

ASSESSING SOCIAL IMPACT IN THE SOS CHILDREN'S VILLAGE PROGRAMME

'How to' Research Guide

July 2019 – Version 2.2



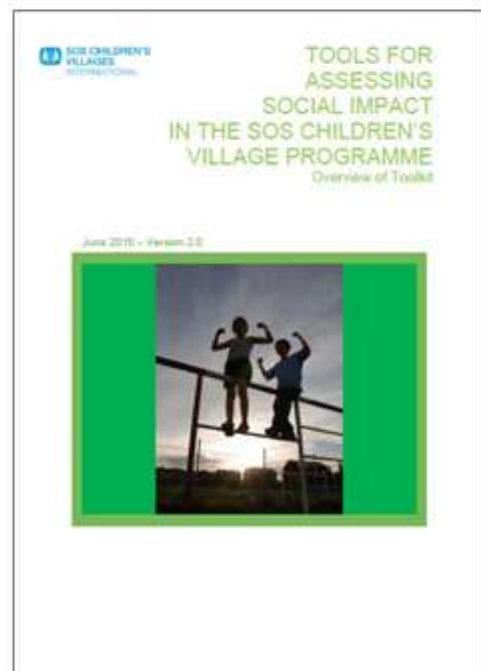
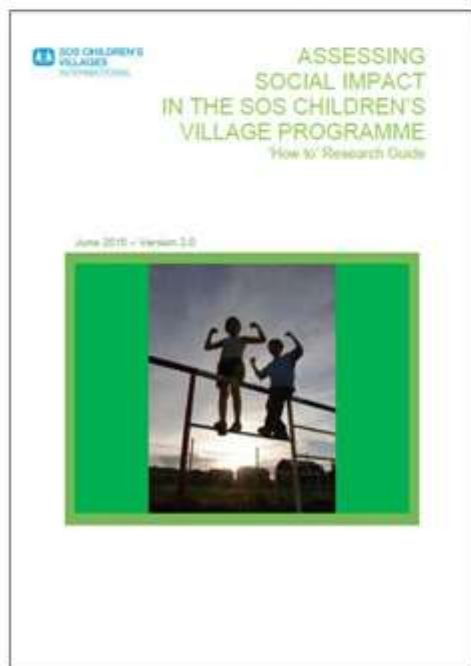
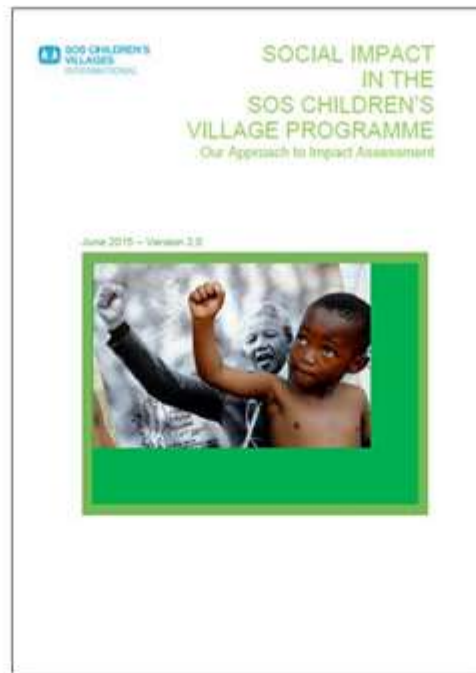
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Introduction

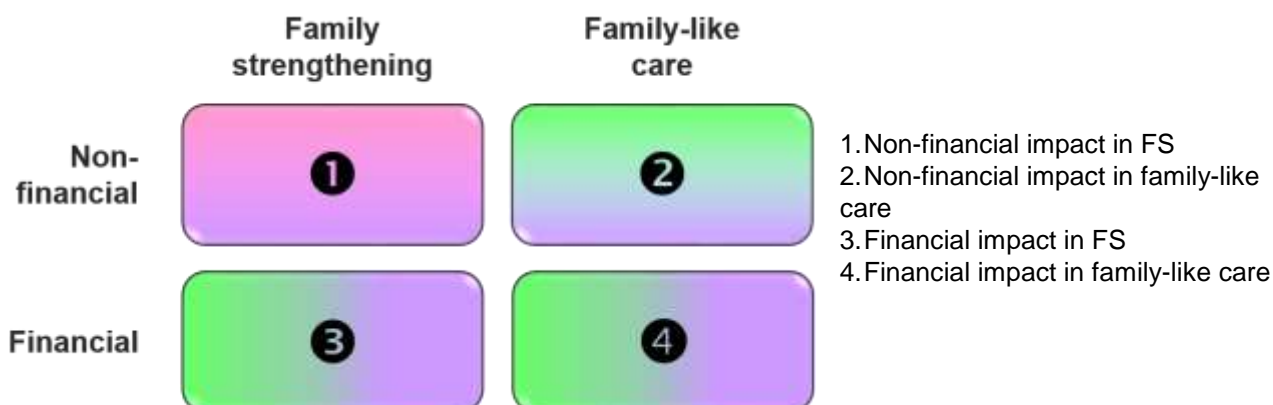
This document provides guidance on how to conduct *social impact assessments*, ‘unpacking’ the required methodology. As such, it is primarily intended for use by the external researchers who are doing the assessment, as well as key co-workers who are directly supporting the assessment process.

This is underpinned by the document *Social Impact in the SOS Children’s Village Programme: Our Approach to Impact Assessment*, which provides the conceptual frame for such assessments. ‘Hands on’ tools for carrying out assessments are provided, as outlined in *Tools for Assessing Social Impact in the SOS Children’s Village Programme: Overview of Toolkit*.



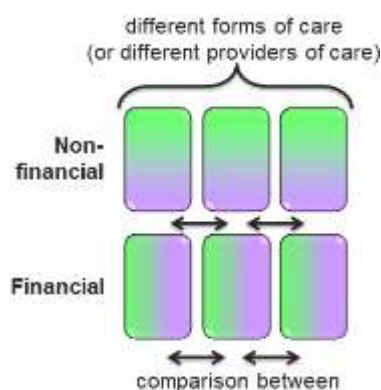
Modules in impact assessment

Social impact assessment within an SOS Children's Village programme is generally focussed on the two core aspects of programme work, being *family strengthening (FS)* and *family-like care*. It can also be seen in terms of both *non-financial* and *financial* impact. As such, the full picture of social impact assessment in an SOS CV programme is made up of four parts – or *modules* – as shown below:



Depending on the reasons for conducting the assessment, it may focus on one or more of these modules. For example, it may focus on one aspect of programme work, such as family-like care, or on one form of impact, such as non-financial impact. A full social impact assessment includes all four modules.

It is also possible that an assessment looks at different forms of alternative care, or the care services of different service providers, for the purpose of making direct comparisons between them.



The relevant modules to be covered in any given assessment are specified in the *request for proposals* provided to external researchers.

Elements of non-financial and financial impact assessment

In carrying out the assessment, the following elements are considered:

- A. **Impact on individual level** (non-financial): The *actual* long-term effects of the programme on former-child participants, whether these individuals are still dependent children or already independent adults.
 - ↳ Assessed based on rating scales, according to relevant indicators under each key area of development, as elaborated in the following sections.
 - ↳ Data collected (i) through interviews with former-child participants and their care-givers (if applicable), using the pre-defined questionnaire, which includes SROI-related content; and (ii) from available secondary data.
 - ↳ Data verified and further explored through (i) interviews with staff, and (ii) focus groups with former-child participants and their care-givers.
- B. **Impact on community level** (non-financial): The *actual* long-term effects of the programme on the communities with which the programme has been working.
 - ↳ Assessed based on rating scales, according to relevant indicators, as elaborated in the following sections.
 - ↳ Data collected through interviews and/or focus groups with relevant stakeholders, inside and outside of the organisation.
- C. **Social return on investment** (financial): The financial value created by the changes in the situation of the former child-participants, their families and communities.
 - ↳ Calculated using a standard methodology, according to which indicators and data sources are defined. This methodology is based on certain assumptions, and, required rules for calculation are given in a supporting Excel tool, where all relevant data is captured and processed.
 - ↳ As the calculation process is quite complex and additionally requires internal finance data, the actual calculation is done internally, but in close cooperation with the external researcher.
- D. **Case stories**: In-depth interviews are conducted with three former participants from family-like care and three from family strengthening, who are doing particularly well, in order to highlight what has contributed to their success. Successful case stories from communities who have been positively impacted by SOS Children's Villages (for example of community-based partner organisations) may also be collected in addition, where relevant.
 - ↳ Methodology open for development by the external researcher.
- E. **Evaluation of programme relevance, effectiveness, efficiency and sustainability**: This is complementary to results of 'A'-'C' and includes the evaluation of the programme reality against the organisational theory of change (reflected in the programme plan and/or log frame).
 - ↳ Methodology open for development by the external researcher.
- F. **Additional topics** (not covered under A-E): Any unexpected impact, whether positive or negative. Also, any other special topics, according to organisational and donor requirements. Such topics are to be explicitly stated in the *request for proposals* to researchers.
 - ↳ Methodology open for development by the external researcher.

The above elements address the evaluation questions stated in the *request for proposals* provided to researchers.

According to the particular module(s) focussed on in the assessment, different elements may be covered, as follows:

	Family strengthening	Family-like care
Non-financial	A – B – D – E – F	A – B – D – E – F
Financial	C	C

While the methodology is defined to a high degree of detail, especially regarding non-financial individual impact and SROI, it is open to continuous improvement. With this in mind, external researchers are asked to put forward any recommendations for the further improvement of the methodology.

Key principles to follow for interviews and focus group discussions

Key principles must be considered when carrying out any type of research involving children, young people and adults. Researchers are expected to present a clear approach on how ethical requirements and key principles are followed during the social impact assessment. In particular when carrying out research with children, the following key areas for ethical consideration must be taken into account: <http://childethics.com/ethical%20guidance/>

Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). *Ethical Research Involving Children*. Florence: UNICEF Office of Research - Innocenti.

The *right to privacy* must be adhered to at all times during the process. This includes full anonymization of former participants, staff members and stakeholders who participate in the assessment. In addition, all interviewees must be asked to sign an *informed consent form*, which clearly outlines the purpose of the research, confidentiality and privacy rights, child safeguarding laws and regulations, and right to refrain from answering any questions or stopping the interview at all times. When interviewing children, the consent from is to be explained in child-friendly and simply language. The consent for a child's participation should also be obtained from their legal guardian. If the interviewee is not literate, then verbal consent should be obtained and ideally recorded.


