

Social Innovation Case Documentation Guidance 2023

Commissioned by: Pan American Health Organization

Created & written by: Dr Lindi van Niekerk (PhD, MBChB, MSc)

Images designed by: Chembe Collaborative

With input from: Dr Jackeline Alger (PhD)

The purpose of this document is to guide innovators, journalists, or researchers who wish to document social innovation strategies such that a) research questions can be identified & b) social innovations can be promoted.

Table of Contents:

PART 1: BACKGROUND	2
Understanding Social Innovation	2
The Purpose and Approach of Case Study Documentation	4
Framework for Social Innovation Documentation	5
Practicalities of Case Documentation	5
Post-documentation Case Research and Peer-review Published Case Studies.....	6
PART 2: CASE DOCUMENTATION OUTLINE	7
Section A: Context.....	7
Section B: The Project at a Glance	8
Section C: Understanding the Social Innovation Strategies	9
Section D: Impact on Health Equity	14
Appendix 1	15
References.....	16

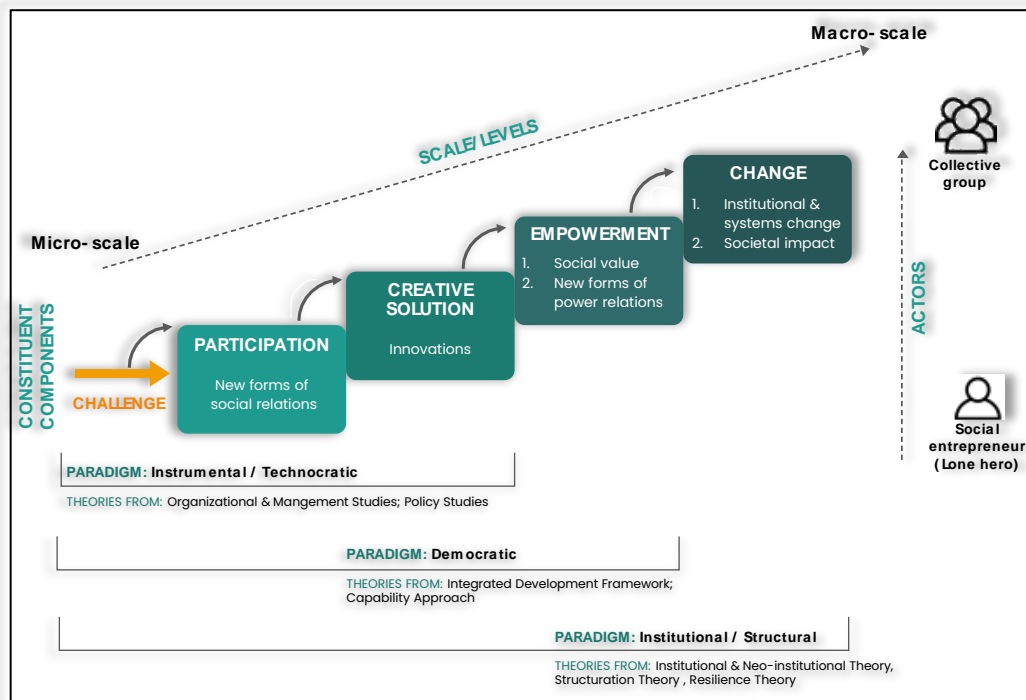
PART 1: BACKGROUND

Understanding Social Innovation

Social innovation is a term that has been used since the 1800's and has continued to persist and increase in popularity in the past 30-40 years. Historically, social innovation and social innovators were associated with social reformers and radicals – people who wanted to overcome the social order, privilege, and engrained institutions. In more recent years, social innovation has become regarded as an alternative to technological innovation, due to the limitations technological innovation holds to produce lasting social change and adequately address the root or systemic causes of social failures.

There exists no single agreed-upon definition for social innovation (See Appendix, Table 1) and social innovation can be understood based on different paradigms. The instrumental paradigm regards social innovation as a solution (a fix) to social challenges but does not account for the human component in bringing about the exchange. The democratic or institutional paradigm of social innovation extends the understanding to regard the solution as merely being a means to improve social relations, enhance the empowerment of previously marginalized people and achieve transformation through shifting the engrained institutional dimensions of systems. See Figure 1 below.

