expect to do what and when?</p> <p>Why did you think it would make a change in your context?</p>	<p>If you had already developed a theory of change (TOC) at the start of the program, revisit it with these points in mind. If you did not already have a TOC, discuss and reflect with your colleagues, using these prompts and acknowledging the relative timing of this discussion vis-à-vis the implementation of the activity.</p> <p>Discuss and reflect with colleagues about what change you wanted to achieve and how you thought change would happen. Expand the discussion to include changes in relation to power structures and changes in relation to sector outcomes and how they relate.</p> <p>Explain how you expect specific activities and outputs to bring about changes that contribute to longer term goals.</p> <p>Describe your key assumptions about the</p>	

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<p>4. What happened, when?</p> <p>Concretely explain what happened as part of your activities to inform readers of how program realities may have differed from what you had originally thought would happen. While a surplus of data may be common in some reporting documents, consider explaining and analyzing what these data means for the program. This analysis should link what happened to previously-identified contextual factors in the why and how, both at a broader and more local scale. In addition to numbers, focus on concrete events and key actors that determined what results were produced and what data were collected and by whom; consider telling a story of these events in a narrative form. While telling this story, explicitly include who did what, when. Compare and contrast what happened relative to original designs/plans. What proved to be as expected or not. Explain what concrete events helped to bring about change.</p> <p><i>This SA content should be integrated into Elements 13 (Coverage/Reach and Drop Out</i></p>	<p>This helps to understand the strengths and weaknesses of change pathways for future practice.</p>	<p>What happened and who implemented and participated in the first year or two?</p> <p>What happened in the later years and were any new individuals or groups involved?</p> <p>Who was involved in the activities and what did they do? <i>*(Social accountability intervention: development, approaches & implementation.)</i></p> <p>Throughout the project, what was supposed to happen, but didn't? Why?</p> <p>What determining factors (e.g. resources, time - including reflections on how much time was allotted vs how much was needed, capacity) and specific events were influential to implementation and why? <i>*(Setting or context of the intervention, highlighting factors that influenced its design and implementation.)</i></p> <p>What adjustments did you make from what you planned and why?</p>	<p>scope, pace and nature of anticipated change.</p> <p>Retrospectively reflect and report on what happened during the activities and why, including the timeline along which activities or events took place. Discuss how it compared to the original plan.</p> <p>Identify contextual factors and events, key actors, from local partners to global funders, and their influence on the story of change.</p> <p>Describe who all shaped and/or was involved in SA activities and change.</p> <p>Report results, actors involved, modifications of research practice, and overall learnings.</p> <p>Explain pathways of how change led to intervention outcomes and/or other intended or unintended consequences.</p>	

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<p>Rate), 14 (Adaptations), and 17 (Factors Affecting Implementation) of the WHO PRS. See page 17 & 18 for additional information.</p>		<p>Did anything happen that was unexpected? What did you do in response? <i>*(Implementation stages)</i></p> <p>What, if any, changes occurred in power structures and health, development, and governance outcomes (positive and negative)?</p> <p>Were there any unexpected outcomes (good or not-so-good)? <i>*(Interpret all findings, balancing benefits and harms and considering other relevant evidence.)</i></p>	<p>Present major and minor themes for different groups/stakeholders.</p> <p>Detail ‘successes’ and ‘failures.’</p> <p>Reflect on changes at different levels – individual, community, local, regional, national.</p>	
<p>5. What are the learnings within and beyond your context?</p> <p>Following the production of program results, answer what these results mean and why they matter. Consider the implications of the entire social accountability program, as well as specific activities within the program that may provide more nuanced implications. Remain aware that findings can imply different things for different people. For example, what does this program imply for decision-makers’ behavior, for health providers, for engaging vulnerable and or unheard voices? Make clear what the</p>	<p>This provides the reader with explicit points to consider in their own contexts and practices.</p>	<p>What was surprising about your experience and results, relative to what you expected when you developed your theory of change?</p> <p>What did you learn that you will apply to future work, in this context?</p> <p>What would you do differently? What would you maintain?</p> <p>What do you think you learned that others might be able to apply to their future SA activities, in similar contexts? <i>*(Discuss the transferability of findings taking into account study population, intervention</i></p>	<p>Discuss and reflect what characteristics of your results may hold implications for your district or region, country and other contexts.</p> <p>Interpret findings, acknowledging benefits and harms, in a way that makes clear the significance of results within local context.</p> <p>Address characteristics and factors that may have skewed results.</p> <p>Discuss what your results mean in respect</p>	

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<p>program results imply for the ongoing work of the program stakeholders, as well as the ongoing and future work of organizations working in similar contexts. Make explicit ties between contextual factors and program implications so organizations working in similar, yet different contexts can understand what these results may mean for their practices. Finally, comment upon what these results imply for the overarching theory of change adopted in the program.</p> <p><i>This SA content should be integrated into Elements 21 (Lessons Learnt) and 24 (Possibilities for Implementation in other Settings) of the WHO PRS. See pages 20 & 22 for additional information.</i></p>		<p><i>characteristics, length of follow-up, incentives, compliance rates, and specific site/contextual issues).</i></p>	<p>to broader theories of change, and the implications for social accountability in similar contexts.</p>	