It is not advised to give any incentives to the interviewees. The participation in the impact assessment is on a voluntary basis. In specific cases, the readiness for participating may be supported by paying the travel and/or accommodation costs. The interviewee's participation must be voluntary. For more information, please also refer to the document *Guidance on conducting Social Impact Assessment interviews*.

In order to ensure objectivity and avoid bias, SOS Children's Villages co-workers should not participate in any interviews with former participants or other stakeholders.

SOS Children's Villages International has a *Child Protection Policy* and *Code of Conduct* that all external researchers are expected to comply with and will be required to sign a statement of commitment to the policy. All employees and associates of the SOS Children's Villages are obligated to report any concerns, suspicions or allegations of any child abuse. Types of child abuse are described in the SOS Children's Villages Child Protection Policy, along with the mandatory steps to be taken by the employee if a case of abuse is suspected. The steps for dealing with reported cases vary depending on the type of abuse, the individual context and the local laws, but each concern or incident reported is taken seriously. The SOS Children's Villages Child Protection Policy makes no difference between current child safeguarding cases and historical cases of abuse.

Member Associations in which the impact assessment is going to be carried out, have been asked to develop clear guidance on how and when SOS Children's Villages would be able to provide support (or to refer to other service providers) in case of any crisis situations coming up during the interviews with either SOS or comparison group.

Social Impact Assessment - methodological overview

Area of Social Impact	Pre-defined	Rating dimensions / key points to consider	Means of verification / data collection approach	Sampling (for detailed criteria see section)	Key task for consultant
A. Impact on individual level (non-financial) * dependent children and ** independent adults (or *** all of the above)	Yes	<ul style="list-style-type: none"> ● Care: parental care* parental obligations** family relationships** ● Food security*** ● Accommodation: stability***, living conditions*** ● Health: physical health*** ● Education & skills: attendance, performance*; attainment***, employability** ● Livelihood: family resources*household income**, employment status**** ● Protection & social inclusion: legal identity*, abuse & exploitation*discrimination*** ● Social & emotional well-being: happiness*** social behaviour*, self-esteem** 	Data collection <ul style="list-style-type: none"> - Interviews with former- child participants and care-givers (if applicable), using semi-structured questionnaire to rate status vis-à-vis dimensions - Interviews with staff members - Focus group discussions with former-child participants and if still dependent, their care-givers, for verification and in depth qualitative information - Collect national (or local) statistics on education, employment, income and any other relevant available data, as a basis for a virtual control group Analysis <ul style="list-style-type: none"> - Against the target, of achieving a rating of 1 or 2 in each dimension - Ideally, compare against the initial and exit assessments of former participants (if available) - Against the benchmark from secondary data - Exploration of emerging themes and open issues in focus group discussions 	Family-like care <ul style="list-style-type: none"> - Former child-participants who now live independently (independent adults) or have been reintegrated into their families of origin and are still dependent children - On the programme for at least 2 years and exited 2-6 years ago Family strengthening <ul style="list-style-type: none"> - Former-child participants who are still dependent children, living under the parental care of their family. - Care-giver to be interviewed for relevant dimensions - On the programme for at least 2 years and exited 1-5 years ago 	<ul style="list-style-type: none"> - Adapt questionnaires to local context and further develop as appropriate - Develop methodology for verification interviews and focus groups, and for collection of qualitative information - Check availability of, and then collect, relevant secondary data - Train local researchers to carry out interviews and capture data - Supervise data collection - Data analysis and preparation of report
B. Impact on community level (non-financial)	Partly	<ul style="list-style-type: none"> ● Community awareness ● Community-based support systems ● Progress towards sustainability ● Alternative care ● Giving & volunteering ● Next generation benefit ● Other evidence for change 	Data collection <ul style="list-style-type: none"> - Interviews and/or focus groups with SOS programme staff and key stakeholders in the community Analysis <ul style="list-style-type: none"> - Against a benchmark, which is ideally the initial and exit assessments of community (if available) 	<ul style="list-style-type: none"> - Number of interviews and focus group discussions to be decided by external researcher 	<ul style="list-style-type: none"> - Develop interview and focus group guidelines - Analyse against initial situation
C. Social return on investment (financial) <div>  Only if module is included </div>	Yes	<ul style="list-style-type: none"> ● Individual income ● Giving & volunteering ● Care-giver income ● Next generation benefit ● Savings on alternative care ● Savings on social benefits ● Direct impact of local expenditures 	Data collection and Analysis <ul style="list-style-type: none"> - (same as under 'A') - Interviews to provide data on: individual income, giving and volunteering, care-giver income, and next generation benefit. - Collect national (or local) statistics on income, including information on averages or quintiles, as a basis for a virtual control group 	<ul style="list-style-type: none"> - (same as under 'A') 	<ul style="list-style-type: none"> - Collect data in interviews - Analyse available data sources for the 'virtual control group' and collect secondary data. - Analyse and report in collaboration with SOS CV

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D. Case Stories		<ul style="list-style-type: none"> ● Success factors that have contributed to positive impact on individuals or community stakeholders 	<ul style="list-style-type: none"> - In-depth interviews with three former child-participants from family-like care and three former child-participants from family strengthening - In-depth interview with community stakeholder, or community based partner (where applicable) 	<ul style="list-style-type: none"> - Methodology of selection of success stories to be decided by external researcher 	<ul style="list-style-type: none"> - Propose a methodology - Select former-child participants for in-depth interview and community stakeholder(s) where applicable - Develop questions for in-depth interviews
E. Evaluation of DAC criteria; evaluation against TOC	No	<ul style="list-style-type: none"> ● Relevance, efficiency, effectiveness, sustainability. ● Theory of Change (reflected in programme plan and/or log frame) 	<ul style="list-style-type: none"> - To be developed by external researcher – considering only aspects that are not sufficiently covered under 'A'-'C' - Programme plan / log frame to be analysed in view of the organisational Theory of change. 	<ul style="list-style-type: none"> - Depending on proposed methodology 	<ul style="list-style-type: none"> - Propose a methodology - Collect data, analyse and report
F. Additional topics	No	<ul style="list-style-type: none"> ● Unexpected impact on children, families, communities ● Additional topics 	<ul style="list-style-type: none"> - To be developed by external researcher 	<ul style="list-style-type: none"> - Depending on proposed methodology 	<ul style="list-style-type: none"> - Propose a methodology - Collect data, analyse and report

Methodology

Element A: Impact on individual level (non-financial)

Dependent children vs independent adults

Depending on the scope of the particular social impact assessment, former-child participants are interviewed about their current development status, reflecting on all key dimensions according to relevant indicators (listed later in this chapter). In general, the data collection and analysis is structured around whether those interviewed participated in family strengthening (FS) or family-like care (FLC).

Those former-child participants who now live independently, being responsible for taking care of their own development needs, are referred to as *independent adults*. Those who are still in the parental care of their family, who hold the primary responsibility for guiding and supporting their development, are referred to as *dependent children*. As the samples for impact assessment are drawn from those former-child participants who 'exited' from the programme 1-6 years ago, the majority from FS tend to be dependent children and the majority from FLC tend to be independent adults, although there are sometimes cases where this pattern does not apply.

The complete data set of a dependent child includes questions addressed towards the former-child participant (e.g. education and health), and questions addressed towards the caregiver (e.g. livelihood). For the independent adult all questions are addressed towards the former-child participant.

There are two versions of the questionnaire, one being for dependent children and the other for independent adults, which are part of the social impact assessment *toolkit*. The questionnaires are shared with the external researcher once contracted to carry out the impact assessment.

All questions on income and other parameters of the individual economic situation (related to the financial impact = social return on investment) are included in these questionnaires, as the SROI calculation receives input on income data from the same individuals as the assessment of non-financial impact.

Sampling former-child participants

	Family-like Care	Family Strengthening
Description of sample	Mainly young adults who were participants of family-like care and now live independently	Mainly former-child participants who are still dependent children and live with their families
Years since exiting programme	2-6 years	1-5 years
Minimum participation in programme	2 years	2 years
Sample size	Full coverage (100%) of exits within above indicated period of time; minimum number of 30 independent adults	Random sample with high confidence level. 1 data set consists of an assessment including 1 child and 1 caregiver per family; minimum number of 30 dependent children
Type of exits	All exits, including premature exits	All exits, including 'drop outs' and other reasons for exit

A complete list of all former-child participants who exited in the past 2-6 years for family-like care and 1-5 years ago for family strengthening is prepared and provided by the SOS CV programme. The process of selecting the sample itself is then conducted by the external researcher.

For family strengthening, the expected number of former-participants who have left 1-5 years ago should be sufficiently high that a representative sample can be drawn, given the relatively large number of participants. Although the sampling should be based on a random selection, it needs to reflect certain criteria: the sample of former-child participants of FS should be representative of the entire group of former-participants, at least in terms of age, gender, type of family, and reason for exiting the programme. This means that the sample

should include both those who have left ‘successfully’ and those who did not, and the balance of reasons for ‘exit’ should be representative of programme reality, as far as possible. The only pre-condition for all selected former-participants is that they must have participated in the programme for at least 2 years. The sample size (minimum number of 30) should represent a high confidence level of the overall population pool. A child and a caregiver should be interviewed using the dependent child questionnaire. In cases of former-child participants already being independent adults, the questionnaire for independent adults should be used.

For family-like care, all former child-participants who ‘exited’ from the programme within the last 2-6 years are included, with the pre-condition that they participated in the programme for at least 2 years. In case the total number is less than 30 individuals, then we can extend the time frame beyond 6 years, incrementally (year-by-year) until we are able to reach a sufficient number of interviewees. A full list of former-participants who have ‘exited’ during the give period is drawn-up by programme staff in preparation for the impact assessment. Given the nature of this care setting, the former child-participants are usually now living as independent adults.

In programmes where children have been reintegrated from family-like care into their families of origin, the impact assessment should be extended to include former-child participants who are still dependent children or independent adults. However, it should be noted that these should be children who are no longer participating in the programme, and that they have also exited from reintegration support. In such cases, the impact assessment methodology could be used to investigate the success rate and quality of this process.

Setting-up a ‘virtual control group’ from secondary data

Assessing how well former-child participants are doing is informative in its own right, but to fully assess the impact of the SOS CV programme one needs to compare their current well-being following participation in the programme, to what would have been their (hypothetical) well-being had they not participated in the programme. Given that the children of our target group usually grow-up in relatively disadvantaged circumstances, they cannot generally be expected to do as well in life as children growing-up without such disadvantages. This reality is reflected in research, which shows that the development status of children of our target group often falls behind that of their peers. As such, if children who have started out in life in these circumstances are – with the right support – able to attain and sustain a positive change in these same areas of development (i.e. score a 1 or 2), then it can be seen as success. Positive achievement in the given development areas, according to relevant indicators, is taken as evidence of success.