To learn more, read the scoping review: [The Application of Social Innovation to Healthcare \(9\)](#)



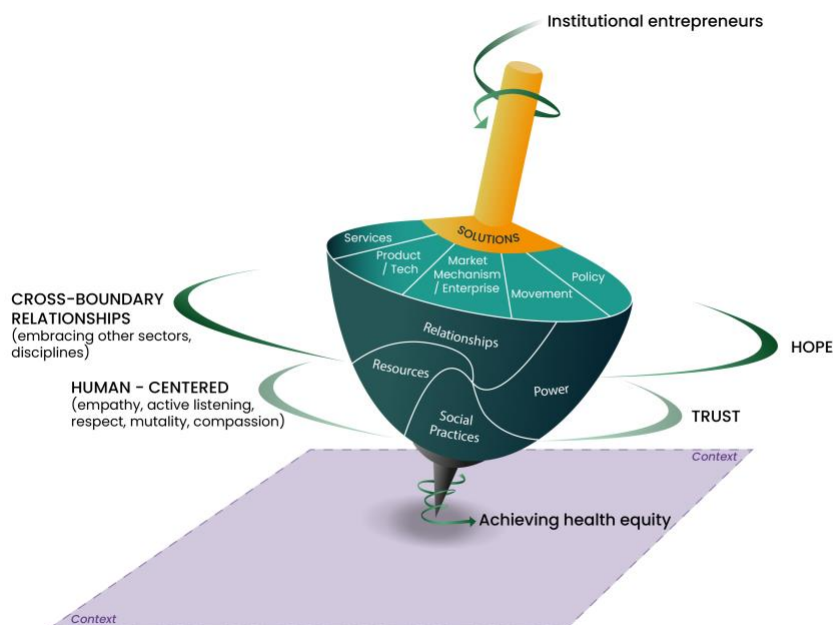
Credit: van Niekerk, L (9)

As the health system is extensive, comprised of multiple actors operating at different levels and in different dimensions, the nature of challenges that persistently hinder equitable care, are not simple, technocratic or one size fits all. Science has achieved remarkable breakthroughs with the capability to extend and improve human life. Yet, the complex challenges that persist are due to the human and

institutional factors hindering health systems. Social innovation in health, thus requires adopting a democratic/institutional paradigm and deepening our understanding of solutions with the potential to shift and transform systems. Systems innovation is thus at the heart of social innovation solutions. This is the contribution that social innovation could bring to public health practice.

To achieve systems transformation, research has shown social innovation solutions bring about change in four dimensions:

- **Relationships** – strengthen the quality of the relationship or fostering new relationships among actors across hierarchies, disciplines, and sectors. These relationships create a stronger carrying capacity and resilience to withstand challenges and result in a positive organizational culture (fertile ground) in which solutions can flourish.
- **Power dynamics** – shifts the power structures such that there is more opportunity for participation and decision-making by users, communities and people otherwise excluded. New roles by which services or care is implemented will be established and local autonomy of solutions will be enhanced.
- **Resource flows** – unlocks new resources where scarcity is present through the inclusion and participation of different actors or sectors, or reallocating existing resources to achieve the outcome more efficiently.
- **Social practices** – not merely improving but creating a new vision and approach for how health can be achieved in a way that is more equitable and just.



For case documentation, the following two definitions of social innovation are most appropriate and applicable to social innovation in health:

“Social innovation is a complex process of introducing a new program, policy, procedure, process and/ or design (that seeks to address a systemic health challenge) that profoundly change basic routines, resource and authority flows, beliefs (cultural values) of the system (that created the problem in the first place) in which the innovation occurs” [Westley & Antadze 2011]

“Social innovation is an agentic, relational, situated and multilevel process to develop, promote and implement novel solutions to social problems in ways that are directed toward producing profound change in institutional contexts.” [van Wijk et al, 2018]

The Purpose and Approach of Case Study Documentation

i. Purpose

The Social Innovation in Health Initiative (SIHI) has been documenting social innovations since 2015. When this process started, very little was known about social innovations in health, and thus the goal was to identify whether they indeed exist and to describe the identified innovations.

Over the past 8 years, a great deal of progress has been made and 40+ cases have been documented across Africa, Asia, and Latin America. The future focus is thus no longer to describe cases but to **analyze, synthesize, and compare learning**, such that this knowledge can be used to a) strengthen and practically enhance the operation and b) implementation of global health programs worldwide, and that it can contribute to the global evidence base on social innovation in health.

When first identifying a social innovation in health, the documentation process is a very helpful intermediary step that would help you to:

- a) Gain a more comprehensive understanding of the different dimensions of the social innovation project, in a short period of time.
- b) Identify which aspects of this project is remarkable and could contribute to strengthening public health programs in your country, regionally or global health – these aspects would warrant further research.
- c) Help develop key promotional materials (blogs, films, video essays, podcast audio form discussions, short case reports) that could support the sustainability, scalability and integration of social innovations.

ii. Approach to Case Documentation

When considering embarking on a process of documenting a social innovation case, it is very important to not forget the principles that are inherent in social innovation such as participation, inclusion, co-creation, and co-production.

So much health knowledge to date has been produced in a top-down manner, with investigators imposing on settings, collecting only select data from people, and not acknowledging participants in the final outputs.

The process of social innovation documentation is grounded on alternate values:

- Participation – Involve innovators in identifying the questions and shaping the inquiry and as a documentarian, participate in the activities of the innovation to also gain your own lived experience.
- Amplify – The role of the documentarian is to amplify social innovation work and not reduce its capacity. Lessons learned whether positive or negative, could serve as constructive input to strengthen and enhance the innovation.
- Co-creation and Co-production – The final output should be the product of collaboration. Sharing your observations and reflections with the social innovation team will help strengthen the analytical potential of the work. Through bi-directional sharing and analyzing different perspectives and lenses can be leveraged to lead to more robust outputs. At the end of the

documentation process, both the documentarian and the innovation team should feel that they have enhanced their knowledge.

