

## CEDIL's Social Accountability Learning and Theory (SALT) Project Using Middle-level Theory of Change to Evaluate Scaling of Social Accountability for Health



**Researchers:** Florencia Guerzovich, Tom Aston, Brian Levy, Paula Chies Schommer, Rebecca Haines, Grazielli Faria Zimmer Santos.

**Project Partners:** World Vision UK, Wahana Visi-Indonesia, World Vision Cambodia, World Vision DRC, University of the State of Santa Catarina, University of Cape Town, Global Partnership for Social Accountability

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**Project Website:** <https://cedilprogramme.org/funded-projects/programme-of-work-2/scaling-social-accountability-for-health-leveraging-public-policies-and-programmes/>

**Background:** In the last two decades, while evidence of their contribution to health outcomes is mixed, the uptake of social accountability interventions has grown exponentially in the health sector. This apparent contradiction is the point of departure for the development of a nested middle-level theory on potential pathways to scale.

**Research focus:** The study will develop a nested middle-level theory that brings together alternative pathways and contextual conditions through which social accountability interventions may be scaled-up to benefit more people in more places. Each of these sub-theories have different value-based starting points and perspectives on how scale up can be achieved.

The project focuses on unpacking the value added of social accountability for broader health sector reforms as well as considering how and why social accountability is incorporated into decision-making, policy-making and implementation – with careful assessment of the alternative pathways that social accountability champions may pursue. This project shifts the focus of social accountability research and evaluation. It looks beyond the results of individual projects to why and how they are integrated within the political economy of policy-making processes in health and to what effects.

**Research design:** The study seeks to build a nested mid-level theoretical framework on how social accountability is embedded in health sector programmes and policies at scale, focusing on its function (what), its mechanisms (how and why), and its conditions (when and where).

The study begins with a bottom up approach to develop theory - aggregating across project-level theories of change to develop a middle-level theory (White, 2020). This exercise spans theories identified in project documents, evaluations, and the team's tacit knowledge from hundreds of projects implemented by World Vision, CARE, and the Global Partnership for Social Accountability (GPSA) around the world. Process tracing and comparative case study analysis will be the primary research methods to revise and strengthen the nested theory of change.

**Dates:** December 2020 to December 2021

**Project type:** Exploratory project

**Countries:** Indonesia, Cambodia, the Democratic Republic of the Congo (DRC)

**Data sources:** The project will draw on comparative case studies of social accountability programmes in Indonesia, DRC, and Cambodia, where primary data will be collected to complement existing research and evaluation, as well as, secondary cases in Uganda, Malawi and Peru.

**Policy relevance:** A strengthened middle-level theoretical framework should provide policymakers with the capacity to make more evidence-based decisions about the implementation of social accountability interventions, particularly in relation to efforts to scale up these interventions in the health sector. In unpacking sub-theories of change, the research seeks to overcome a zero-sum battle between potentially rival theories to better inform practitioner and policy-maker bets in the health sector; towards different pathways that may work in different settings and interrogating the potential transferability of each pathway to scale (Masset and White, 2019). The team's current thinking, based on the review of the evidence so far, is that, for reformers, each pathway may be a better bet to scale in different contexts or at different moments of time in these contexts. For donors, different combinations of these sub-theories may make up a more promising portfolio.