This evidence of success should be complemented with secondary data on achievement in each dimension for those who did not participate in the programme wherever possible. Ideally, this data would be for the programme target group (of children without, or at risk of losing, parental care), but most likely data will only be available as regional or national averages from the general population. Judging which data provides for a suitable and reliable comparison is the responsibility of the external researcher (even if data is available, it is not always reliable, e.g. African governments often report youth unemployment numbers that are close to European figures which contradicts experience on the ground). Nevertheless, some guidelines are:

- Potential data sources include national statistical offices, the World Bank, UNICEF, the Food and Agriculture Organization of the UN, African Development Bank, and other national and international organisations.
- Data is more readily available for easily quantifiable dimensions and indicators, such as educational attainment, food security, health and income.
- National averages are a good starting point, but given the disadvantaged background of our target group, regional averages or certain lower quintiles of e.g. the income distribution may be more appropriate reference points.
- It is expected that external data sources would cover *at least* the data and rating of:
 - ↳ Employment/unemployment
 - ↳ Income
 - ↳ Livelihood (living conditions)
 - ↳ Education (highest achieved level, maybe breakdown as per age groups)
- With regard to rating of other dimensions, the external researcher is asked to check to what extent and for what development areas reliable data might be available. The check on reliability is recommended to be done with local experts (either from the programme and/or community stakeholders, or with national labour or other statistics experts).

Data collection

1. Conduct semi-structured interviews with the sample of former-child participants and their caregivers (if applicable),
 - ↳ Using the pre-defined questionnaire.
 - ↳ More qualitative information can be obtained using the open question “what have been the most significant changes in your life, as a result of participating in the programme?”; as well as in the boxes for ‘Notes’ and ‘Observations’.
2. Conduct focus group discussions with former-child participants and their caregivers (if applicable) for purposes of verification and gathering more in depth qualitative information.
 - ↳ Methodology defined by the researcher
 - ↳ The collection of in depth qualitative information is used to answer questions around the “why” of the former-participant’s rating, discuss emerging themes from the individual interviews or enable former child-participants to provide input to the preliminary results.
3. Conduct interviews with programme staff, for purposes of verification and gathering more in depth qualitative information.
 - ↳ For questions related to individual income (required for SROI calculation), it is advisable to conduct staff interviews first, in order to have an estimate of likely average income for former-participants. This can then serve as a reference point during individual interviews, to identify doubtful responses and then be able to ask probing questions.
 - ↳ The collection of in depth qualitative information is used to answer questions around the “why” of the former-participant’s rating.
4. Collect national (or local) statistics on education, employment, income and any other relevant data, as a basis for a virtual control group.
 - ↳ As a first step, potential data sources need to be identified and checked in terms of usefulness, relevance and reliability.
 - ↳ In a second step, relevant data is to be listed including a reference to the data source.

Data analysis

The data collected is analysed as follows:

- ✓ Against the target, of achieving a rating of 1 or 2 in each dimension. Ideally, compare against the care situation of former participants when they joined the programme and when they exited (if this information is available). Programme staff should check upfront to what extent initial assessment and exit information are available, or can be reconstructed.
- ✓ Against the benchmark from secondary data, where such data is available.
- ✓ Emerging themes (expected and unexpected) are to be explored in more depth




Key tasks for consultant





- Adapt questionnaires to local context and ages of children participating in the research and further develop as appropriate
- Develop methodology for verification of interview data, especially on income, and for collection of in-depth qualitative information to explain the reasons for the most obvious trends in ratings
- Develop clear guidelines on ethical requirements during the research process
- Check availability of, and then collect, relevant secondary data
- Train local researchers to carry out interviews and focus group discussions and capture data
- Supervise data collection and quality check data entry
- Data analysis against given benchmarks and preparation of report

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Overview of assessment dimensions, indicators & descriptions of scale level for dependent children

- Dependent child who is still living with his/her family, not yet completed basic education (to secondary school or equivalent) and under the care and responsibility of their parental care-giver.
- Usually assessed for former-participants of family strengthening (FS).
- To be assessed for former-child participants, through interviewing the child and his/her care-giver. Questions relating to indicators are sometimes to be asked

to the child only = ; to the care-giver only =  , or to both the child and care-giver = .

DIMENSION	Indicator	Scales			
		Highly satisfactory = 1	Fairly satisfactory = 2	Fairly unsatisfactory = 3	Highly unsatisfactory = 4
CARE 	Parental care	Child has a primary adult care-giver who is actively involved in his/her life, and who protects and nurtures him/her.	Child has an adult who provides care, but who is limited by illness, work, other children, or knowledge & skills.	Child has no consistent adult who provides care & support.	Child is completely without the care of an adult & must fend for him/herself.
FOOD SECURITY 	Food security	Child usually has 3 meals a day and does not go to bed hungry.	Child usually has 2 meals a day, but does not go to bed hungry.	Child usually has 2-3 meals a day, but goes to bed hungry.	Child usually has no more than 1 meal a day.
ACCOMMODATION 	Stability	Child lives in a stable situation, with no risk of loss of residence.	Child lives in a stable situation, but with some risk of loss of residence in future.	Child lives in an unstable situation, with the imminent risk of loss of residence or multiple re-locations.	Child is homeless or residing in a shelter ('shelter' = temporary overnight accommodation provided by an institution or organisation)
	Living conditions	Child lives in conditions that are adequate, as per local standards (defined on community level in consultation with key stakeholders).	Child lives in conditions that are fairly adequate, as per local standards.	Child lives in conditions that are below local standards, but not compromising the personal well-being of Individual (and/or family).	Child lives in conditions that are below local standards, and are compromising the personal well-being of Individual (and/or family).
PHYSICAL HEALTH 	Health	Child appears to be in excellent health. Child is growing well, with good height, weight, and energy level for his/her age.	Child appears to only have minor illness (e.g. slight allergies, worm infections), or has stable chronic illness for which receiving adequate treatment. Child seems to be growing well but is less active compared to others of same age.	Child has moderately serious illness, or stable chronic illness for which not receiving adequate treatment. Child has lower weight, looks shorter and/or is less energetic compared to others of same age.	Child has severe or life threatening illness, or unstable chronic illness. Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).

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DIMENSION	Indicator	Scales			
		Highly satisfactory = 1	Fairly satisfactory = 2	Fairly unsatisfactory = 3	Highly unsatisfactory = 4
EDUCATION & SKILLS	 Attendance	Child is enrolled in and regularly attending school (or non-formal education). 'Regularly' means that the child attends on school days, except when ill or for other exceptional reasons. Infants or pre-schoolers are stimulated to play, either with care-giver or other children in community.	Child is enrolled in school (or non-formal education), but attends irregularly. Infants or pre-schoolers are sometimes stimulated to play, but not daily.	Child is enrolled in school (or non-formal education), but rarely attends. Infants or pre-schoolers are rarely stimulated by play.	Child is not enrolled or not attending school (or non-formal education). Infants or pre-schoolers are not being stimulated by play.
	 Performance	Above average performance = Child is learning very well and is surpassing expectations of caregivers and teachers.	Average performance = Child is learning well and progressing to next grade/level, as expected.	Below average performance = Child is learning, but not meeting expectations.	Poor performance = Child has serious learning problems.
LIVELIHOOD	 Family resources	Care-giver/ family has sufficient funds to cover children's survival and development rights.	Care-giver usually has sufficient funds to cover children's survival and development rights, but income may be unstable.	Care-giver is unemployed and does not have income to cover children's survival and development rights, but this is seen as temporary.	Care-giver is unemployed and does not have income to cover children's survival and development rights.
PROTECTION & SOCIAL INCLUSION	 Abuse & exploitation	There is no obvious sign for abuse, neglect, or that the child is doing inappropriate work, or that it is exploited in other ways.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	There is the sign for abuse, neglect and/or that the child is doing inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child is obviously abused, sexually or physically, and/or is being subjected to child labor or otherwise exploited.
	 Discrimination	Child does not experience any discrimination, in the family or the community.	Child experiences some discrimination, but this does not seriously compromise the survival and development rights of the child.	Child experiences discrimination in the community, but not in the family.	Child experiences discrimination in the family.
	 Legal identity	Family has all relevant vital registration documents relating to the child (e.g. birth certificate, ID card).		Family has some relevant vital registration documents relating to the child (e.g. birth certificate, identity document), but is still missing others.	Family does not have all relevant vital registration documents relating to the child (e.g. birth certificate, identity document).
SOCIAL & EMOTIONAL WELL-BEING	 Happiness	Child is satisfied with his/her life, experiences pleasant emotions more than unpleasant ones, and has a strong sense of purpose and feels able to achieve personal goals.	Child is generally doing well in terms of life satisfaction, balance of pleasant / unpleasant emotions, and sense of purpose and achievement of personal goals; but there is room for improvement.	Child is generally doing not so well in terms of life satisfaction, balance of pleasant and unpleasant emotions, and sense of purpose and achievement of personal goals; but feels positive in some ways.	Child is unsatisfied with his/her life, experiences unpleasant emotions more than pleasant ones, and lacks a sense of purpose and feels unable to achieve personal goals.
	 Social behavior	Child likes to play with peers and participates in group or family activities	Child has minor problems getting along with others and argues or gets into fights sometimes	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school	Child has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior

ASSESSING SOCIAL IMPACT in the SOS CV Programme

Overview of assessment dimensions, indicators & descriptions of scale level for independent adults

- Independent adult who has finished education, is economically active (although not necessarily employed) and is no longer under the direct care and responsibility of their parental care-giver.
- To be assessed with former-child participants, through interviewing the former-participant him/herself. Usually, assessed for former-participants of family-like care.