- Recognizing practical implementation knowledge – Create opportunities for practical implementation experiences to be shared and capture this in different formats eg. blogs, videos, and podcast talks.

Framework for Social Innovation Documentation

You will be using the framework in Figure 1 to structure your case documentation process. Within each of the sections, existing tools or new tools have been added to make it easier for you.

Practicalities of case documentation

Preparation:

Preparation is key ahead of a field visit to an innovation project:

- Review Part B and decide which information you may be able to gain ahead of your visit. You can find this information by reviewing local data sources, policy documents, and project documents.
- We highly recommend a virtual interview with the project/organization lead ahead of your visit in order to complete (a) the relationship map and (b) the power map. This will be very beneficial to help you identify with which actors you want to schedule time during your visit.
- Scheduling is key and you should plan your visit thoroughly. The visiting project/organization may want to show you many aspects and make you attend many official meetings. Although these are important courtesies, you should ensure that you balance your visit time allocation. We recommend 50% time for 1-1 or small focus group interviews; 30% time to observe the work happening; 20% for official courtesy visits.
- Interview question preparation – the questions provided in Part B are questions to guide your observations and reflections, but they are not intended to be asked of the visiting project directly. It would be important to use your own skill and understanding of the setting and project, to best craft and prepare the questions you will ask, and to decide to whom which questions may best be directed.

The visit:

- The intention is that this documentation process could take place over 2 days on-site with the innovation project.
- The main methods you will use are interviews but do not discount the value of your observations. We suggest that you make sure that you capture both in a structured and systematic way. Ask if you are allowed to use your phone to make audio recordings of all your interviews. To document your observations, we suggest you use a camera and take photos (always ask permission first). At the end of every day, also use a notebook to write down your observations.
- Reflection – at the end of every day, spend some time reflecting on what you heard and saw during the day. Write down the key things that surprised you in positive or negative ways, note down any questions you may have for the next day and reflect on your own interpretation – you would want to check any assumptions you may have made.

After the visit:

- Review your interview recordings (or transcripts) and your observational notes and photos. Go through the guidance in Part B and complete it.

- If you find that you may have missed anything, schedule a follow-up interview with the project lead.
- If you feel uncertain, it is helpful to discuss your findings with a colleague.
- Write the final brief case report – +/- 4 pages in total, and any accompanying co-authored blogs you may have envisioned.
- Be sure to give the the innovation team an opportunity to review what you have written.
- Once everyone agrees with the case document, be sure to submit this, alongside any photos to the SIHI website.

Post-documentation case research and peer-review published case studies.

As mentioned before, the documentation process will help you identify research questions which could guide a further rigorous study. The main focus of further research is to move beyond the description or documentation of a case, to an analysis of how and why things may be the way you observed it, and to understand the deeper underlying factors and dynamics responsible for them. To do case study research, you will identify a single phenomenon you would like to investigate - it could be a deep analysis of this phenomenon in one innovation project, or identifying a phenomenon that could be researched and compared across 3 similar cases in different settings.

An analytical case research lens helps to:

- Identifying and understanding the strategies that have made the innovation successful in achieving impact.
- Understanding the contextual factors that are key for social innovations to flourish, especially if replication or scale to other settings are considered.
- Understanding the evolution of social innovations over time, and analyzing key windows of opportunities, actions and actors responsible for these.
- Assess the impact of social innovation on key health priority areas eg. health equity.
- Build on the knowledge that is already known in previous SIHI cases, such that certain phenomena could be better understood or compared across contexts.

Remember: all formal research requires a research protocol and approval from your local ethics committee. Be sure to apply for this before you embark on research.

Following your research, you could write a peer-review paper on your case study. Here are some examples from previous SIHI case studies to consider.

- A Social Innovation model for equitable access to quality health services for rural populations from Sumapaz, a rural district of Bogota, Colombia. (15)
- From idea to systems solution: enhancing primary care in Malawi. (16)
- Integrated vector control of Chagas disease in Guatemala: a case of social innovation in health'. (17)
- Innovations in maternal and child health: case studies from Uganda. (18)
- Paper – 'Social innovation in diagnostics: three case studies'. (19)

PART 2: CASE DOCUMENTATION OUTLINE

Below, an outline is provided of the structure of the case that you will be documenting.

Section A: Context

This section focuses on assessing the health inequalities of the target population and then formulating the problem statement that the innovation is trying to address.

