Equity-Focused Evaluation Tool for Social Innovations in Health

Name/s of evaluator/s: Date of evaluation:

Organization of evaluator/s:

Purpose or objective/s of the evaluation:

Part 1: Overview of the Social Innovation in Health

A. General Information

Name of the innovation:	
Implementing organization:	
Implementing partner/s, if any:	
Site/s of implementation:	
Annual budget and fund source/s for the innovation:	
Beginning and timeline of implementation (Start date, Years in operation)	
Stage of the innovation:	[ ] **Early** (*An early-stage health social innovation is in its formative or pilot phase, where ideas are being tested on a small scale. Resources, staffing, and governance structures are still emerging, and integration with the broader health system is minimal.)*

	[ ] **Middle** *(A middle-stage health social innovation has moved beyond initial testing and is in a period of structured growth and refinement. The innovation operates across multiple sites or communities, with more formal management, diversified funding, and early policy or institutional engagement.)* [ ] **Mature** *(A mature health social innovation is fully established and embedded within health systems, policies, or standard practice. It demonstrates sustained impact, stable resources, and institutional support, often backed by strong evidence of effectiveness and cost-efficiency.)*

B. Innovation Overview

<table>
<tr>
<td>Problem</td>
<td>What is the problem that the innovation seeks to address?

Does the problem disproportionately affect certain population groups? How?

You may use the PROGRESS-Plus characteristics outlined below to identify the affected population groups or community members. Check all characteristics that are relevant to the innovation and provide a brief description or the measurement of the gap.
<table>
<tr><th>PROGRESS-Plus factors</th><th>Description/measurement of the gap</th></tr>
<tr><td>● Place of residence</td><td></td></tr>
<tr><td>● Race/Ethnicity/Culture/Language</td><td></td></tr>
<tr><td>● Occupation</td><td></td></tr>
<tr><td>● Gender</td><td></td></tr>
<tr><td>● Sex</td><td></td></tr>
<tr><td>● Religion</td><td></td></tr>
<tr><td>● Education</td><td></td></tr>
<tr><td>● Socioeconomic status</td><td></td></tr>
<tr><td>● Social capital</td><td></td></tr>
<tr><td>● Disability</td><td></td></tr>
<tr><td>● Age</td><td></td></tr>
<tr><td>● Others</td><td></td></tr>
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<tr>
<td>Context</td>
<td>What key contextual factors surrounded the problem and the innovation? (Geographic, political and economic, sociocultural, health system)</td>
</tr>
</table>

Objectives or Intended Outcomes	What are the stated objectives or intended outcomes of the innovation? ● *Start with broader overall goals and continue to sub objectives, if any*
Key Features and Activities	How does the innovation contribute to its intended outcomes? What are its key activities? What are the key features that make this innovation novel? ● Describe the process of designing, implementing and managing the innovation. ● Who are the stakeholders involved and what are their roles?
Key Accomplishments	What key results have been documented so far?

Optional Deep Dive

B. Innovation Overview

Innovation Logic Model Ask for the objectives of the SIH and for a copy of the SIH's program logic model. This can be a Theory of Change (TOC), a Results Framework, a Logical Framework (logframe), or similar documents. ● If there are no such documents, go to the next section. ● If such documents exist, attach or paste the document. In addition, provide a brief description of the program logic model.	
Innovation Logic Model – Questions *This question is intended to surface the explicitly defined objectives of the innovation*	
Inputs:	What resources were needed to set up and implement the innovation? ● Who are the members of the innovation team and what are their roles? ● What training or informational materials were produced and used? ● What physical and digital materials are used? ● What were the initial costs associated with setting up the innovation? ● What are the actual or projected operating costs?
Activities:	What were the major activities or workflows of the innovation? ● Who were the stakeholders that were engaged to conduct these activities? ● Were there key adaptations to or deviations from the initial plan?
Outputs:	What were the outputs or results of these activities? If multiple activities, begin with the earliest through to the end. ● What were the immediate results of these activities? ● What did participants to these activities gain, if any?
Outcomes and Impact:	How were the primary end users affected by the innovation? ● Were there impacts on: ○ health behaviors, ○ material conditions, ○ access to services ○ social cohesion (trust, cooperation in the community) ○ other relevant outcomes, if any

Monitoring and Evaluation:	Can you describe the system for monitoring and evaluation, if any? ● What was the role of the stakeholders, including end-users, in monitoring and evaluation? ● What is the system for iteration/improvement of the SIH?

Part 2: Scorecard

This scorecard is designed to guide a reflective conversation with social innovators about the different aspects of their innovation. It is composed of four domains which are further divided into blocks. Each block has a set of criteria with a scoring guide.

To accomplish the scorecard, the social innovation team should gather for a facilitated group discussion. The facilitator and social innovation team will review and discuss each criterion together and collaboratively decide on a score along the **0,1,2** spectrum, using the descriptions provided. The process is meant to be participatory, with both facilitator and participant contributing to the final assessment.

There are also *Optional Deep Dive* items proposed for each of the Domains. Evaluators and innovators may choose to go over them if applicable to the purpose of the evaluation and the stage of their innovation.

Domain 1	Domain 2	Domain 3	Domain 4
Social Innovation Characteristics and Mechanisms	**Implementation Outcomes**	**Health and Development Impact**	**Health Equity Gains and Sustainability**
Equity-centered and Holistic	Accessibility of Services and Resources	Health Outcomes and Impact	Access Equity
People- and Community-centered Design	Utilization of Services	Development Outcomes and Impact	Outcome Equity
Context Responsiveness / Local Adaptation	Acceptability and Quality	Quality of Life	Empowerment and Agency
Engagement and Co-creation	Knowledge and Behavioral Change	Unintented Negative Outcomes	Structural Change
Innovativeness and Technical Rigor			Sustainability
Organizational Capacity			
Addressing Power Dynamics			

Domain 1: Social Innovation Characteristics and Mechanisms

Review each scorecard item together and come to a consensus: Where does the intervention fall on this spectrum?