DIMENSION	Indicator	Scales			
		Highly satisfactory = 1	Fairly satisfactory = 2	Fairly unsatisfactory = 3	Highly unsatisfactory = 4
CARE	Family relationships & support networks	Adult has strong positive relationships with family members, friends or neighbours, who are a reliable source of support for one another (family members can include parents/care-givers, siblings, spouse/partner, and/or extended family).	Adult has positive relationships with some family members, friends and/or neighbours, who sometimes provide a source of mutual support, but not always.	Adult has some contact with family members, friends and/or neighbours, but relationships are unstable or unhealthy, and cannot be relied on as a source of mutual support.	Adult has no contact with family members, friends or neighbours.
	Parental obligations (if have children)	Adult is actively involved in the life of his/her children, and protects and nurtures them, fulfilling all parental obligations.	Adult is actively involved in the lives of his/her children, and provides care, but is limited by illness, work, or knowledge & skills.	Adult has contact with his/her children, but is not actively involved in their lives and is not fulfilling all parental obligations.	Adult does not have any contact with his/her children and does not fulfil any parental obligations.
FOOD SECURITY	Food security	Adult usually has 3 meals a day and does not go to bed hungry.	Adult usually has 2 meals a day, but does not go to bed hungry.	Adult usually has 2-3 meals a day, but goes to bed hungry.	Adult usually has no more than 1 meal a day.
ACCOMMODATION	Stability	Adult lives in a stable situation, with no risk of loss of residence.	Adult lives in a stable situation, but with some risk of loss of residence in future.	Adult lives in an unstable situation, with the imminent risk of loss of residence or multiple re-locations.	Adult is homeless or residing in a shelter ('shelter' = temporary overnight accommodation provided by an institution or organisation)
	Living conditions	Adult lives in conditions that are adequate, as per local standards (defined on community level in consultation with key stakeholders).	Adult lives in conditions that are fairly adequate, as per local standards.	Adult lives in conditions that are below local standards, but not compromising the personal well-being of adult (and/or family).	Adult lives in conditions that are below local standards, and are compromising the personal well-being of adult (and/or family).
PHYSICAL HEALTH	Health	Adult appears to be in excellent health	Adult appears to only have minor illness (e.g. slight allergies) or has stable chronic illness for which receiving adequate treatment	Adult has moderately serious illness, or stable chronic illness, for which not receiving adequate treatment.	Adult has severe or life threatening illness, or unstable chronic illness

ASSESSING SOCIAL IMPACT in the SOS CV Programme

DIMENSION	Indicator	Scales			
		Highly satisfactory = 1	Fairly satisfactory = 2	Fairly unsatisfactory = 3	Highly unsatisfactory = 4
EDUCATION	Attainment	Adult has completed post-secondary or tertiary education.	Adult has completed secondary education or vocational training.	Adult has completed primary education.	Adult has not completed primary education or not attended formal education at all.
	Employability	Adult has the right knowledge and skills to secure a livelihood on the local job market, or is already studying towards relevant qualification – e.g. engineering qualification for employment as an engineer	Adult is overqualified for the job market but is still able to secure a livelihood e.g. engineering graduate working in a supermarket due to the lack of high-skilled job opportunities	Adult is unable to secure a livelihood on the local job market, due to current knowledge and skills, but is likely to study towards relevant qualification in the foreseeable future – e.g. unemployed high school graduate with good chances of being admitted to a vocational training centre	Adult is unable to secure a livelihood on the local job market, due to current knowledge and skills, and is unlikely to acquire relevant qualification in the foreseeable future – e.g. unemployed high school dropout with learning difficulties.
LIVELIHOOD	Household income	Individual/ Family income is sufficient to cover survival and development rights, and is stable.	Individual/ Family income is sufficient to cover most of survival and development rights, but is not yet seen as stable.	Individual/ Family income is currently insufficient to provide for survival and development rights.	There is no income to provide for survival and development rights of the individual/ family.
	Employment status	Adult is employed.	Adult is either: <ul style="list-style-type: none"> not employed, but is in education or training. not employed, but spouse (or other household member) is employed and the conditions of that employment make it unnecessary for the individual to seek employment 	Adult is not employed, and is seeking employment	Adult is not employed, and is not seeking employment.
SOCIAL INCLUSION	Discrimination	Adult does not experience any discrimination.	Adult experiences some discrimination, but this does not seriously compromise his/her well-being.	Adult experiences discrimination and this seriously compromises his/her well-being (but does not put life at risk).	Adult experiences discrimination and puts his/her life at risk.
SOCIAL & EMOTIONAL WELL-BEING	Happiness	Adult is satisfied with his/her life, experiences pleasant emotions more than unpleasant ones, and has a strong sense of purpose and feels able to achieve personal goals.	Adult is generally doing well in terms of life satisfaction, balance of pleasant and unpleasant emotions, and sense of purpose and achievement of personal goals; but there is room for improvement.	Adult is generally doing not so well in terms of life satisfaction, balance of pleasant and unpleasant emotions, and sense of purpose and achievement of personal goals; but feels positive in some ways.	Adult is unsatisfied with his/her life, experiences unpleasant emotions more than pleasant ones, and lacks a sense of purpose and feels unable to achieve personal goals.
	Self-esteem	Adult shows high self-esteem. Adult has a positive attitude towards self, feeling worthy, capable and competent.	Adult generally shows positive self-esteem, but sometimes shows insecurities and vulnerability.	Adult generally shows low self-esteem, lacking awareness of personal strengths.	Adult shows poor self-esteem. Adult feels unworthy, incapable and incompetent.

Element B: Impact on community level (non-financial)

Data collection and analysis

Various methods may be used to collect information related to community-level impact. These include:

1. Desk review of any available data on the initial situation in the community:
 - ↳ For example, from feasibility studies, baseline studies, needs assessments, CBO capacity assessments, or similar
2. Semi-structured interviews and/or focus groups with key programme staff and representatives of other relevant stakeholders, such as community leadership, local government, CBOs and NGOs. These may be particularly useful for assessment of the following:
 - ↳ Community awareness
 - ↳ Civic engagement
 - ↳ Community networks
 - ↳ Child safeguarding mechanisms

Reflecting on the current status vs the previous status, in terms of relevant indicators, to provide a basis for comparing 'before' and 'after' engagement of SOS CV programme with the community. Also, the assessment may identify the most significant changes over time since SOS CV programme has been involved in that community.

Programme and national offices staff provide contact information for relevant persons.

3. Desk review of national (or local) statistics related to the current situation in the community, with particular reference to the given indicators. For example:
 - ↳ Number of children in alternative care
 - ↳ Average costs of alternative care

It should be noted that this part of the impact assessment is open for additional qualitative methodology, such as 'most significant change', in order to support the rating of indicators for community-level impact.

Key tasks for consultant

- Adapt interview questionnaires
- Develop focus group guidelines
- Supervise or conduct data collection and data entry (including quality check)
- Analyse against initial situation in the community

ASSESSING SOCIAL IMPACT in the SOS CV Programme

Overview of assessment dimensions & indicators for community-level impact via the SOS CV Programme

- Rating of the following indicators is based primarily on the findings of semi-structured interviews and/or focus groups with key programme staff and representatives of other relevant stakeholders.
- For all indicators, ratings are supplemented by illustrations and/or case studies, providing more qualitative information to explore 'how' and 'why'.
- Ratings to be made for the situation 'before' and 'after' engagement of SOS CV Programme with the community.
- Where including the indicator on key implementation partner(s), then need to indicate whether the partner organisation was an existing initiative/entity, or one created through the programme. Can also include partners who are no longer working with SOS CV programme on a day-to-day basis.

DIMENSION	Indicator	Scales			
		Highly satisfactory = 1	Fairly satisfactory = 2	Fairly unsatisfactory = 3	Highly unsatisfactory = 4
COMMUNITY AWARENESS	Community awareness	Key stakeholders in the community are aware of the situation of vulnerable children and their families, and have a clear view on how their situation may be improved.	Key stakeholders in the community are aware of the situation of vulnerable children and their families, and have some (limited) ideas for how their situation may be improved.	Key stakeholders in the community are aware of the situation of vulnerable children and their families, but have no clear ideas for how this situation may be improved.	Key stakeholders in the community are largely unaware of the situation of vulnerable children and their families.
COMMUNITY-BASED SUPPORT SYSTEMS	Civic engagement	Collective action of community members, to address the situation of vulnerable children and their families, is visible in the community.	Individual action of community members, to address the situation of vulnerable children and their families, is visible in the community.	Few community members are taking action to address the situation of vulnerable children and their families, and it is not very visible.	No community members are taking action to address the situation of vulnerable children and their families.
	Community networks	Relevant stakeholders are actively working together to take coordinated action to address the situation of vulnerable children and their families; and they have sufficient resources and capacity to do so.	Relevant stakeholders are actively working together to take coordinated action to address the situation of vulnerable children and their families; but they have limited resources and/or capacity to do so.	Some stakeholders are providing support to vulnerable children and their families, but there are no coordinated activities to collectively address the situation of children and families at risk.	Few, if any, stakeholders are providing support to vulnerable children and their families.
	Child safeguarding mechanisms	Mechanisms are in place within the community to identify and respond to child rights violations; these are working (reasonably) well and are well-known throughout the community.	Mechanisms are in place within the community to identify and respond to child rights violations; these are working (reasonably) well, but are not so well-known throughout the community.	Mechanisms are in place within the community to identify and respond to child rights violations; but they are not working well.	No mechanisms are in place within the community to identify and respond to child rights violations.

ASSESSING SOCIAL IMPACT in the SOS CV Programme

DIMENSION	Indicator	Scales			
		Highly satisfactory = 1	Fairly satisfactory = 2	Fairly unsatisfactory = 3	Highly unsatisfactory = 4
PROGRESS TOWARDS SUSTAINABILITY	Programme-related activities (in community where already 'phased out' of direct day-to-day involvement)	Activities for the support of vulnerable children and their families, in which the programme has been involved, are continuing after SOS CV withdrew from the community.	Activities for the support of vulnerable children and their families, in which the programme has been involved, are mostly continuing after SOS CV withdrew from the community, although some have stopped.	Activities for the support of vulnerable children and their families, in which the programme has been involved, have mostly stopped after SOS CV withdrew from the community, although some have continued.	Activities for the support of vulnerable children and their families, in which the programme has been involved, have stopped after SOS CV withdrew from the community.
	Programme-related activities (in community where still have direct day-to-day involvement)	Activities for the support of vulnerable children and their families, in which the programme has been involved, would continue if SOS CV withdrew from the community.	Activities for the support of vulnerable children and their families, in which the programme has been involved, would mostly continue if SOS CV withdrew from the community, although some may stop.	Activities for the support of vulnerable children and their families, in which the programme has been involved, would mostly stop if SOS CV withdrew from the community, although some may continue.	Activities for the support of vulnerable children and their families, in which the programme has been involved, would stop if SOS CV withdrew from the community.
	Key implementation partner(s) (if applicable in local context)	Key implementation partner(s) is in place and is taking action to address the situation of vulnerable children and their families; and has sufficient resources and capacity to do so.	Key implementation partner(s) is in place and is taking action to address the situation of vulnerable children and their families; but has limited resources and/or capacity to do so.	SOS CV is cooperating with some stakeholders who are providing support to vulnerable children and their families, but there is no key implementation partner in place.	SOS CV is not cooperating with other stakeholders who are providing support to vulnerable children and their families.