CONTEXT: Health inequities of the target population (20)	<i>Identify the inequities that may be experienced and which are responsible for the challenge the innovation is attempting to solve. Where available, provide data.</i>
GENERAL CONTEXT	
Health policies	How is the target populations' health accounted for in local health policies
Socio-political factors	List any factors which is important for the reader to be aware of in terms of the socio-political or environmental landscape.
Cultural factors	What cultural factors are influencing the health / health beliefs of the target population?
Environmental factors	What environmental factors are influencing the health of the target population
SOCIO-ECONOMIC POSITION	
Educational level	What is the educational level of the target population and how does that influence their health? (schooling and literacy)
Income level	What is the income level of the target population and how does that influence their health? [If data is available, what % live \$2/day]
Occupational class	What is the occupational class of the target populations?
HEALTH DETERMINANTS	
Health behaviours	What health behaviours may be positively or negatively influencing the target population's health? (eg. smoking, alcohol, physical inactivity, nutrition)
Living conditions	What are the general living conditions and how do they influence the target population's health? (physical conditions eg. housing quality, air quality & social living conditions e.g social support, violence etc)
Working conditions	What are the occupational activities of the target population and how does that influence their health?
Access and use of health services	How accessible are health services and what barriers influence the use of services? (consider: geographic access, financial access, quality of services)
HEALTH STATUS	
Mortality	What are the leading causes of death?
Disease	What are the most prevalent diseases of the target population?
Disability	What are the most common disabilities and reasons for these?
HEALTH CONSEQUENCES	
Economic health consequences	How does the health status of the population influence on labour participation & productivity?
Social health consequences	How does the health status of the population influence on the social participation, inclusion and contribution?
PROBLEM addressed by the innovation	
Based on the inequities described above, what is the problem the innovation is trying to solve and for whom?	

Section B: The Project at a Glance

This section will focus on capturing some descriptive information on the innovation, the organization and the implementation.

The project at a Glance	
The project name	
The purpose	<p>What is the purpose or the change that this innovation is trying to achieve? A one-liner that captures what the innovation is and the impact it is trying to achieve.</p> <p><i>Or Eg. An indigenous community program that democratizes intercultural health information as a pillar of primary care.</i></p>
Innovative strategies used	<p>Identify the social innovation strategies that make this program unique. It will be different from how the innovator describes it so be sure to be analytical. Ask yourself how this program is different from traditional public health programs both in what it does but also how it does it. It may be easier to complete this after you have completed Section C.</p> <p>Eg.</p> <ul style="list-style-type: none"> • The program trains Indigenous youth in community journalism such that they can create and disseminate health information based on their indigenous community knowledge. • The program invests in local processes of empowerment through building partnerships with local indigenous organizations.
The Organization	
Organization name	
Founding year	When did the organization start?
Founders' names	Who started this innovation?
Founder nationality	
Current head of organisation	
Organisational structure	NGO / Private Company / University / Other
Size of the organization	
Implementation	
Location of Implementation	<p>Locality and country.</p> <p>E.g., Rural part of Dedza-East District, Central Malawi</p>
Size of the implementing team	
Type of beneficiaries	Who does this project intend to serve
Number of beneficiaries (annually) / Number of communities reached.	
Role of women in the implementation	
Main income streams	Private donations / Revenue model / University Grant etc.
Cost to deliver (annual)	What is the annual budget needed to implement this innovation
Cost per beneficiary / community	<i>If this data is available</i>

Section C: Understanding the Social Innovation Strategies

This section will focus on taking a closer look at the social innovation strategies that has enabled the project to achieve its outcome. These strategies may not be visible at first glance but through a qualitative inquiry, comprised of interviews, focus groups and observations, they will become more evident.

1. Relationships

BACKGROUND ARTICLES:

- Flourishing Communities: A new model to promote sustainable community leadership and transformation in semi-rural Keyna. (4)
- Scaling up a health and nutrition hotline in Malawi: the benefits of multisectoral collaboration. (7)
- Bridging organizations and sustainable development (10)
- Social innovation from the inside out. (12)
- Measuring capacity building in communities.(14)

Below are some questions you would want to consider writing a ½ page on the role of relationships in this project.

1.1. *Who are the key actors and contributors involved in this project, and what role does each of them play?* Use [Relationship map \(Canva Template A\)](#) to complete it.

1.2. Also use the [Relationship map \(Canva Template A\)](#) and indicate the key relationships upon which the success of this project depends.

Relationship Map

Use this template to map the actors and relationship parts of the social innovation project in your ecosystem and how they are interconnected.