Item	*Score 0*	*Score 1*	*Score 2*	*NMI*	*N/A*	*Score*	*Remarks/Comments*
A. Equity-centered and Holistic: *Deliberately targets health equity challenges by focusing on marginalized populations and the structural issues driving disparities. It prioritizes the needs, perspectives, and well-being of communities, ensuring solutions are relevant, acceptable, and responsive to lived realities. At the same time, it takes a holistic view, addressing interconnected factors and root causes—including social determinants of health—to foster meaningful change.*							
A1. The intervention explicitly identifies inequities or marginalized groups as a core target population such as those defined in PROGRESS-Plus	*No mention of inequities or population disparities in the intervention*	*Marginalized or disadvantaged groups are acknowledged or prioritized, but equity actions are not clearly monitored.*	*Innovation explicitly prioritizes disadvantaged or marginalized groups, and monitors progress toward health equity.*	*Needs more information*	*Not applicable to this innovation*		
A2. Disparities are quantified or documented using equity disaggregated data	*No disaggregated data are used, and disparities between population groups are not documented.*	*Some subgroup differences or baseline disaggregated data are noted to identify disparities, but these are not systematically tracked or reported over time.*	*Disaggregated data are consistently used to document and monitor disparities across disadvantaged or marginalized groups, with results tracked and reported over time.*	*Needs more information*	*Not applicable to this innovation*		
A3. The design includes framing and addressing the root causes of the health issue and not just effects	*The innovation addresses symptoms or individual behaviors only, without integrating structural or systemic causes (e.g., focuses solely on service delivery or downstream interventions).*	*The innovation acknowledges upstream or structural issues and includes some efforts to align or integrate them, but these remain limited or not fully operationalized in the design or implementation.*	*The innovation is explicitly shaped by an understanding of root causes and systemic drivers (e.g., policy, social, or institutional factors) and aligns upstream reforms with downstream service delivery to address them in a coordinated way.*	*Needs more information*	*Not applicable to this innovation*		

A4. The innovation is informed by and contributes to addressing systemic and social determinants of health.	*The intervention is disconnected from systemic or social determinants of health, with no mention or consideration of these factors in its design, framing, or evaluation.*	*Social determinants are acknowledged and may inform some aspects of the intervention, but they are not systematically or meaningfully incorporated into design, implementation, or monitoring.*	*Addressing systemic and social determinants of health is central to the innovation's design and strategy, with multiple, interconnected determinants (e.g., economic, political, social) embedded in implementation, monitoring, and evaluation to support lasting structural change.*	*Needs more information*	*Not applicable to this innovation*		
B. People- and Community-Centered Design: *Understanding human needs and how design can respond to these needs. This enables practitioners to channel their creativity into transforming perspectives, encouraging peers, and building community and relationships to change the status-quo.*							
B1. The innovation is designed with and responsive to the needs and perspectives of the people it serves (people-centeredness)	*The innovation is designed without consideration of the needs, preferences, or perspectives of the people it serves.*	*The innovation incorporates some input from users or communities. User needs inform certain aspects, but not the overall design or delivery.*	*The innovation is designed and implemented with active consideration of the needs, preferences and perspectives of the people.*	*Needs more information*	*Not applicable to this innovation*		
B2. The innovation is designed with understanding of local socio-cultural dynamics, with the community values, needs and preferences identified and prioritized	*The innovation shows no meaningful attention to cultural, linguistic, or social context, and there is little or no effort to understand or incorporate community needs.*	*The innovation demonstrates some awareness of community context or needs, often informed by basic engagement, secondary data, or partner input, but community perspectives have limited influence on design or implementation decisions.*	*The innovation is co-created and implemented with direct community involvement, including ongoing feedback mechanisms that guide decisions and ensure alignment with local values, practices, and social dynamics.*	*Needs more information*	*Not applicable to this innovation*		
C. Context Responsiveness / Local Adaptation: *Recognizing that solutions must be tailored to and appropriate for the unique circumstances, resources, and socio-cultural aspects of a particular setting to be effective.*							

C1. Adaptation to existing community systems or service infrastructure	*The innovation conflicts with or bypasses existing community systems, infrastructure, or service pathways, showing little or no coordination with local structures.*	*The innovation shows some alignment or adjustment to local workflows, delivery channels, or referral systems, but integration is loose or incidental and feedback from community systems is minimal.*	*The innovation is well integrated with community institutions and service pathways, featuring mechanisms for regular feedback and responsiveness that strengthen coordination and sustainability within existing structures.*	*Needs more information*	*Not applicable to this innovation*		
C2. Takes into account available local resources (human, material, financial)	*The intervention relies primarily on external resources or expertise, with little or no involvement of local personnel, institutions, or community-based resources.*	*The intervention draws on some local human, material, or financial resources, but these are not central to implementation and external support remains dominant. involvement of local personnel or informal resources*	*The intervention is locally led and sustained, with local capacity and resource networks forming the backbone of implementation and strong reliance on indigenous or existing systems and expertise.*	*Needs more information*	*Not applicable to this innovation*		
D. Engagement and Co-Creation: *Active and meaningful participation of key stakeholders, built on trust, relationships, and genuine involvement. It emphasizes co-ownership and co-creation through shared responsibility and value creation. This process involves the collaboration of diverse sectors such as government, private sector, civil society, and academia, to leverage collective expertise and resources.*							
D1. Stakeholders, including target population/end users and community members, are involved beyond consultation (i.e., not tokenistic) and influence design or decision-making processes	*Stakeholders are not engaged or only minimally consulted, with no real involvement or influence in design or decision-making processes.*	*Stakeholders participate meaningfully in some aspects of design or decision-making, but not throughout all key phases of the innovation or governance structure.*	*Stakeholders are fully integrated into governance and decision-making, with co-leadership structures, representation, or coalitions that influence most or all aspects of the innovation.*	*Needs more information*	*Not applicable to this innovation*		
D2. Involves appropriate sectors not traditionally associated with the health sector	*The innovation is limited to the health sector, with no or minimal engagement of other sectors in design, planning, or implementation.*	*One or more sectors beyond health are engaged, and some coordination occurs, but partnerships remain informal or loosely structured*	*Multiple sectors are actively engaged and coordinated through formalized partnerships, shared resources, and a common vision, with clear processes*	*Needs more information*	*Not applicable to this innovation*		