- Rating of the following indicators is based primarily on desk review of relevant secondary data
- This can be supplemented by illustrations and/or case studies, exploring more qualitative information regarding alternative care

ALTERNATIVE CHILDCARE	Alternative care	Less children are placed in alternative care than before the SOS CV programme became involved in that location.	The number of children placed in alternative care is stable, but not increasing, compared to before the SOS CV programme became involved in that location.	-	More children are placed in alternative care than before the SOS CV programme became involved in that location.
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ASSESSING SOCIAL IMPACT in the SOS CV Programme

Overview of assessment dimensions & indicators for community-level impact via individual (former) programme participants

- To be assessed with former-child participants from FS and FLC
- It should be noted that the below questions are included in the questionnaire for individual former-child participants and form an integral part of the SROI calculation. If an SROI analysis is part of the impact assessment, then there is no need to capture this data separately. Only if no SROI analysis is done, is the external researcher asked to investigate these figures separately.

Dimension	Sub-dimension	Indicator	Methodology
Giving & volunteering	Volunteerism	'X' former-child participants are directly contributing to the well-being of others, through volunteering	Interview with former-child participants Amount of hours volunteered
	Giving	'X' former-child participants are directly contributing to the well-being of others, through donations	Interview with former-child participants Money spent on donations for SOS CV Money spent on donations for other organisations than SOS CV
Next generation benefit	Next generation	'X' of the children of former-child participants are growing in a caring family	Interview with former-child participants Number of children Age of mother when children were her own were born Scale on 'parental obligations'

Element C: Overview on SROI calculation

Introduction to SROI

The social return on investment (SROI) measures the social impact of a programme in financial terms. In contrast to the return on investment (ROI), which is often measured in a business context, the SROI does not account for the 'profits' accruing to the organisation itself, but rather evaluates the benefits accruing to its beneficiaries and to the broader community. As such, it is not only a useful tool to internally measure the social return of the programme, but can also support fundraising by showing how far donated funds can go.

For SOS CVI, the SROI provides evidence on the financial impact of the programme on former-participants as well as on the broader community. However, only quantifiable elements of the social return can be included in the SROI. Therefore, a full picture of social impact always needs to be based on both non-financial and financial data.

The SROI links inputs to impact along the results chain, and is calculated by comparing the cost of inputs to the realized financial benefits of the programme. Thus, the SROI is simply the present cost-benefit ratio minus one, expressed as a percentage:



Definition of SROI

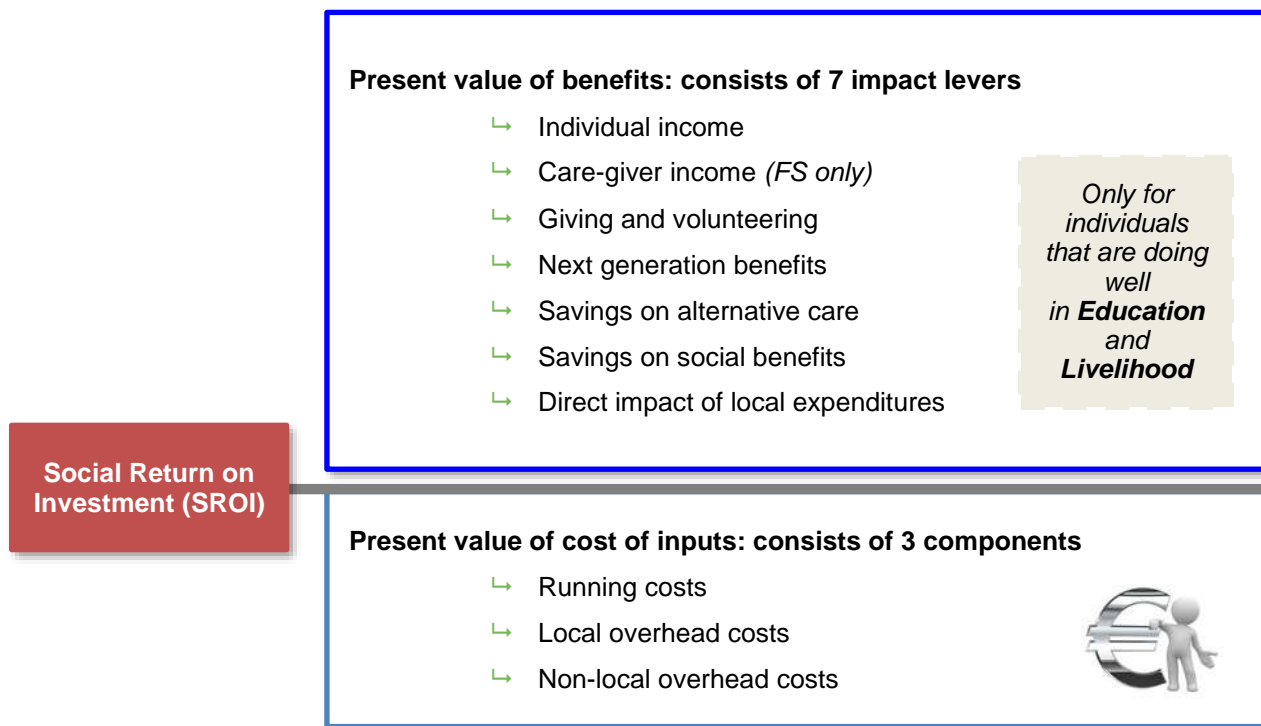
The financial benefits of the programme can be clustered into three main areas:

1. The higher lifetime income of former-child participants: Those who are already independent adults (usually coming from FLC) report income data during interviews and this is used as a basis for estimating the higher income over their life time. For those who are still dependent children (usually coming from FS), future expected lifetime income is forecasted, based on secondary data and expert interviews. It should be noted that the expected higher lifetime income is then only counted in the SROI calculation for those who can reasonably be expected to maintain such an income over time, until retirement.
2. The higher care-giver's income (if applicable): This is calculated by comparing their income before and after participation in the programme, based on focus groups, expert interviews and secondary data.
3. The return expected from broader financial benefits for society: This includes such benefits as those through increased giving and volunteering, benefits experienced with the next generation of children, savings on alternative care, savings in public spending on alternative care and social benefits, and the direct impact of local expenditures by the programme.

Overview of the SROI calculation logic for SOS CV

The SROI has been designed to be forward looking. This means forecasting the likely financial impact related to the work with the current child participants in the programme. This involves making assumptions on the future development of a child participant. In order to assess the sensitivity of the SROI results to the different assumptions, the SROI model works with scenarios. The three pre-defined scenarios are the conservative, moderate and ambitious scenarios, where the conservative yields the lowest and the ambitious yields the highest net social impact. The parameters of the model differ across scenarios, if their values are somewhat ambiguous or could vary across a range.

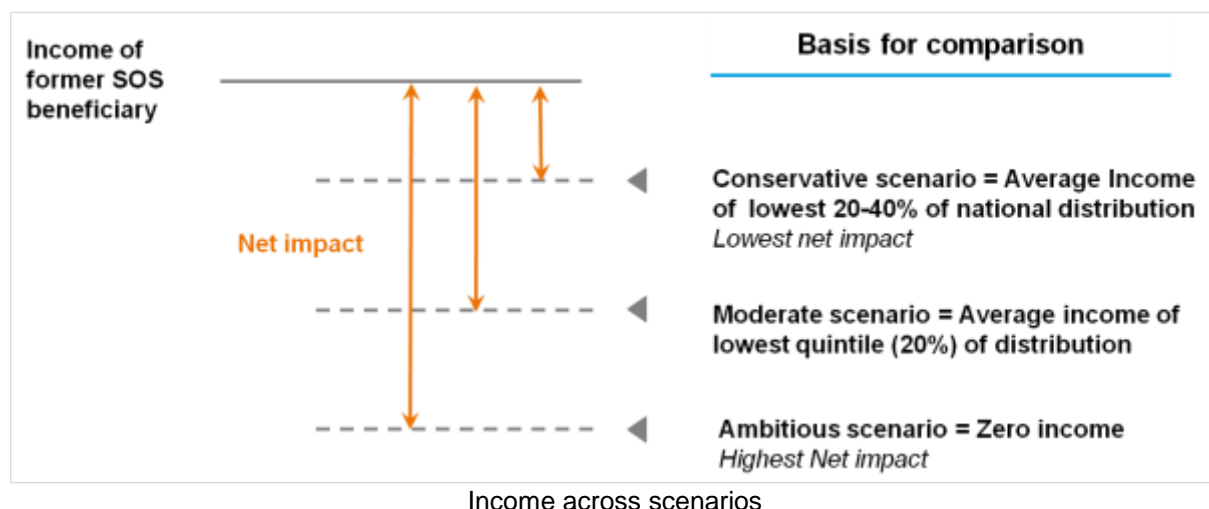
All costs and benefits do not enter equally within the SROI calculation. Whereas the entire cost of inputs for all participants (programme cost and overhead cost) is included in SROI, not all benefits are taken into account; only the impact for those individuals doing well in education and livelihood is counted towards the SROI. This implies a conservative lower bound SROI result, but a sensible one - education in particular is widely considered to be a strong predictor of future economic success.



As shown in the graph above, seven types of benefits are included:

- **Individual income:** Child participants of the SOS CV programme are well educated and therefore likely to have a higher level of income over their lifetimes than they would have without SOS CV support.
- **Savings on alternative care:** Child participants would demand alternative care of other organisations if they were not supported by SOS CV. The saving amounts to the costs of another provider if SOS were not providing the service, less any subsidy for this service that the government would anyway provide.
- **Savings on social benefits:** Child participants would demand social benefits if they were not supported by SOS CV.
- **Giving and volunteering:** Former-child participants are more likely to volunteer and donate money to other organisations in the community than individuals of the same target group who were not supported by SOS CV.
- **Next generation:** Children of former-participants are likely to grow up in a family environment more conducive to economic and social well-being than children of individuals of the same target group who were not supported by SOS CV.
- **Additional caregiver income:** Households who have participated in family strengthening are more likely to see increases income as a consequence of the programme.
- **Local expenditures:** Costs occurring locally on the ground are directly beneficial to the local community.

In order to measure the social return of SOS CV activities, the performance of former-participants must be compared to the performance of a benchmark. For individual income (the impact lever with the largest contribution to SROI), the benchmark is the average income of a comparison quintile of the national income distribution, which differs according to the scenarios. In the conservative scenario, the benchmark is the average income of the poorest 20-40% people in the country. In the moderate scenario, the benchmark is the average of the lowest quintile (poorest 20% of the country) and in the ambitious scenario the benchmark income is assumed to be zero (compare graphic below). In addition, as former-participants are on average more educated, their income grows over their lifetime, whereas the benchmark income remains constant. This (increasing) income difference between successful former-participants and the benchmark is one of the key benefit drivers of the SROI.