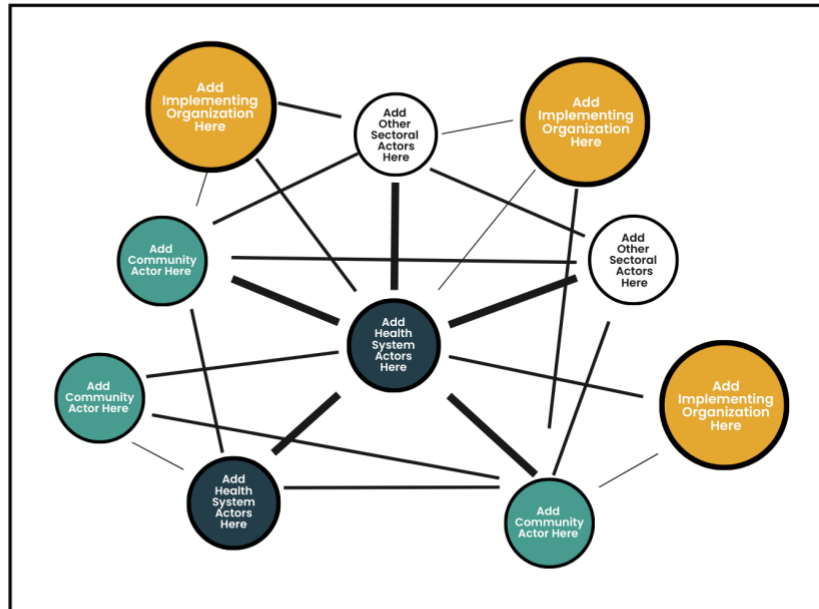
- 1) Use the circles in different colors below to identify all the stakeholders in your community related to the innovation project.

- Implementing Organization
- Community
- Health System Actors
- Other Sectoral Actors

- 2) Move the circles around the map based on how actors may be related.

- 3) Draw lines or arrows between organizations to show the relationships, and make a decision on the strength of each relationship. You can copy the template and make several versions of your map to show how they are connected differently.

Strong Relationship
 Moderate Relationship
 Low-strength Relationship



Copy and use these elements to build your map



1.3. How would you characterize the quality of the three most important relationships?

1.4. What actions or opportunities helped to establish these three most important relationships?

1.5. What practices have helped these relationships to flourish?

Practices to enquire about (in your interviews and in your observations)

- Transparency – sharing openly such that all facts/information is known by everyone involved.
- Mutuality – reciprocal exchanges and mutual influence and benefit
- Respectful engagement – the worth, value and situation of actors are recognized and considered.
- Shared leadership – dynamic co-leading between actors/actor groups
- Appreciative attention – actors give value and affirm each other's gifts and contributions.

1.6. What challenges have these relationships faced and how have they been overcome?

1.7. What has been the outcome of these relationships and what was possible to achieve due to these relationships being present?

1.8. What capacities and capabilities have been built, because of these relationships and in whom?

Capacities to consider:

- Resilience (community resilience, environmental resilience, social resilience, economic resilience) – capacity to respond to challenges in different domains.
 - Creativity – the capacity to find a strategy despite the constraints.
 - Positive emotions – compassion, joy, hope.
- Capabilities to consider:
- Knowledge and skills.
 - Communication.

1.9. How are these capacities and capabilities supporting health equity?

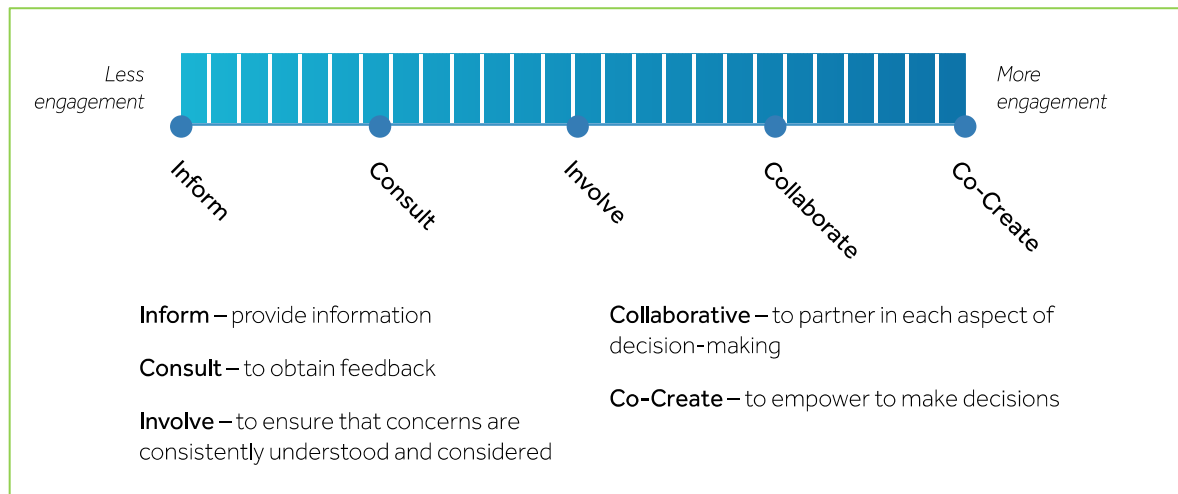
2. Power

BACKGROUND ARTICLES:

- Theories of power and social change. Power contestations and their implications for research on social change and innovation. (2)
- Emancipatory Indigenous social innovation: Shifting power through culture and technology (8)
- Change agency in social innovation: an analysis of activities in social innovation processes (11).
- Exploring the role of the capability approach in social innovation. (13)

Below are some questions you would want to consider writing a ½ page on the role of relationships in this project.

