**TITLE**

Using Social Return on Investment (SROI) Methodology to Assess Value-for-Money of Public Health Interventions in Africa: An Example of an Evaluative SROI of Emergency Obstetric Care Training in Kenya

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**ABSTRACT**

**Background**

Globally, there has been increasing interest to demonstrate value-for-money of interventions using various approaches including social return on investment (SROI), which is a form of social cost-benefit analysis. EmOC training has been a key strategy for reducing maternal and newborn morbidity and mortality. Although generally considered effective, there is minimal evidence on the broader social impact and/or value-for-money (VfM).

**Aim of the research**

This study assessed the social impact and VfM of EmOC training in Kenya using the SROI methodology.

**Methods**

Mixed-methods, including interviews and focus group discussions, quantitative stakeholder surveys, programmatic secondary data analysis and literature review were conducted to obtain all relevant data. Findings were incorporated into the impact map and used to estimate the SROI ratio. Sensitivity analyses were done to test assumptions.

**Key findings**

Trained healthcare providers, women who received care from them and their babies were identified as primary beneficiaries. EmOC training led to improved knowledge and skills and improved attitudes to patients. However, increased workload was reported as a negative outcome by some healthcare providers. Women who received care expected and experienced positive outcomes including reduced maternal and newborn morbidity and mortality. After accounting for external influences, the total social impact for 93 five-day EmOC training workshops over a one-year period was valued at I$9.5 million, with women benefitting the most from the intervention (73%). Total financial valuation of inputs was I$745,000 for 2,965 healthcare providers trained. The cost per trained healthcare provider per day was I$50.23 and SROI ratio was 12.74:1. Based on multiple one-way sensitivity analyses, EmOC training guaranteed VfM in all scenarios except when trainers were paid consultancy fees and the least amount of training outcomes occurred.

**Main conclusions**

This study pioneered the application of SROI in maternal and newborn health in Africa. Though there are still methodological improvements required for SROI before its application can be scaled up in settings like Kenya, using SROI provided critical additional insight on VfM of EmOC training. As shown in this study, EmOC training workshops are a worthwhile investment. The implementation approach influences how much VfM is achieved. The use of volunteer facilitators, particularly those who work locally, to deliver EmOC training is a critical driver in increasing social impact and achieving VfM for investments made.