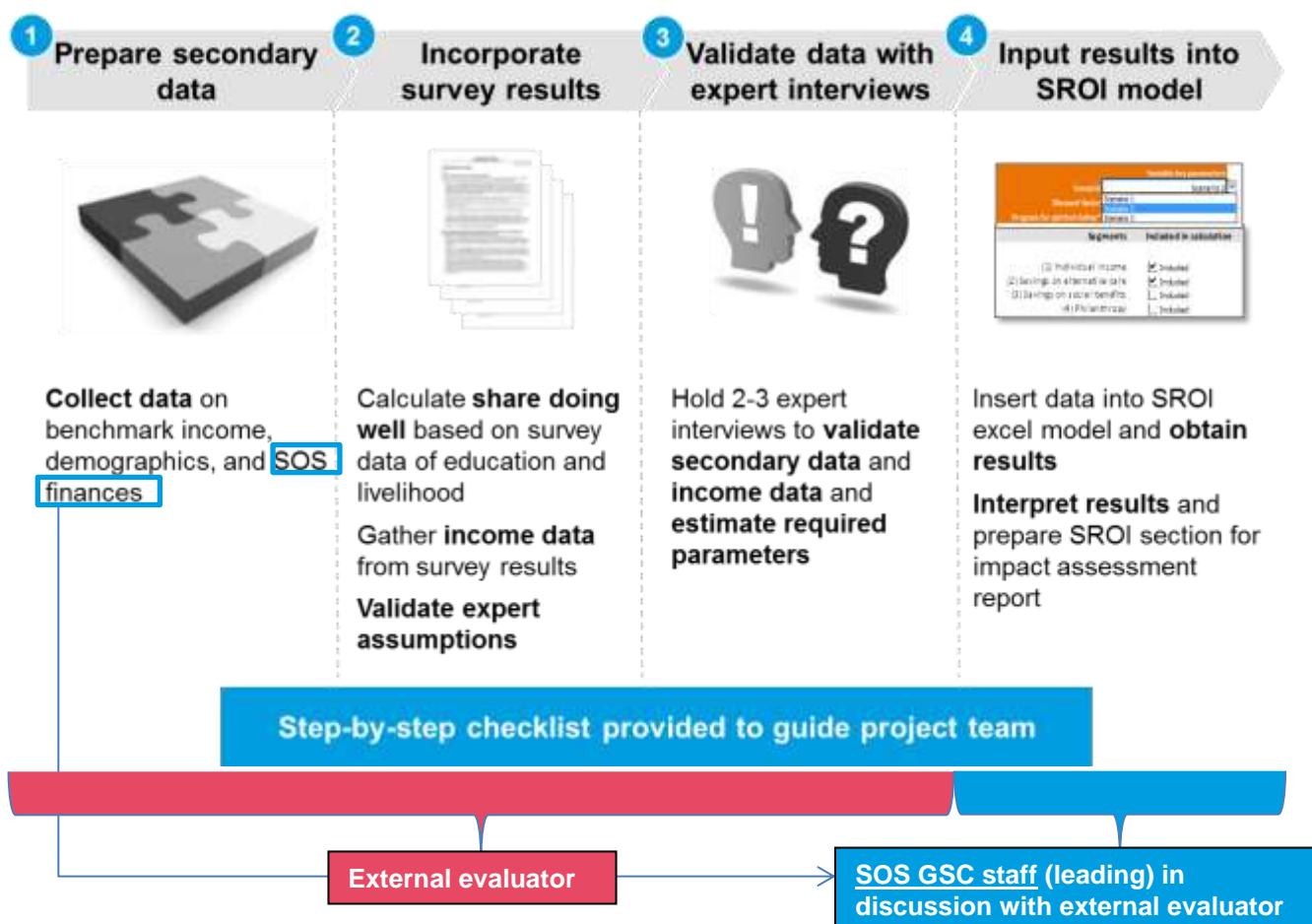


Data collection and analysis process

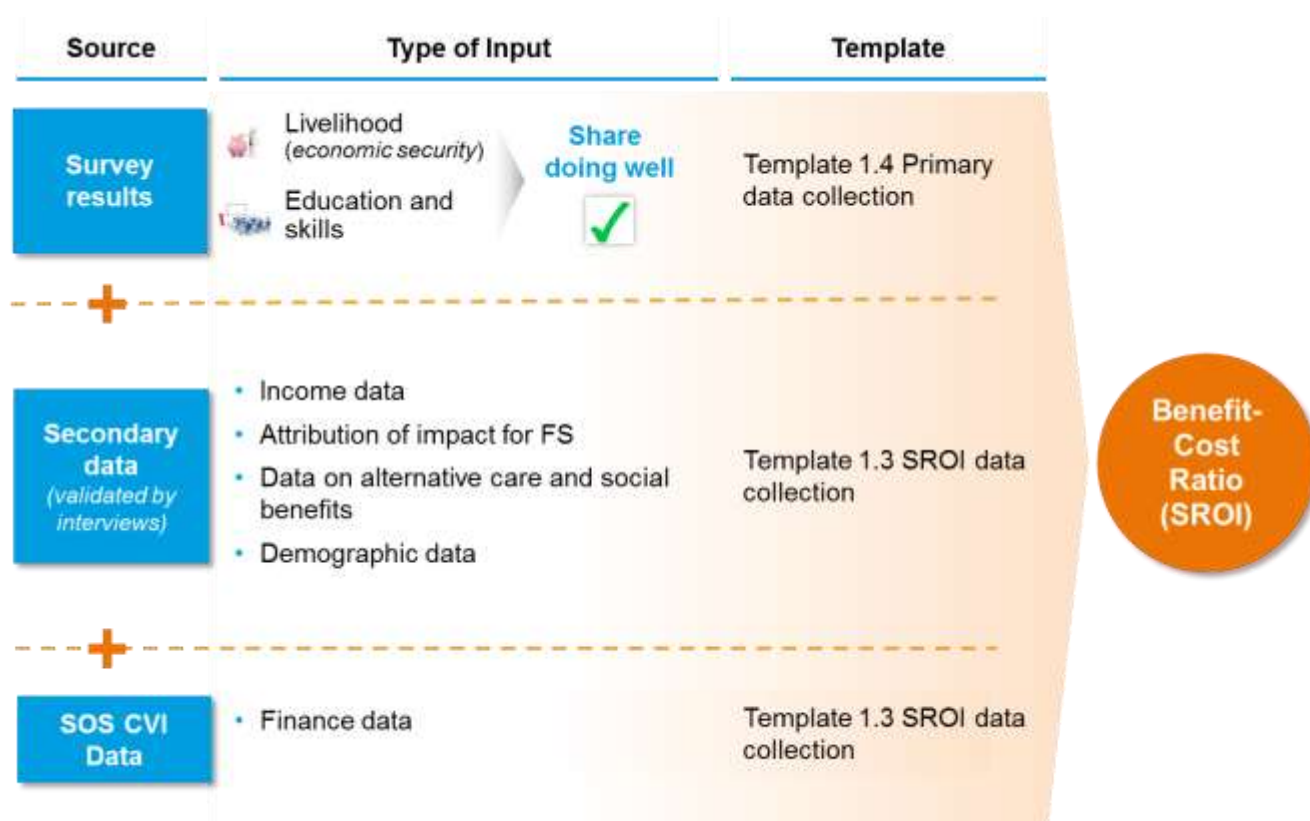
Conducting an SROI analysis as part of an impact assessment is a four-step process. The first three steps relate to primary and secondary data collection and validation. The last step is to input the collected data into the SROI model and interpret the results.

A detailed description of the SROI calculation process, with instructions and a checklist for every step, can be found in the "SROI How to Guide and Checklist" chapter in the accompanying SROI Handbook (which is provided to the external researcher). Further information can be found in the templates for data collection and the SROI model itself.

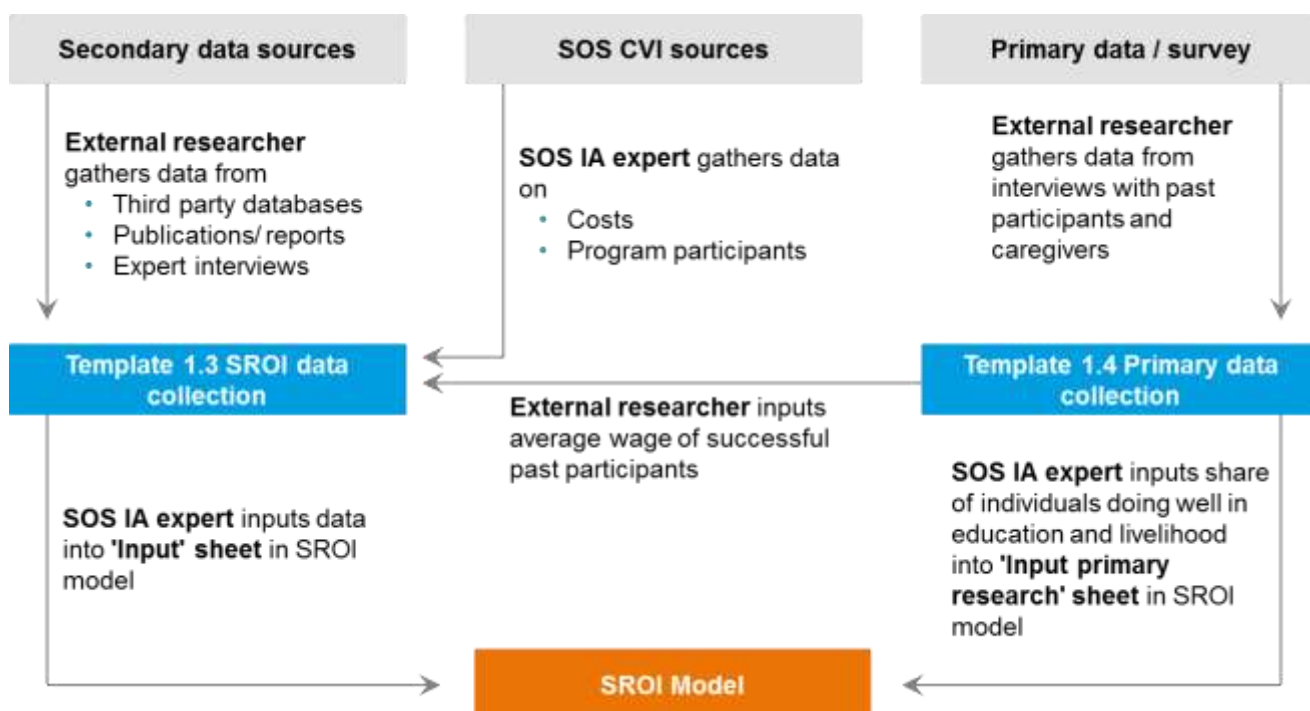
SROI calculation process:



The following diagram shows the different data sources for the SROI analysis and according data entry sheets.



