SOCIAL IMPACT ASSESSMENT: COUNTRY SNAPSHOT

SWAZILAND

Location: Mbabane

BACKGROUND
Located in Sidwashini township, in the capital city Mbabane
Operating since 1987

Core services
207 children are being cared for in family-like alternative care
998 children are being supported through family strengthening services

Supporting services
1 pre-school for children aged 3-5 years
1 primary school (since handed over to government)
1 secondary school (since handed over to government)
1 medical centre

Methodology

In February 2015, a social impact assessment was carried out at SOS Children’s Village programme Mbabane. It involved interviewing more than 80 former participants of the programme, as well as carrying out stakeholder interviews with programme staff, community-based organisations and local authorities. It was the pilot assessment of the newly developed social impact assessment methodology in the organisation and was led by a UK-based external consultant, i.e. The Research Base, together with two local researchers.

The assessment aimed to determine the impact of SOS Children’s Villages in Mbabane, in terms of the following:

1. **Individual level**

   Eight key dimensions of well-being were assessed through interviews with former participants. For each dimension, former participants were given a rating, on a scale of 1 to 4, where 1 is the most positive.

2. **Community level**

   Six dimensions of impact at the community level were assessed, based on desk review and the findings of semi-structured interviews with key programme staff and representatives of other relevant stakeholders. For each dimension, researchers assigned a rating, on a scale of 1 to 4, where 1 is the most positive.

3. **Social return on investment (SROI)**

   This quantified the social impact of the programme in financial terms. It was calculated by comparing the cost of inputs to the financial benefits of the programme for individuals, the community and society.¹

Results

Overall, the findings provide evidence that SOS Children’s Villages has had a positive impact on the lives of the children who participated in the programme.

1 Individual level

The findings show that former programme participants - of both family strengthening and family-like alternative care - are generally doing well in most of the given dimensions of personal well-being.

In the case of family strengthening, 92% are doing well in at least 6-of-the-8 dimensions. Critically, all children are still in the care of their families, indicating that the primary goal of strengthening the family to prevent family separation has been achieved. Encouragingly, almost all former participants are doing well in education (91%), despite nationally low literacy rates and low secondary enrolment amongst 15-24 year olds (35% nationally). As shown in the bar chart, livelihood and accommodation are dimensions with scope for improvement. For accommodation, it was the quality of living conditions and fears of losing their home that led to relatively low scores in that dimension.

In family-like alternative care, 89% of former participants are performing well in at least 6-of-the-8 dimensions. The majority of former participants are performing ‘well’ in terms of education and skills, physical health, and food security despite nationally high levels of caloric shortages (37%). Nevertheless, livelihood and accommodation were again noted as areas for improvement. On first sight, low scores in livelihood appear to contradict high scores in education and skills.

Deeper analysis revealed that former participants from alternative care tended to face more difficulty entering the job market and finding stable employment than those from family strengthening, despite having completed higher levels of education. It is also possible that that young people in family strengthening are more accustomed to dealing with economic insecurity, by virtue of their family situation, and thus adapt more quickly to living alone than those coming from a relatively sheltered upbringing in alternative care.
In alternative care, there is a benefit-cost ratio of 1.56:1 which means that an investment of €1 yields benefits worth €1.56. The programme has an SROI of 56% which means that an investment of €1 returns an additional €0.56 on top of the initial cost. In family strengthening, there is a benefit-cost ratio of 19.79:1 which means that an investment of €1 yields benefits worth €19.79. The programme has an SROI of 1879% which means that an investment of €1 returns an additional €18.79 on top of the initial cost.

The overall benefit-cost ratio is 5.61:1, which means that an investment of €1 yields benefits to society of €5.61. The programme has an overall SROI of 461%, which means that an investment of €1 returns an additional €4.61 on top of the initial cost.

It should be noted that a meaningful comparison cannot be made between the SROI figures for family strengthening and family-like alternative care. The participants in of each service have different starting points and levels of vulnerability. Children entering family-like alternative care lack appropriate care and are particularly disadvantaged. A higher investment in these children including more intense direct support services over a longer period of time is needed. The average duration of stay of former participants in the programme was 12 years, meaning that the organisation invested a larger amount of resources over more than a decade to support these children in every aspect of their development. Had these children not been supported, there would most likely be a cost to society, negatively impacting on the next generation of children and societal benefits. Thus, a higher SROI with family strengthening is to be expected. The children in family strengthening live with their families and the organisation provides supporting services for these families over a shorter period of time. On average, a family received family strengthening services for 5 years.
The way forward

In general, the results for alternative care and family strengthening show that the programme is having a significant impact on children, their families and communities. However, the results also reveal some areas for improvement, that need to be addressed going forward. The main recommendations include:

• Increased focus on employability, particularly for young people in alternative care, may improve job-finding prospects and income levels.
• More attention needs to be given to maintaining and strengthening the relationship of children in alternative care with their families and communities of origin, with a view to improving their integration into society and their transition into independent life.
• It is important to support care professionals to be able to balance their personal life with their professional life, including relationships with their own families and preparation for retirement.
• Continued investment in knowledge sharing and capacity-building with communities is essential.
• Increased efficiency could be achieved through upskilling staff to more effectively maintain programme monitoring and evaluation systems.

SOS Children’s Village Mbabane and SOS Children’s Villages Swaziland as a whole have incorporated the recommendations, learnings and areas for improvement into their planning for the future in order to improve programme quality and the impact of the programme on the lives of children, families and their communities.