		without clear shared processes or accountability.	*and interfaces between partners.*				
D3. There are efforts to build local capacity to manage the innovation	*There is no evidence of systematic training or support for building local capacity or leadership; activities, if any, are minimal or one-off.*	*Training or technical support is provided, but it is short-term, externally driven, or not sustained over time to strengthen local leadership or ownership.*	*Ongoing, institutionalized capacity-building efforts are in place, led or co-led locally, with continuous support for developing leadership and technical skills within the community or system.*	*Needs more information*	*Not applicable to this innovation*		
E. Innovativeness and Technical Rigor**:** *Development and application of new ideas, approaches, or solutions that are distinct from existing practices, while being grounded in evidence, proven methodologies, and financial feasibility. It reflects both the creativity of the innovation and the capacity of the implementing organization to effectively manage and sustain it, ensuring effectiveness and long-term impact.*							
E1. The innovation uses a creative design or method that is different from the usual ways of solving the problem	*The intervention replicates existing solutions or makes only superficial changes, showing little to no creative adaptation or new design elements.*	*The intervention demonstrates some noticeable technical or conceptual differences from existing approaches, showing creative elements in certain components or phases but not across the full design.*	*The intervention introduces a clearly new or uniquely conceived approach, with distinct methods or concepts that represent significant creativity or disruption relative to existing solutions.*	*Needs more information*	*Not applicable to this innovation*		
E2. The innovation is technically-sound, uses tested methods, and has results or evidence showing they work	*The innovation lacks credible evidence or data supporting its effectiveness. Any existing evidence is, informal, or not rigorously tested, providing low confidence in technical soundness.*	*The innovation shows some pilot or case-level evidence of partial effectiveness, or demonstrates alignment with accepted technical or industry standards.*	*The innovation is supported by robust internal or external evaluations, with consistent, validated findings of effectiveness across multiple settings or through high-quality studies.*	*Needs more information*	*Not applicable to this innovation*		
F. Organizational Capacity: *Pertains to the ability of an organization to obtain, absorb and manage tangible (financial, physical, technological, and informational) or intangible (i.e., related to human capital: reputation, experience, expertise, knowledge, connections) resources effectively.*							

F1. Able to maintain sufficient staff or partners with technical, operational, and management skills	*Severe gaps in skills or capacity among team or partners*	*Some key skills present in the organization, but major roles are usually unfilled or under-resourced*	*Key functions are usually covered with adequate internal staff or partners that have appropriate training but have concerns with staff turnover*	*Needs more information*	*Not applicable to this innovation*		
F2. Able to mobilize financial and material resources and properly utilize and manage mobilized resources	*The innovation has inadequate or poorly managed financial and material resources, or available funding is fragmented and not aligned with operational needs.*	*Resources are mobilized for specific projects or activities, with limited core funding and basic financial controls that do not yet ensure long-term stability.*	*The innovation has diversified, sustainable funding sources that cover core functions and are supported by standard financial controls and strategic financial oversight.*	*Needs more information*	*Not applicable to this innovation*		
G. Addressing Power Dynamics: *Actively working to recognize and reduce inequities in power, voice, and decision-making among stakeholders involved in the innovation. This involves shifting control towards marginalized groups and ensuring more equitable participation and influence over outcomes, especially through fundamental and sustained changes to the underlying structures, policies, and practices that perpetuate existing problems.*							
G1. Marginalized groups have equitable representation and participation in the innovation process (design, planning, leadership, governance, monitoring, and evaluation)	*Marginalized populations are absent or only symbolically represented, with no meaningful role or influence in decision-making, planning, or implementation.*	*Marginalized groups are included in certain implementation activities, but their input or decision-making power remains limited.*	*Marginalized populations hold formal, regular, and influential roles in the innovation's planning, decision-making, and implementation, ensuring their perspectives are structurally integrated into processes and leadership.*	*Needs more information*	*Not applicable to this innovation*		
G2. Power imbalances are surfaced and discussed	*Power imbalances are unacknowledged, ignored, or only discussed after problems emerge, with no systematic effort to address them.*	*Power differences are identified or discussed during planning or implementation, but tools or processes to address them are limited.*	*Power imbalances are regularly assessed, monitored, and addressed using participatory tools and reflection processes, ensuring equity and inclusion are maintained throughout implementation.*	*Needs more information*	*Not applicable to this innovation*		

Optional Deep Dive for Domain 1: Social Innovation Characteristics and Mechanisms