2.1. Use the table below (21), to now determine the extent of power which each actor holds in this project.



Category of Actor	Actor Designation	Role of Actor	Level of influence
Implementing Organization	<ul style="list-style-type: none"> • CEO • Program Implementer 		
Community	<ul style="list-style-type: none"> • Indigenous organization leaders 		

	<ul style="list-style-type: none"> • <i>Indigenous youth</i> • <i>Female leaders</i> 		
Health System Actors	<ul style="list-style-type: none"> • <i>Municipal Department of Primary Care Director</i> • <i>Local Health facility manager</i> 		
Other Sectoral Actors	<ul style="list-style-type: none"> • <i>Students from the university</i> 		

2.2. Reflect on power dynamics.

- Does both parties in strong relationships hold equal power? Eg. if you indicated in template A that for example the project organization and the community have a strong relationship, do all parties hold equal power?
- Inquire if any power dynamics have changed as a result of the project? (as compared to the status quo). [Pay attention to power changes, especially for marginalized or vulnerable groups, including women]

2.3. What did a change in power dynamics result in?

Things to consider:

- Inclusion – persons who were previously excluded, are now included.
- Empowerment – as a result of the power given, a person is able to make a decision / perform an action as requested.
- Agency – a person’s ability to achieve their own intended goals (as a result of the innovation, a person is now able to take action in other areas they deem important).
- Autonomy - a person’s independence and freedom to over their actions.

2.4. What is possible, as a result of inclusion/empowerment/agency or autonomy?

2.5. How has the change in power achieved health equity?

3. Social Practices

Changes in social practices are achieved when the process of social appropriation of knowledge (SAK) is adequate. SAK is the process by which scientific and technological information can be made available to people, so that they can apply and adapt it to their own needs. Note, this section may go hand in hand with the above-mentioned section on power as SAK can be a way to achieving empowerment.

BACKGROUND ARTICLES:

- Social Appropriation of Knowledge as a Key Factor for Local Development and Open Innovation. (3)
- Social Appropriation of Knowledge and its contributions to the prevention of cutaneous leishmaniasis in rural contexts. (6)

Below are some questions you would want to consider writing a ½ page on the role of relationships in this project.

3.1. What tools or methods did this project use to transfer scientific or technological information to people?

E.g. workshops, networks, creation of spaces for dialogue, adapting information to the local language and culture, or the use of technology to connect people.

3.2. How was this practically done? Describe the practical implementation of this tool or method.

3.3. What were the outcomes of SAK – what changes were observed in each of the following dimensions:

- Health and wellbeing.
- Education.
- Gender equality.
- Productivity.
- Environment.

4. Resources

BACKGROUND ARTICLES:

- How social capital is leveraged in social innovations under resource constraints. (1)
- Social innovation resourcing strategies and transformation pathways. (5)

In the final section, you will take a closer look at the use, the distribution and the change in resources and their allocation. Below are some questions you would want to consider writing a ½ page on the role of relationships in this project.

4.1. Map the resources used to make this project possible.

Type of resources	Financial resources	Time resources	Social capital resources	Knowledge resources	Structural resources (physical / technological)
List the specifics and where it was found.		<i>Eg. community members volunteering time to do education</i>			

4.2. Identify which of these resources were already existing at the start of the project and which of these became known during the course of the project.

4.3. What made it possible for the project to unlock / use these resources?

4.4. What further opportunities, currently being explored, or yet to be explored, may there be available for additional resources?

4.5. What paths to sustainability does the project envision, through these resources?

5. Summary Reflection

Using the four sections completed above, reflect on the following questions, and write a short summary paragraph which will be action-oriented lessons which could be applied to other public health programs.

- 5.1. How do the 4 social innovation strategies, enhance the sustainability of the project?
- 5.2. How do the 4 social innovation strategies, enable the scalability (or not) of the project?
- 5.3. How do the 4 social innovation strategies, enable the project to be integrated into the health system?
- 5.4. How could public health programs incorporate these strategies?

Section D: Impact on Health Equity

Achieving health equity	<i>What changes has the project made in any of these areas?</i>
GENERAL CONTEXT	
Health policies	Has the project influenced any existing or new policies?
Socio-political factors	
Cultural factors	
Environmental factors	
SOCIO-ECONOMIC POSITION	
Educational level	
Income level	
Occupational class	
HEALTH DETERMINANTS	
Health behaviours	
Living conditions	
Working conditions	
Access and use of health services	

HEALTH STATUS	
Mortality	
Disease	
Disability	
HEALTH CONSEQUENCES	
Economic health consequences	
Social health consequences	
Impact Data	
What other evidence of impact is available?	Share any facts/ figures that the project may have available

