Social Accountability Reporting Checklist for Practitioners Template

*(SAR4Practice Template)*

The purpose of this document is to provide practitioners with a template to be used when reporting based upon the SAR4Practice checklist. We encourage you to fill out the column titled ‘your answers to be used when reporting,’ and build these responses directly into your reporting. Further guidance on answering these questions can be found in the SAR4Practice checklist.

| **Domain** | **Guiding questions** | **Your answers to be used when reporting** |
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| 1. **Who are you?**   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.  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.  ***This SA content should be integrated into Element 4 (Stakeholders) of the WHO PRS. See page 14 of the WHO PRS for additional information*.** | Who are you in relation to the SA activities described in this document and how do you relate to other stakeholders? |  |
| Who are your partners? How do you relate to them? |  |
| What was your role in designing and implementing the described SA activities? What was the role of partners? |  |
| Who funded this work and what is their interest in this type of work? |  |
| 1. **How do you define social accountability? What is the context in which your SA activities were carried out?**   To explain the story of a social accountability activity, consider 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.  ***This SA content should be integrated into Element 3 (Setting and Context) of the WHO PRS. See page 13 for additional information.*** | How do you define SA, in theory and in practice? |  |
| Who are the actors (agents of change or resistance to change) involved? |  |
| What is happening locally in terms of politics, historic and socio-economic trends, community engagement, health issues etc. and which of these factors catalyzed your decision to engage in SA? |  |
| Why did you prioritize work on SA on selected issues? |  |
| What are existing accountability structures and spaces (formal, informal, invited, and non-invited)? |  |
| What was advantageous of the selected SA model over others considered? |  |
| How did answers to these questions factor into your thinking of what you wanted to achieve? |  |
| How did the funding contexts and timescales influence the design of your social accountability activity? |  |
| 1. **How did you think change would happen?**   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.  ***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.*** | What did you think your program would look like?  *\*(Rationale for the program and how it contributes.)* |  |
| What did you plan to happen and how did you expect change to happen? *(What was the theory of change?)* |  |
| Who did you expect to do what and when? |  |
| Why did you think it would make a change in your context? |  |
| 1. **What happened, when?**   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.  ***This SA content should be integrated into Elements 13 (Coverage/Reach and Drop Out Rate), 14 (Adaptations), and 17 (Factors Affecting Implementation) of the WHO PRS. See page 17 & 18 for additional information.*** | What happened and who implemented and participated in the first year or two? |  |
| What happened in the later years and were any new individuals or groups involved? |  |
| Who was involved in the activities and what did they do? *\*(Social accountability intervention: development, approaches & implementation.)* |  |
| Throughout the project, what was supposed to happen, but didn’t? Why? |  |
| 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?  *\*(Setting or context of the intervention, highlighting factors that influenced its design and implementation.)* |  |
| What adjustments did you make from what you planned and why? Did anything happen that was unexpected? What did you do in response?  *\*(Implementation stages)* |  |
| What, if any, changes occurred in power structures and health, development, and governance outcomes (positive and negative)? |  |
| Were there any unexpected outcomes (good or not-so-good)?  *\*(Interpret all findings, balancing benefits and harms and considering other relevant evidence.)* |  |
| 1. **What are the learnings within and beyond your context?**   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 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.  ***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.*** | What was surprising about your experience and results, relative to what you expected when you developed your theory of change? |  |
| What did you learn that you will apply to future work, in this context? |  |
| What would you do differently? What would you maintain? |  |
| What do you think you learned that others might be able to apply to their future SA activities, in similar contexts?  *\*(Discuss the transferability of findings taking into account study population, intervention characteristics, length of follow-up, incentives, compliance rates, and specific site/contextual issues).* |  |