Item	Score 0	Score 1	Score 2	NMI	N/A	Score	Remarks/Comments
A. Equity-Centered and Holistic							
Innovators use systems thinking or complex adaptive systems logic	*The intervention follows a linear logic and does not acknowledge system complexity or interconnections among factors.*	*The intervention references or applies basic systems-thinking concepts (e.g., interactions, causal maps, or feedback loops), but systems logic is not fully embedded in design or decision-making.*	*Systems thinking shapes the intervention's overall design, structure, and adaptation, with systemic and adaptive logic embedded across program elements and continuous learning built in.*	*Needs more information*	*Not applicable to this innovation*		
D. Engagement and Co-creation							
Individuals or groups gain access to information that enables decision-making	*Lack of access to clear, timely, or actionable information needed to guide activities or make informed choices.*	*Some relevant information is shared and supports limited decision-making, but access is partial, irregular, or lacks sufficient detail or timeliness for broader use.*	*Information is shared transparently and regularly, providing clear, timely, and comprehensive data that enable informed, autonomous, and accountable decision-making.*	*Needs more information*	*Not applicable to this innovation*		
There is mutual trust and sustained relationship-building between the community and the proponents of the innovation	*There is little or no evidence of trust-building, and relationships among actors are weak, sporadic, or absent.*	*Some efforts are made to build trust and maintain relationships, but engagement is irregular, informal, or lacks continuity across stakeholders.*	*Trust-building is intentional, consistent, and sustained across actors, resulting in high mutual trust and strong, long-standing collaborative relationships*	*Needs more information*	*Not applicable to this innovation*		
Platforms and mechanisms for co-creation of solutions are in place	*There are no formal structures or processes for joint creation of solutions, and collaboration with stakeholders or communities is absent or purely nominal.*	*Structured co-creation activities occur in at least one phase of the innovation, but they are not sustained or institutionalized across the process.*	*Co-creation is embedded in organizational strategy and systems, with ongoing mechanisms for joint solution development across multiple*	*Needs more information*	*Not applicable to this innovation*		

			phases and stakeholder groups				

Domain 2: Implementation Outcomes

Review each scorecard item together and come to a consensus: Where does the intervention fall on this spectrum?

Item	*Score 0*	*Score 1*	*Score 2*	*NMI*	*N/A*	*Score*	*Remarks/Comments*
A. Accessibility of Services and Resources: *The innovation is available in sufficient quantity, affordable to those who need it, and practically usable without undue barriers. This includes the presence of adequate resources to meet demand, the affordability and sustainability of costs, and the ease with which individuals or groups can reach, obtain, and benefit from the service.*							
A1. Demand for health services are adequately met and supply is responsive to variations in demand (i.e. seasonal changes)	*Resources and capacity are grossly inadequate to meet regular demand, resulting in persistent service gaps or inability to respond even to routine needs.*	*Capacity generally meets usual demand but is unavailable or inconsistent during certain times or situations, and cannot fully accommodate surges or emergencies.*	*Service capacity reliably meets both normal and elevated demand, ensuring consistent availability and responsiveness even during unexpected increases in need.*	*Needs more information*	*Not applicable to this innovation*		
A2. The intervention is accessible by the intended population	*The service is unreachable for most of the target population due to distance, travel barriers, or cost, severely limiting equitable access.*	*Most users can reach the service, but access requires significant effort, delay, or expense, leaving some areas or populations underserved.*	*The service is easily reachable or locally available for nearly all target users, with only minor geographic gaps or barriers remaining.*	*Needs more information*	*Not applicable to this innovation*		
A3. Information and communication are clear and culturally appropriate	*Information is unclear, not culturally or linguistically appropriate, and inaccessible to most of the target population.*	*Clear communication materials exist for main user groups, but minorities or specific subpopulations remain underserved due to gaps in translation, adaptation, or testing.*	*Communication materials are co-designed and inclusive, ensuring clarity, cultural and linguistic appropriateness, and accessibility across all relevant user groups.*	*Needs more information*	*Not applicable to this innovation*		

A4. Facilities or platforms are easily accessed by people with disabilities or marginalized groups within the target population	*No meaningful accommodations exist for persons with disabilities or marginalized users*	*Some accessibility measures are in place (e.g., ramps, interpreters, or alternate formats), but many users or groups remain excluded*	*The innovation is intentionally designed for universal access, reflecting diverse user needs and continuous feedback, and applying inclusive design principles across all components.*	*Needs more information*	*Not applicable to this innovation*		
A5. The intervention is affordable for the target population	*Significant affordability barriers exist, with high costs that exclude large portions of the target population.*	*Costs are manageable for some users, but remain a barrier for disadvantaged or marginalized groups.*	*Costs do not prevent any group from accessing the innovation; it is affordable and financially inclusive for all intended users.*	*Needs more information*	*Not applicable to this innovation*		
A6. Financial equity measures (i.e., how affordability gaps are actively addressed) are in place to support those least able to pay	*No mechanisms exist to address financial barriers faced by low-income and marginalized groups.*	*Some targeted financial support (e.g., partial subsidies or discounts) exists, but coverage or reach is limited to certain groups.*	*Structured and sustained systems (e.g., subsidies, waivers, or sliding-scale payments) are in place to ensure equitable access for all.*	*Needs more information*	*Not applicable to this innovation*		
B. Utilization of Services: *Actual use of an intervention, service, or program by its intended beneficiaries.*							
B1. The intended population uses the intervention/service with expected regularity	*Little to no evidence of use among the target population.*	*Some portions of the target population use the innovation regularly, but coverage or adoption is incomplete.*	*Widespread, consistent use across the majority or entirety of the target population*	*Needs more information*	*Not applicable to this innovation*		
B2. Vulnerable or marginalized groups within the target population utilize the intervention/service	*No evidence of reach or engagement among vulnerable or marginalized populations.*	*At least one vulnerable group is intentionally reached, but coverage is limited across other disadvantaged populations.*	*Multiple vulnerable groups are consistently and intentionally reached*	*Needs more information*	*Not applicable to this innovation*		
C. Acceptability and Quality: *The innovation is perceived by stakeholders as appropriate and responsive to their needs, while also meeting professional standards of safety and user-centered care.*							