Appendix 1

Theme	Author	Definition	Published
Addressing social needs, through new initiatives to improve society	Mumford, M (2002) (22)	The term social innovation, as used here, refers to the generation and implementation of new ideas about how people should organize interpersonal activities, or social interactions, to meet one or more common goals	Creativity Research Journal
	Mulgan, G (2006) (23)	Social innovation refers to innovative activities and services that are motivated by the goal of meeting a social need and that are predominately diffused through organizations whose primary purposes are social.	Innovations
	Phillips, J et al. (2008) (24)	A novel solution to a social problem that is more effective, efficient, sustainable, or just than existing solutions and for which the value created accrues primarily to society rather than private individuals (2008: 36).	Stanford Social Innovation Review
	Pol, E & Ville, S (2010) (25)	A <i>desirable</i> social innovation is one that in fact ('in fact' meaning 'there is convincing evidence') improves the macro-quality of life or extends life expectancy.	Journal of Socioeconomics
	European Commission (2011) (26)	Social Innovation relates to the development of new forms of organisation and interactions to respond to social issues (the process dimension). It aims at addressing (the outcome dimension): a. social demands that are traditionally not addressed by the market or existing institutions and are directed towards vulnerable groups in society. b. Societal challenges in which the boundary between 'social' and 'economic' blurs, and which are directed towards society as a whole. The need to reform society in the direction of a more participative arena where empowerment and learning are sources and outcomes of well-being	Report: Empowering people and driving change
Forms of participation,	Howaldt, J et al. (2010) (27)	New forms of social relations lead to innovation, which in turn leads to societal impact.	

relationships & practices	Neumeier, S (2012) (28)	Social innovations as changes of attitudes, behaviour, or perceptions of a group of people joined in a network of aligned interests that in relation to the group's horizon of experiences lead to new and improved ways of collaborative action both within the group and beyond.	European Journal of Rural Sociology
	Cajaiba-Santana, G (2014) (29)	Social innovations are new social practices created from collective , intentional, and goal-oriented actions aimed at prompting social change through the reconfiguration of how social goals are accomplished.	Technological Forecasting & Social Change
Empowering for action	Murray, R <i>et al.</i> (2010) (30)	Social innovations as new ideas (products, services, and models) that simultaneously meet social needs and create new social relationships or collaborations . In other words, they are innovations that are both good for society and enhance society's capacity to act .	Open Book of Social Innovation
	(Moulaert <i>et al.</i> , 2005 & 2013)	Social innovation as a practice (collective satisfaction of human needs) and a process (changes in social relations, empowering governance dynamics) in local development Social innovation references to changes and agendas, agency and institutions that lead to better inclusion of excluded groups and individuals into various fields of societies at various spatial scales. It is very strongly a matter of process innovation of changes and the dynamics of social relations including power relations'	Urban Studies International Handbook on Social Innovation
Institutional & systems change	Westley, F <i>et al.</i> (2006, 2010) (31, 32)	Social innovations are products as well as deliberative processes and policies that are transformative in their outcome with respect to building greater social resilience (Westley, Zimmerman and Patton, 2006). Social innovation is an initiative, product or process or program that profoundly changes the basic routines, resource and authority flows or beliefs of any social system	Getting to Maybe (book) The Public Sector Innovation Journal
	Van Wijk, J <i>et al.</i> (2019) (33)	Social innovation for us describes the agentic, relational, situated, and multi- level process to develop, promote, and implement novel solutions to social problems in ways that are directed toward producing profound change in institutional contexts (see also Cajaiba-Santana, 2014; Lawrence, Dover, & Gallagher, 2014). We understand this process as embedded and self-reflective, and that it may be coordinated and collaborative, or that it may be the emergent product of accumulation, collective bricolage and muddling through daily work (Garud & Karnøe, 2003; Smets, Morris, & Greenwood, 2012).	Business & Society

References

1. Bhatt P, Altinay L. How social capital is leveraged in social innovations under resource constraints? *Management Decision*. 2013;51(9):1772-92.
2. Avelino F. Theories of power and social change. Power contestations and their implications for research on social change and innovation. *Journal of Political Power*. 2021;14(3):425-48.
3. Romero-Rodríguez J-M, Ramírez-Montoya M-S, Aznar-Díaz I, Hinojo-Lucena F-J. Social Appropriation of Knowledge as a Key Factor for Local Development and Open Innovation: A Systematic Review. *Journal of Open Innovation: Technology, Market, and Complexity* [Internet]. 2020; 6(2).
4. Goodman M, Theron L, Seidel S, Elliott A, Raimer-Goodman L, Keiser P, *et al.* Flourishing communities: A new model to promote sustainable community leadership and transformation in semi-rural Kenya. *Journal of Community & Applied Social Psychology*. 2023;33(3):756-72.
5. Weaver P, Marks M. Social Innovation Resourcing Strategies and Transformation Pathways: A first-cut typology. TRANSIT: EU SSH.2013.3.2-1 Grant agreement no: 613169.; 2017.