The following diagram explains the data collection process with its responsibilities (SOS staff vs. external researcher) and in relation to data entry templates.



Sampling

A. Group of former-child participants of SOS CV programme

Please make sure that only cases are counted to the minimum sample size where income data is available. Otherwise, the sampling criteria are the same as under element 'A'.

B. Benchmark (virtual control group)

As the SROI quantifies the net benefits, the achievement of former-child participants needs to be compared to a benchmark. Benchmark parameters are obtained by answering the question "What would our target group have achieved without our help?". Answering this question will not always be possible with certainty; hence one should use the possibility of having different values for each scenario. The parameters can be obtained from secondary statistical sources or from expert interviews, depending on the parameter. For example, for income the benchmark income is 0 in the ambitious scenario and the average income of the first and second quintile of the income distribution for the moderate and conservative scenario, respectively. This data is to be drawn from the World Bank World Development Indicators database. Detailed instructions on which parameters need to be assessed, detailed parameter descriptions and possible sources can be found in Template 1.3 SROI data collection and the Template description document. The external researcher is responsible for collecting this data and handing over the completed Template 1.3 SROI data collection to SOS CVI, who in turn are responsible for the SROI calculation (data collection templates will be provided). In order to ensure that the external researcher has got the required insights to incorporate the findings into the evaluation report, the final results will be discussed in a joined session, making transparent the main assumptions and the benchmark chosen. All underlying assumptions and the specific parameter used for calculation are documented and will be handed over (with thorough explanation) to the external researcher.

Element D: Case stories

In-depth interviews are conducted with three former participants from family-like care and three from family strengthening, who are doing particularly well, in order to highlight what has contributed to their success. Case stories are also a possibility to find out more in-depth information about the services in the programme which were of particular value to the former child-participant and how his/her life changed due to being part of the programme. Successful case stories from community stakeholders impacted by SOS Children's Villages (for example community-based organisations, partners) may also be collected in addition where relevant.

Due to the fact that case stories focus on exclusively positive success stories, the information collected should not be used for the analysis of sections A-C, as this would make the report less objective. The case stories are to be included in the annex of the report.

Suggestions for key questions to be answered

- What was the situation like before SOS? What was the reason that you (or your family, or your organisation) became involved with SOS?
- How and when did you (or your family, or your organisation) get involved with SOS?
- What kind of support did you (or your family, or your organisation) receive? What effect, if any, did this support have?
- What was your (or your family's, or your organisation's) experience of SOS?
- What happened when you (or your family, or your organisation) were no longer supported by SOS?
- What difference, if any, do you think the support from SOS made to your (or your family's) life? (or to your organisation?)
- What do you think would have happened without the support from SOS?

Key tasks for the consultant

- Propose a methodology
- Select three former participants from family-like care and three from family strengthening, as well as community stakeholders where applicable.
- Collect data, analyse and add to annex of the report

Element E: Evaluation of programme relevance, effectiveness, efficiency and sustainability

This is complementary to results of 'A'-'C' and includes the evaluation of the programme reality against the organisational theory of change, based on the programme plan and/or programme log frame.

Key questions to be answered:

- What observations can be made comparing the programme performance with the programme plan and/or programme logframe/results frameworks? To what extent has the programme realised its targets? (findings from 'A'-'C' to be enriched by information from stakeholder interviews)
- **Relevance:** To what extent is the programme focused on the intended target group - i.e. children most at risk of losing the care of their family and those without parental care (as specified locally). How far does the programme seem to respond to the situation of the target group, their needs and priorities (based on findings of local feasibility study and programme and community stakeholder interviews)? What could be improved? To what extent did the programme engage with communities where there was evidence of (a) high number of children within the specified target group, (b) lack of capacity within families and the community to respond to the situation of these children (e.g. household poverty and lack of appropriate alternative and community services)? (findings from 'A'-'C' to be enriched by information from stakeholder interviews)
- **Efficiency & effectiveness:** In addition to, and integrating the findings from, social impact assessment elements 'A', 'B' and 'C' (financial and non-financial impact on individual and community level), to what extent can the programme be seen as effective and efficient (findings from 'A'-'C' to be enriched by information out of stakeholder interviews, and additional analysis of programme documents (e.g. budgets) if needed)? To what extent have former-participants benefited from and been satisfied with the programme interventions? Are adequate and sufficient resources invested in the programme, in terms of human resources, infrastructure and equipment, adequate transport and funds? (findings from 'A'-'C' to be enriched by information from stakeholder interviews)
- **Sustainability:** To what extent do the programme results seem to be sustainable with regard to long-lasting changes in the community and on individual level (findings from 'A'-'C' to be enriched by information from stakeholder interviews)?

Key tasks for consultant

- Propose a methodology
- Collect data, analyse and report

Element F: Additional topics

This section is to encourage the external researchers to come up with findings on any unexpected impact, whether positive or negative (only so far as not already covered under 'A'-'E'). The methodology needs to be developed by the external researcher. A summary of observations and verifiable examples is expected to be part of the evaluation report. Also, other special topics may be included, according to organisational and donor requirements, which in any case would be stated in the request for proposal explicitly. As a priority, the four below mentioned areas should be investigated:

Suggestions for key questions to be answered

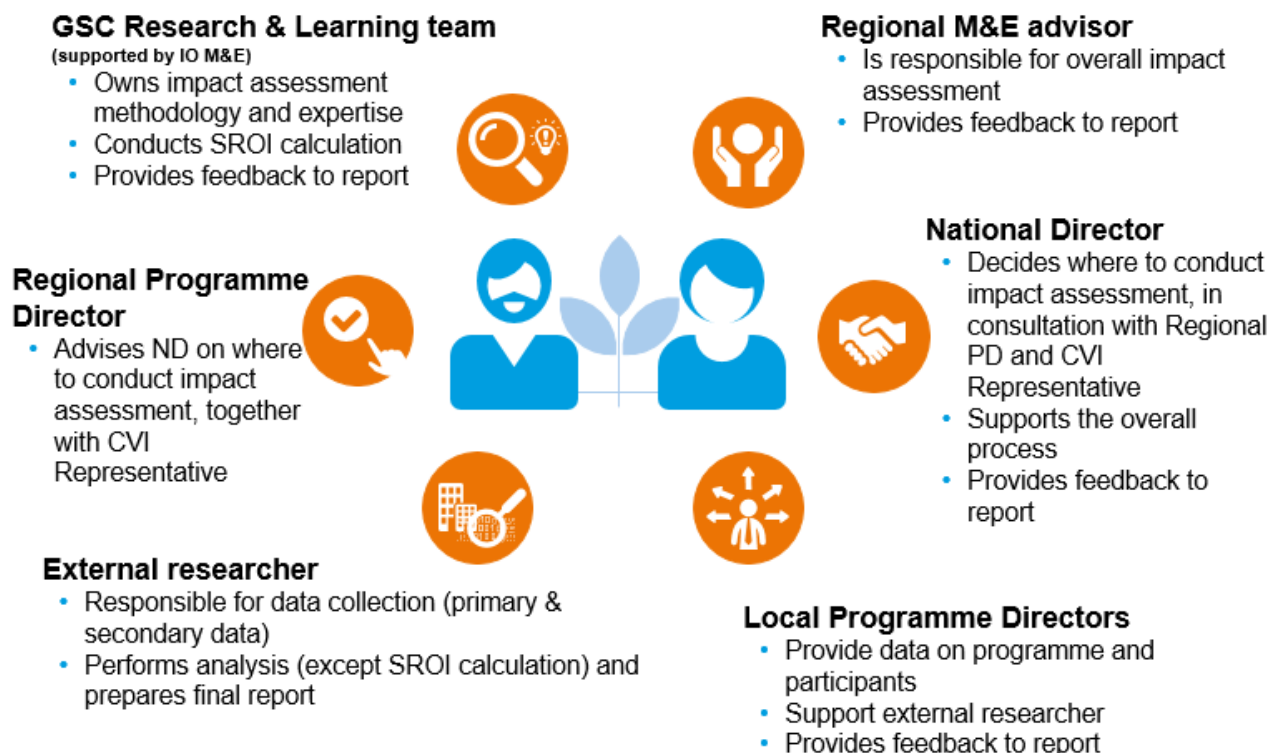
- It is desirable to interview programme staff about the different reasons for exit of former-participants, whether positive or negative, based on available programme data and staff interviews. There is no questionnaire foreseen. What were the main reasons for exit in both FS and SOS family care, and why? Where would programme staff identify the biggest challenges and room for improvements?
- How is child participation ensured in the life cycle of the programme? How active can their role be assessed with regard to taking decisions affecting their own lives?
- Examples of most successful strategies and interventions contributing towards the achievement of successful 'exits' from the programme, i.e. self-reliance (FS) and independence (SOS family care)?
- Any other unexpected negative or positive change in the lives of children, their families and communities.