C1. The innovation is well-received by users, who view it as culturally appropriate and beneficial.	*Feedback is largely negative or inconsistent*	*Feedback trends more positive than negative, though some issues or mixed perceptions remain among user groups.*	*User feedback is predominantly positive, showing high satisfaction and widespread approval across user and stakeholder groups.*	*Needs more information*	*Not applicable to this innovation*		
C2. Adaptations have been made to increase acceptability based on feedback	*User concerns or feedback are not acted upon, and no meaningful adaptations have been made to improve the innovation.*	*At least one adaptation has been made in response to stakeholder or user input, but feedback use remains limited.*	*Regular and structured feedback mechanisms guide ongoing adaptation and improvement.*	*Needs more information*	*Not applicable to this innovation*		
C3. The service is safe and avoids preventable harm	*No or minimal mechanisms exist to prevent harm.*	*Standard safety practices are implemented with some effectiveness.*	*Comprehensive, proactive safety systems consistently prevent harm and maintain safe, reliable service delivery.*	*Needs more information*	*Not applicable to this innovation*		
C4. Quality is equitable	*Widespread disparities exist in quality of service, with limited or no actions to address inequity.*	*Equity goals are acknowledged and partially met, with uneven distribution of services or resources.*	*Services are delivered equitably and resources are well-optimized, ensuring fair access and consistent quality for all groups.*	*Needs more information*	*Not applicable to this innovation*		
D. Knowledge and Behavioral Change: *Individuals or groups to gain new knowledge, shift attitudes, and adopt or sustain healthier behaviors.*							
D1. Demonstrable increase in knowledge on key issues	*Little to no measurable improvement in knowledge or awareness.*	*Knowledge increases among most participants, but long-term application remains limited.*	*Extensive and lasting knowledge gains are observed, with practical application of learning over time.*	*Needs more information*	*Not applicable to this innovation*		
D2. Positive change in attitudes or beliefs	*No meaningful shift in beliefs or attitudes is observed.*	*Noticeable positive attitude shifts occur among some groups, but change is not yet widespread.*	*Positive beliefs and attitudes are broadly internalized across the community.*	*Needs more information*	*Not applicable to this innovation*		

D3. Changes in practices or behaviors (ie. adoption of new or improved practices)	*Harmful behaviors persist, with little to no evidence of adopting new practices.*	*Improved practices are adopted by some, but uptake remains limited.*	*New and beneficial practices are widely adopted.*	*Needs more information*	*Not applicable to this innovation*		

Optional Deep Dive for Domain 2: Implementation Outcomes

Item	Score 0	Score 1	Score 2	NMI	N/A	Score	Remarks/Comments
A. Accessibility of Services and Resources							
Utilization aligns with expected or planned service levels	*Utilization is significantly below planned levels*	*Utilization approaches or meets planned levels in certain sites or populations, but coverage remains inconsistent.*	*Utilization consistently meets or exceeds planned targets, including specific targets for disadvantaged groups.*	*Needs more information*	*Not applicable to this innovation*		
C. Acceptability and Quality							
Users or stakeholders perceive the innovation as relevant and appropriate	*No clear evidence of alignment with stakeholder or user needs.*	*Some user groups perceive the innovation as relevant, but alignment with broader stakeholder needs remains limited.*	*Broad agreement and strong endorsement from diverse stakeholders affirm the innovation's relevance and responsiveness.*	*Needs more information*	*Not applicable to this innovation*		
Service delivery is punctual and reduces avoidable delays	*Care is often delayed, with long wait times or access barriers that affect timely service delivery*	*Most users receive care in a timely manner, though occasional delays still occur.*	*Services are accessed promptly and efficiently, with proactive systems in place to ensure timeliness*	*Needs more information*	*Not applicable to this innovation*		
D Knowledge and Behavioral Change							
Sustained change of behavior over time (not just short-term)	*Behavioral improvements fade quickly after the intervention.*	*Behavioral changes are maintained for several months (3–6 months), but some external support or reinforcement is still needed.*	*Behavioral improvements persist beyond one year, with continued practice maintained without external prompting.*	*Needs more information*	*Not applicable to this innovation*		

Domain 3: Health and Development Impact

Review each scorecard item together and come to a consensus: Where does the intervention fall on this spectrum?

Item	*Score 0*	*Score 1*	*Score 2*	*NMI*	*N/A*	*Score*	*Remarks/Comments*
A. Health Outcomes and Impact: *Changes in health status, disease burden, morbidity, or mortality within a population due to an intervention.*							
A1. Improvement in service coverage	*No measurable improvement or less than half of intended outcomes achieved for key indicators.*	*Around 50% of targets achieved, showing partial but notable progress in desired outcomes.*	*Targets fully achieved or exceeded.*	*Needs more information*	*Not applicable to this innovation*		
A2. Improvement in treatment outcomes as intended by the innovation	*No improvement or decline in key indicators; less than half of expected results achieved.*	*About half of planned outcomes achieved, reflecting moderate but incomplete progress toward innovation goals.*	*Targets fully achieved or surpassed.*	*Needs more information*	*Not applicable to this innovation*		
B. Development Outcomes and Impact: *Progress towards broader societal goals, such as economic growth, education, poverty reduction, or infrastructure improvement.*							
B1. The innovation resulted in increased access to economic opportunities or increase in income	*No evidence of improved income or livelihood.*	*Some access to livelihood opportunities and moderate income gains observed, but uptake remains limited in scale or duration.*	*Widespread access to economic opportunities with demonstrated increases in income or self-reliance across the majority of participants.*	*Needs more information*	*Not applicable to this innovation*		
B2. The innovation resulted in strengthened social capital or cohesion	*No observable trust or cohesion, or only limited social capital within small groups (community remains largely disconnected or divided).*	*Trust and interaction are increasing among community members (observable strengthening of community bonds and emerging collective efforts)*	*Sustained levels of trust and cohesion across community sectors (collective action and mutual support are regular).*	*Needs more information*	*Not applicable to this innovation*		
C. Quality of Life: *An individual's or group's overall well-being, including physical and mental health, social relationships, and environmental factors*							