6. Agudelo K, Castro-Arroyave DM, Guzmán L, Echavarría MI. Social Appropriation of Knowledge and its contributions to the prevention of cutaneous leishmaniasis in rural contexts. *BMJ Innovations*. 2022;8(3):234.
7. Blauvelt C, West M, Maxim L, Kasiya A, Dambula I, Kachila U, et al. Scaling up a health and nutrition hotline in Malawi: the benefits of multisectoral collaboration. *BMJ*. 2018;363:k4590.
8. Henry E, Newth J, Spiller C. Emancipatory indigenous social innovation: Shifting power through culture and technology. *Journal of Management & Organization*. 2017;23(6):786-802.
9. van Niekerk L, Manderson L, Balabanova D. The application of social innovation in healthcare: a scoping review. *Infect Dis Poverty*. 2021;10(1):26.
10. Brown LD. Bridging Organizations and Sustainable Development. *Human Relations*. 1991;44(8):807-31.
11. Wirth S, Tschumi P, Mayer H, Bandi Tanner M. Change agency in social innovation: an analysis of activities in social innovation processes. *Regional Studies, Regional Science*. 2023;10(1):33-51.
12. Nilsson W, Paddock T. Social Innovation From the Inside Out. *Stanford Social Innovation Review*. 2013;12(1):46-52.
13. Tiwari M. Exploring the Role of the Capability Approach in Social Innovation. *Journal of Human Development and Capabilities*. 2017;2829(June):1-16.
14. Liberato SC, Brimblecombe J, Ritchie J, Ferguson M, Coveney J. Measuring capacity building in communities: a review of the literature. *BMC Public Health*. 2011;11(1):850.
15. Bautista Gómez MM, van Niekerk L. A social innovation model for equitable access to quality health services for rural populations: a case from Sumapaz, a rural district of Bogotá, Colombia. *International Journal for Equity in Health*. 2022;21(1):23.
16. van Niekerk L, Fosiko N, Likaka A, Blauvelt CP, Msiska B, Manderson L. From idea to systems solution: enhancing access to primary care in Malawi. *BMC Health Services Research*. 2023;23(1):547.
17. Castro-Arroyave D, Monroy MC, Irujita MI. Integrated vector control of Chagas disease in Guatemala: a case of social innovation in health. *Infect Dis Poverty*. 2020;9(1):1-9.
18. Awor P, Nabiryo M, Manderson L. Innovations in maternal and child health: case studies from Uganda. *Infect Dis Poverty*. 2020;9(1):36.
19. Srinivas ML, Yang EJ, Shrestha P, Wu D, Peeling RW, Tucker JD. Social innovation in diagnostics: three case studies. *Infect Dis Poverty*. 2020;9(1):1-7.
20. Beenackers M. *Health Equity 2020 Toolkit*. Rotterdam, the Netherlands: Erasmus MC; 2015.
21. World Health Organization. *Stakeholder Mapping Guide*. 2023.
22. Mumford MD. *Social Innovation: Ten Cases From Benjamin Franklin*. *Creativity Research Journal*. 2002;14(2):253-66.
23. Mulgan G. The Process of Social Innovation. *Innovations: Technology, Governance, Globalization*. 2006;1(2):145-62.
24. Phillis JA, Deiglmeier K, Miller DT. *Rediscovering Social Innovation*. *Stanford Social Innovation Review*. 2008(Fall):34-43.
25. Pol E, Ville S. Social innovation: buzz word or enduring term? *The Journal of Socio-Economics*. 2009;38(6):878-85.
26. European Commission. *Empowering people, driving change. Social Innovation in the European Union*. Luxembourg: European Union; 2011. Report No.: Ref. Ares(2015)4643996 - 28/10/2015.
27. Howaldt J, Schwarz M. *Social Innovation: concepts, research fields and international trends*. In: Henning K, Hees F, editors. 5. Eigenverlag, 2010: Aachen IMA/ZLW; 2010.
28. Neumeier S. *Why do Social Innovations in Rural Development Matter and Should They be Considered More Seriously in Rural Development Research? – Proposal for a Stronger Focus on Social Innovations in Rural Development Research*. *Sociologia ruralis*. 2012;v. 52(no. 1):pp. 48-69-2012 v.52 no.1.
29. Cajaiba-Santana G. *Social innovation: Moving the field forward. A conceptual framework. Technological Forecasting and Social Change*. 2014;82(1):42-51.
30. Murray R, Caulier-Grice J, Mulgan G. *The Open Book of Social Innovation*. London: The Young Foundation,; 2010. Available from: <https://youngfoundation.org/wp-content/uploads/2012/10/The-Open-Book-of-Social-Innovationg.pdf>.
31. Westley F, Zimmerman B, Patton MQ. *Getting to maybe: how the world is changed*. Toronto, Canada: Random House; 2006.

32. Westley F, Antadze N. Making a difference: Strategies for scaling social innovation for greater impact. *Innovation Journal*. 2010;15(2):1-19.
33. van Wijk J, Zietsma C, Dorado S, de Bakker FGA, Martí I. Social Innovation: Integrating Micro, Meso, and Macro Level Insights From Institutional Theory. *Business & Society*. 2019;58(5):887-918.