Key tasks for consultant

- Propose a methodology: Open qualitative approach, e.g. using the 'most significant changes' methodology with community or programme representatives.
- Collect data, analyse and report

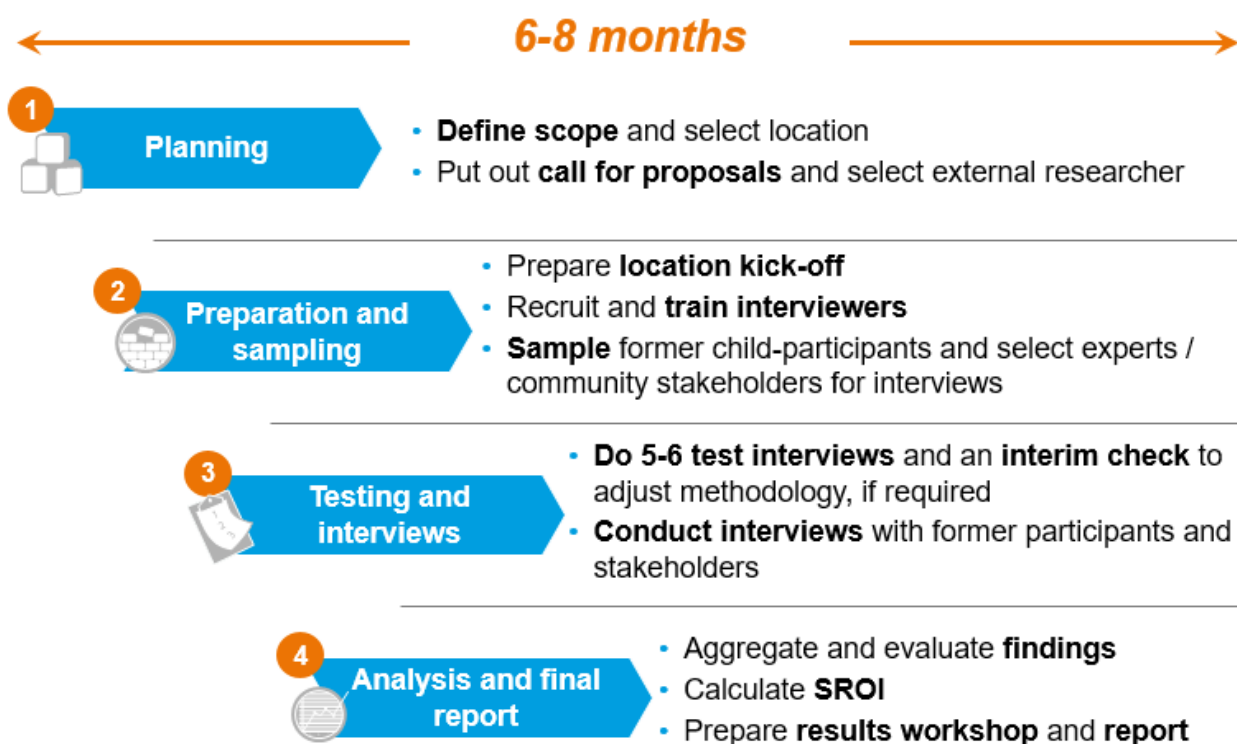
Preparing for & carrying out the social impact assessment

Main actors within social impact assessments



Steps of social impact assessment

The assessment consists of four key steps and requires six to eight months



Checklist

1



Planning

Regional M&E advisor / Research & Learning team



- Define scope of analysis (FLC/FS, financial/non-financial)
- Publish call for proposals
- Coordinate selection of external researcher



National Director/ Regional PD



- Select location based on information provided in Template 1.0 Location selection
- Provide short-list of potential local external researchers



Local Programme Directors



- Complete Template 1.1 Programme background information



2

Preparation & sampling



Regional M&E advisor



- Deliver research guide and interviewer supplement to external researcher
- Prepare location 'kick-off' workshop



External researcher



- Prepare proposal for location specific approach
- Gather data for SROI calculation (secondary data)
- Recruit and train interviewers
- Sample former participants



Local Programme Directors



- Complete Template 1.2 Former participant details
- Prepare support measures for external researcher (e.g. logistical support)



3

Testing & interviews

Regional M&E advisor



- Align with external researcher on methodological adjustments after test interviews (if required)
- Discuss results of interim check with ext. researcher



External researcher



- Conduct 5-6 test interviews to assess whether methodology works and adapt as per local requirement
- Conduct remaining interviews in timely fashion
- Present interim results after about 50% of interviews



Local Programme Directors



- Support external researcher with logistics and in contacting past participants



3

Testing & interviews

Decision on adjustments



Decision on **adjustments** of questions and scales **to local setting** taken in location work-shop

Testing



Test interviews conducted by ext. researcher with **5-6 respondents**

Approval of refinements



If necessary, proposal of further refinements by ext. researcher – approval by regional **M&E advisor** and **GSC R&L team**

Interim check



Interim check conducted by ext. researcher after **half of all interviews** and discussion of results with regional M&E advisor

Approval of changes



If necessary, proposal of changes by ext. researcher – approval by regional **M&E advisor** and **GSC R&L team**

4 Analysis & final report

Regional M&E advisor / Research & Learning team



- Perform SROI calculation
- Prepare and conduct results workshop
- Collect feedback to draft report and share this with external researcher



External researcher



- Complete Templates 1.3 SROI data collection and 1.4 Primary data collection
- Aggregate and evaluate survey results – prepare draft report and then final report considering feedback received



Local Programme Directors



- Provide feedback on draft report and assist in preparation of results workshop



Evaluability assessment

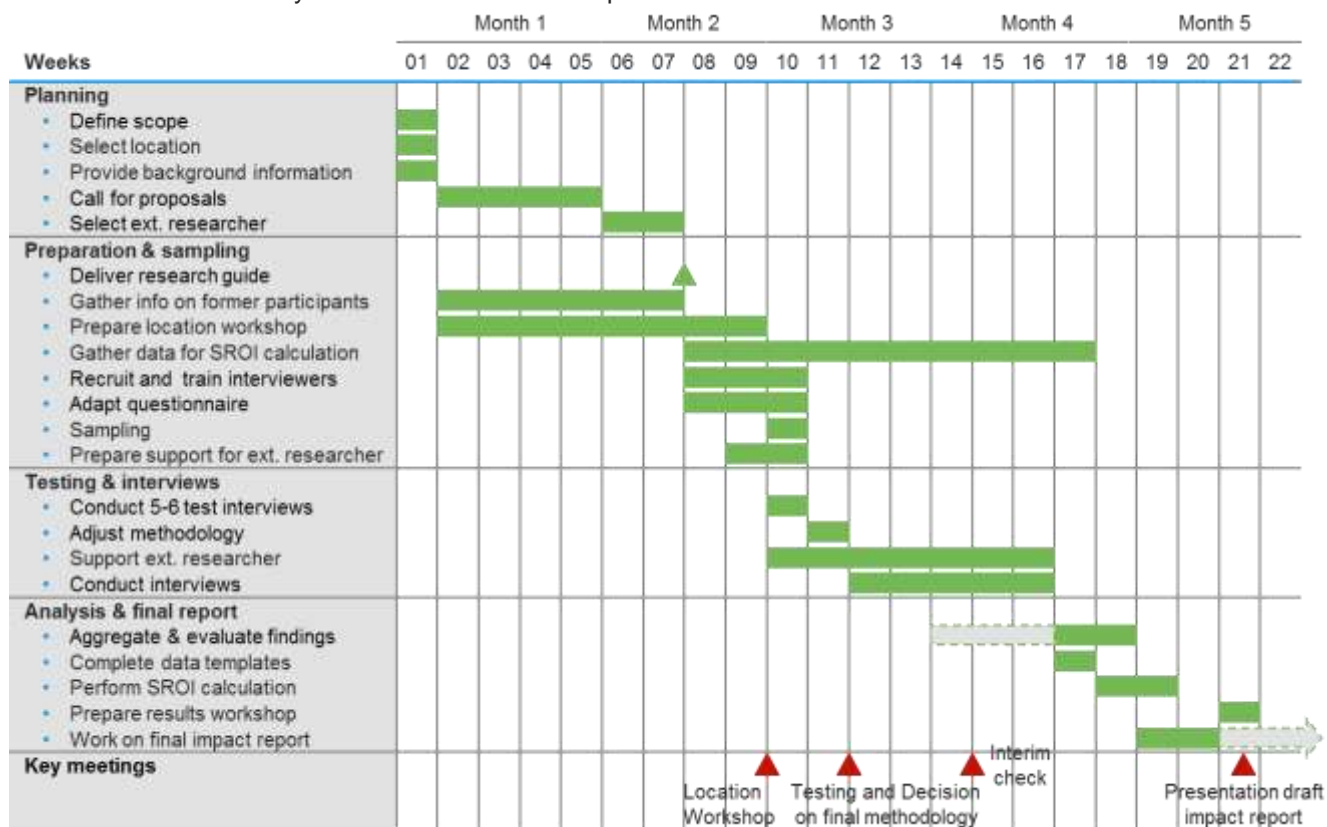
During the planning phase, the targeted programme location has to conduct an evaluability assessment, which reveals the number of former-child participants, and checks on whether the standard monitoring tools (e.g. the programme database PDB) are in place and baseline and outcome level data is available. After the external researcher has been selected and the evaluability assessment has been conducted, the proper impact assessment can start.

Overview on collection of former-child participants information:

1. Target locations or Member Association to provide data on (template available!):
 - a. Number of former-child participants in all targeted programmes
 - b. Breakdown of former-child participants according to time of exit (1-5 years ago in FS, 2-6 years ago in FLC)
 - c. Breakdown of former-child participants according to their reason for exit, e.g. self-reliant (FS), grown out of the programme (FLC), premature exit or other reasons for exit
 - d. Indicate for those who have left premature/for other reasons: minimum duration of stay = 2 years (indicate duration of stay)
 - e. Breakdown of former-child participants according to age, gender and type of family when participating in the programme (relevant to programme context, e.g. SOS family, child-headed, grandparent-headed, aunt/uncle-headed or parent headed)
2. External researcher to select interviewees based on data provided and according to selection criteria described below
3. Member association to support external researcher with tracing and contacting selected interviewees
4. In case that the number of successfully contacted interviewees fails to match the below indicated minimum number of interviews, the external consultant will select a second group.

Timetable

To be defined in detail by external consultant. Template as follows:



Abbreviations and terminology used in the document

Abbreviations:	
FLC	Family-like care service (alternative childcare)
FS	Family strengthening service (prevention)
RBM	Results-based management
TOC	Theory of Change
Terminology:	
Dimensions	Key areas of development, on individual and community levels, which are assessed with rating scales and supporting qualitative information
Indicators	Sub-areas under each dimension
Social return on investment (SROI)	Financial impact of SOS CV activities expressed as a ration (or percentage) of return on invested costs. Obtained via forecasting future lifetime success of former-child participants doing well in education and livelihood.
Doing well (SROI model)	Indicator scores a 1 or 2 in education and livelihood. Formerly called "on-track". Also called "successful former participant"
Benchmark	Basis of comparison, to show positive (or negative) change in the situation of former-child participant or community. Can include external secondary data (virtual control group), targets per dimension/indicator, longitudinal approach (initial vs current situation).
Former-child participant	Individual who previously participated in the SOS CV programme, in FS or FLC. Replaces "former beneficiary".
Dependent children	Those former-child participants who now live independently, being responsible for taking care of their own development needs.
Independent adults	Those former-child participants who are still in the parental care of their family, with the family holding the primary responsibility for guiding and supporting their development.
Primary data	Data collected through individual interviews with former-child participants (and their care-givers) and community stakeholders.
Secondary data	All other data collected, i.e. from external sources, internal data (financial), expert interviews, etc. Used for benchmarking and validation of primary data.
Expert interview	Interview with local experts, e.g. local SOS CV programme staff.