C1. Improvement in physical and mental health functioning	*No measurable improvements in health outcomes, or only minor changes observed among a few individuals.*	*Noticeable improvement in physical or mental health for most participants.*	*Clear, sustained improvements in health functioning across the target population*	*Needs more information*	*Not applicable to this innovation*		
C2. Enhanced participation in daily or meaningful activities	*No noticeable change in activity levels or ability to engage; only isolated cases of increased participation.*	*Many beneficiaries show increased participation in relevant activities or roles.*	*Majority regularly engage in valued social, work, or civic roles, showing enhanced agency in daily life.*	*Needs more information*	*Not applicable to this innovation*		
C3. Individuals report higher satisfaction with life or overall well-being	*Low or declining life satisfaction, with at most modest gains reported by a few participants.*	*Noticeable increase in self-reported life satisfaction and well-being across the target group.*	*High and lasting life satisfaction reported by most participants, with holistic and sustained improvements beyond the intervention period.*	*Needs more information*	*Not applicable to this innovation*		
D. Unintended Negative Outcomes: *Dependency, disenfranchisement and other adverse outcomes not intended by the innovation.*							
D1. Emergence of dependency on the innovator/s	*Dependency risks ignored or unaddressed, with little or no effort to build local autonomy.*	*Dependency risks recognized and some measures introduced to foster autonomy.*	*Clear strategies in place to build and sustain local autonomy, with systems designed to prevent long-term dependency.*	*Needs more information*	*Not applicable to this innovation*		
D2. Exclusion or marginalization of specific groups	*Vulnerable groups are excluded or only minimally engaged.*	*Some steps taken to reduce exclusion and engage marginalized groups.*	*Inclusive design and implementation actively engage all relevant groups, with specific safeguards to prevent exclusion.*	*Needs more information*	*Not applicable to this innovation*		
D3. Social, emotional, or cultural harm	*Significant harm or distress reported, with no or weak protective measures.*	*Harmful effects recognized and partially addressed through limited safety measures.*	*No reported harm; culturally safe, practices ensure user well-being.*	*Needs more information*	*Not applicable to this innovation*		

Optional Deep Dive for Domain 3: Health and Development Impact

Item	Score 0	Score 1	Score 2	NMI	N/A	Score	Remarks/Comments
A. Health Outcomes and Impact							
Reduction in disease incidence or prevalence	*No improvement or decline observed in key metrics; less than 50% of expected results achieved.*	*Around 50% of indicators achieved, showing moderate progress toward defined targets.*	*Targets fully achieved or exceeded, with results aligned to relevant external benchmarks*	*Needs more information*	*Not applicable to this innovation*		
Reduction in morbidity or disability rates	*No improvement or decline observed in key metrics; less than 50% of expected results achieved.*	*Around 50% of indicators achieved, showing moderate progress toward defined targets.*	*Targets fully achieved or exceeded, with results aligned to relevant external benchmarks*	*Needs more information*	*Not applicable to this innovation*		
Reduction in mortality (all-cause or condition-specific)	*No improvement or decline observed in key metrics; less than 50% of expected results achieved.*	*Around 50% of indicators achieved, showing moderate progress toward defined targets.*	*Targets fully achieved or exceeded, with results aligned to relevant external benchmarks*	*Needs more information*	*Not applicable to this innovation*		
Impact is sustained over time	*Impact not sustained post-intervention.*	*Impact persisted for up to one year.*	*Statistically significant, sustained impact (beyond 2–3 years), with equitable results across subgroups.*	*Needs more information*	*Not applicable to this innovation*		
B. Development Outcomes and Impact							
The innovation resulted in access to housing, infrastructure, or essential services (e.g. access to sources of food and clean water, education, etc.)	*No noticeable improvement in access to housing or essential services.*	*Access to housing or services improves for a significant portion of the population.*	*Broad and sustained improvements in housing or essential services, with equitable access achieved.*	*Needs more information*	*Not applicable to this innovation*		
D. Unintended Negative Outcomes							
Disruption of existing working/functional services or systems	*Innovation causes disruption or harm to existing systems.*	*Some disruption occurs but is identified and managed through adaptations or partial mitigation.*	*Disruption risks are anticipated and avoided, with the innovation strengthening or integrating into existing systems.*	*Needs more information*	*Not applicable to this innovation*		

Absence of mitigation or risk-response mechanisms	*No systematic monitoring or mitigation measures in place.*	*Mitigation plans exist and are implemented reactively.*	*Real-time monitoring and early warning systems enable timely and coordinated mitigation responses.*	*Needs more information*	*Not applicable to this innovation*		

Domain 4: Healthy Equity Gains and Sustainability

Review each scorecard item together and come to a consensus: Where does the intervention fall on this spectrum?

Item	Score 0	Score 1	Score 2	NMI	N/A	Score	Remarks/Comments
A. Access Equity: *Fair access to health services, ensuring that care is available for all, especially for groups who face the greatest health needs or barriers.*							
A1. Access to the innovation is distributed fairly across population groups, including marginalized groups within target populations	*Innovation reaches only a small portion of the target population or excludes marginalized groups.*	*Innovation is accessible and addresses key issues for the target population, but marginalized groups participate less than advantaged groups.*	*Broad access across the target population with active mechanisms ensuring equal participation of marginalized groups.*	*Needs more information*	*Not applicable to this innovation*		
A2. The innovation expands access to economic, educational, or civic opportunities	*No change in access to economic, educational, or civic opportunities, or improvements benefit only a limited number of individuals.*	*Increased access observed in at least one domain (e.g., education or employment), but not yet inclusive of all marginalized groups.*	*Multiple opportunity domains improved, ensuring inclusive and long-term access for disadvantaged groups.*	*Needs more information*	*Not applicable to this innovation*		
B. Outcome Equity: *Fair and just health outcomes across all groups, with reduced gaps between advantaged and disadvantaged populations.*							
B1. Improvements in health outcomes are distributed fairly across population groups, including marginalized groups within target populations	*No measurable improvement in health outcomes, or the innovation worsens existing inequities by benefiting only advantaged groups.*	*Health outcomes improve overall, but benefits remain uneven, with marginalized populations gaining less than advantaged groups.*	*General health improvements observed across the target population, with narrowed outcome gaps between marginalized and advantaged groups.*	*Needs more information*	*Not applicable to this innovation*		
C. Empowerment and Agency: *Individuals and groups to gain capacity and confidence to make informed choices, influence decisions, and take meaningful action to improve their own health and well-being.*							

C1. Members of the target population recognize the need to improve their health and take action to address these needs	*Most of the target population do not recognize the need to improve health and take little or no action toward it.*	*Growing recognition of health needs, with a significant portion beginning to participate, though action remains inconsistent or limited.*	*Majority actively engaged in health decision-making and activities, showing consistent action toward improving their health.*	*Needs more information*	*Not applicable to this innovation*		
C2. The innovation resulted in empowerment for local development	*No training or empowerment activities, or only one-time efforts with little lasting impact.*	*Community members use new tools and participate intermittently in development activities, but leadership remains limited.*	*Communities independently lead, manage, and sustain their own development efforts, demonstrating lasting empowerment.*	*Needs more information*	*Not applicable to this innovation*		
C3. There are visible signs of emotional or material investment by the community, strengthening co-ownership of the innovation.	*Community remains passive with little to no contribution, participation, or sense of shared ownership in the innovation.*	*Community contributes time, effort, or advocacy but still depends on external leadership for direction and decision-making.*	*Community actively pursues co-ownership, taking leadership roles and demonstrating self-driven action to sustain and expand the innovation.*	*Needs more information*	*Not applicable to this innovation*		
D. Structural Change: *Lasting shifts in the systems, policies, or power relations that shape health, addressing root causes and removing barriers so that equitable health outcomes can be sustained over time.*							
D1. The innovation has influenced or altered broader systems (policies, operating or finance models, resource flows, governance structures, etc).	*Innovation remains stand-alone or project-based, with no influences or formal links to broader systems.*	*Some advocacy for change or piloting of a structural change, but not yet formally embedded in policies or processes.*	*Documented changes in broader systems (policy, operational or finance guidelines, governance changes adopted, etc.).*	*Needs more information*	*Not applicable to this innovation*		
D2. Structural barriers to participation (such as socioeconomic inequality, discrimination, and institutional exclusion) are intentionally addressed.	*Innovation ignores or reinforces existing structural barriers, with no actions taken to mitigate systemic inequities.*	*Some targeted strategies implemented to address key structural barriers, but efforts are limited in scope or consistency.*	*Comprehensive, intentional strategies are in place to proactively remove or transform structural barriers across target populations.*	*Needs more information*	*Not applicable to this innovation*		
E. Sustainability: *The practice of designing and implementing ideas, initiatives or projects in a manner that preserves and enhances the quality of life for current and future generations by effectively designing, implementing and monitoring ecological, social and economic factors.*							

E1. There is stable resource support in terms of financial, human, material resources from the institution, donors, or other income streams	*No stable or ongoing funding; operations rely on short-term or ad hoc support.*	*Some continuity of funding or resources ensures short-term sustainability, but long-term support remains uncertain.*	*Reliable, long-term funding and resources are secured through institutional, donor, or system-level mechanisms*	*Needs more information*	*Not applicable to this innovation*		
E2. The innovation is updated and iterated to respond to changing circumstances, needs, and technology over time	*No mechanisms for adaptation, or updates made without evidence or clear rationale.*	*Innovation is adjusted periodically to respond to emerging needs.*	*Regular, proactive refinement informed by feedback and data, ensuring the innovation remains relevant and effective.*	*Needs more information*	*Not applicable to this innovation*		
E3. The innovation is embedded within existing systems—reflected in official policies and plans, and supported by clearly defined roles and responsibilities	*The innovation is absent from institutional documents, with no assigned roles, relying entirely on external actors.*	*The innovation appears in at least one formal plan or policy, with roles assigned but not fully embedded in official job structures.*	*The innovation is integrated across multiple policies or regulations, with clearly defined roles embedded in core institutional functions.*	*Needs more information*	*Not applicable to this innovation*		
E4. Mechanisms exist to avoid overdependence on external actors	*The innovation relies entirely on donors or external actors, with no clear strategy or plan for transition to local ownership or sustainability.*	*Some strategies or intentions exist to reduce reliance on external actors, but these are partial, informal, or not yet operationalized into a concrete transition plan.*	*A formal, long-term sustainability plan is in place with defined milestones and actions to increase local autonomy, reduce external dependency, and ensure continuity of operations.*	*Needs more information*	*Not applicable to this innovation*		
E5. The innovation demonstrates cost-effectiveness, affordability, or sustainable funding	*The innovation is high-cost or dependent on unstable funding, making it unaffordable or inaccessible for target users.*	*The innovation has some funding or subsidies in place, improving short- to medium-term affordability, but cost barriers or funding uncertainties remain for long-term continuity.*	*The innovation is cost-effective, efficiently managed, and sustainably funded, ensuring affordability for users and long-term financial viability through stable or diversified funding sources.*	*Needs more information*	*Not applicable to this innovation*		

Optional Deep Dive for Domain 4: Health Equity Gains and Sustainability

Item	*Score 0*	*Score 1*	*Score 2*	*NMI*	*N/A*	*Score*	*Remarks/Comments*
D. Structural Change							
The innovation demonstrates potential for long-term, sustained transformation	*Change is limited and unsustained, with little evidence of spread or long-term continuation beyond the initial intervention.*	*Changes maintained within the project scope, though not yet system-wide.*	*Sustained and embedded transformation evident at broader levels, potentially integrated into regular practice or policy.*	*Needs more information*	*Not applicable to this innovation*		

Part 3: FGD with End Users and Other Stakeholders

This section provides a focus group discussion (FGD) guide to gather the perspectives of key stakeholders, including end users, on how and why the innovation contributed (or not) to health equity in a given context. This is meant to help triangulate and validate the information gathered from the scorecard as well as to document nuances and contextual information.

The following are the proposed FGD participants:

- Group 1: End users
- Group 2: Other stakeholders such as
    - Implementing partners
    - Public officials
    - Non-end users in the community

The facilitator will begin by asking the core questions and follow up with questions under the suggested probing questions column.

Core Questions	Suggested Probing Questions	Notes
1. Can you describe the health situation in the community before the innovation started?	Note: Frame in the context of the health issues the innovation being evaluated is trying to address: ● What were the health services available before the innovation? ● What factors helped or made it harder for you to access these services? ● What were the other issues/challenges in the community before the innovation? ● What do you think were the reasons for these problems? ● Were certain groups facing more difficulties? ● Were there any barriers specific to marginalized or vulnerable groups (e.g., distance, gender, disability, or income)? ● What actions were already being taken to address the health issues/s?	
2. How did the innovation engage you and/or other stakeholders?	● Were you or the community involved in shaping or supporting the intervention? How? ● To what extent did you or the community have a meaningful role in decision-making about the innovation? ● Was your feedback collected throughout the innovation process? If feedback was collected, were any improvements or changes made as a result?	
3. How was the experience using the innovation?	● Do you think the innovation was relevant to your needs and local context? How so? ● In your opinion, who do you think did the innovation aim to help? Who else do you think should have been included among the target end users? ● Were there any groups that were excluded or felt left out of the innovation? Why do you think that happened? ○ What specific barriers might have prevented these groups from participating or benefitting? ● What do you think makes this approach different from existing practices?	

4. What changes can reasonably be attributed to the innovation, if any?	• What new activities or improvement in services were delivered as a result of the innovation? • How did people's behavior change (e.g., more clinic visits)? • Did you notice any changes in trust, cooperation, or unity among community members? Please describe or cite examples. • Did you notice any negative effects during the implementation of the innovation? Could this be attributed to the innovation? Please describe or cite examples.	
5. How can the innovation be improved? How can the positive effects/benefits be sustained?	• How was the innovation updated and iterated to respond to changing circumstances, needs, and technology over time? • Are there policies, funding, resources, or processes that support long-term stability and adaptation over time? Please describe or cite examples. • What do you think is needed to sustain the innovation and the result? • Do you have suggestions to make the application more sustainable?	
6. How did the innovation influence your health and other aspects of your daily life?	• Are there improvements in physical or mental health, safety, comfort, or overall life satisfaction? Please describe or cite examples. • Does it affect other social and economic aspects, like livelihoods, access to housing, or essential services? How so? • Do you think these positive changes will continue?	
7. Which groups of people benefitted from the innovation? Which groups did not?	• Who did the innovation reach or benefit? Who did it not reach or benefit? • In what ways did the innovation help individuals or communities?	

Part 4: Synthesis and Recommendations

This section will synthesize the evaluation findings to help draw a conclusion about the innovation's contribution to health equity and develop priority recommendations. In analyzing the evaluation findings, consider the innovation's current stage and contextual factors that shaped its outcomes.

A. Synthesis

1. What do specific scorecard results, stakeholder insights, and community-reported changes show about the innovation's effects on target and marginalized groups, particularly for health outcomes and inclusion?

    - Are there any significant inconsistencies between the scorecard results and the feedback from end users and other stakeholders? What could be the reasons for these?

2. Based on the scorecard's results (i.e., "strong" and "weak" points), what key aspects in the innovation's design and implementation process – including any key adaptations – directly address or influence health equity gaps?

3. What are the most significant unintended consequences, both positive and negative, on health equity that were observed during the innovation's implementation?

4. Based on the gathered evidence, what clear conclusion can be made regarding the innovation's contribution to health equity? (i.e., Is the innovation working to solve the identified health equity problem? Are the gains of the innovation shared across population groups, including marginalized or disadvantaged groups within the target population? Which groups?)

    - What specific areas require further study, investigation, or evaluation to better understand the innovation's equity impact and how it can be improved?

5. Are the observed health equity gains likely to be sustainable given the current context and institutional support? If not, what support mechanisms may be necessary to sustain these health equity gains?

B. Recommendations

Based on the evaluation findings, what are the priority recommendations for improving the innovation to strengthen and sustain its impact on health equity?

Suggested specific guide questions to organize the recommendations:

- **Design:** How can the innovation's objectives, logic model, and overall design be improved to intentionally target needs of marginalized communities and address the root causes of health inequities?
- **Implementation:** What aspects can be improved to make the implementation process more inclusive, ensuring meaningful participation and equitable outcomes?
- **Monitoring and Evaluation:** How can the monitoring and evaluation system be enhanced to consistently measure and report on the innovation's progress in reducing health disparities and promoting social inclusion? *(E.g., use of disaggregated data, feedback loops, adaptation mechanisms)*
- **Sustainability and Scale-Up:** What recommendations are crucial for ensuring the innovation's equity gains are sustainable and can be scaled to benefit more areas and marginalized populations in the long term?