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Social Impact Assessment of Livelihood Promotion Programmes in Coastal Kenya

Final report

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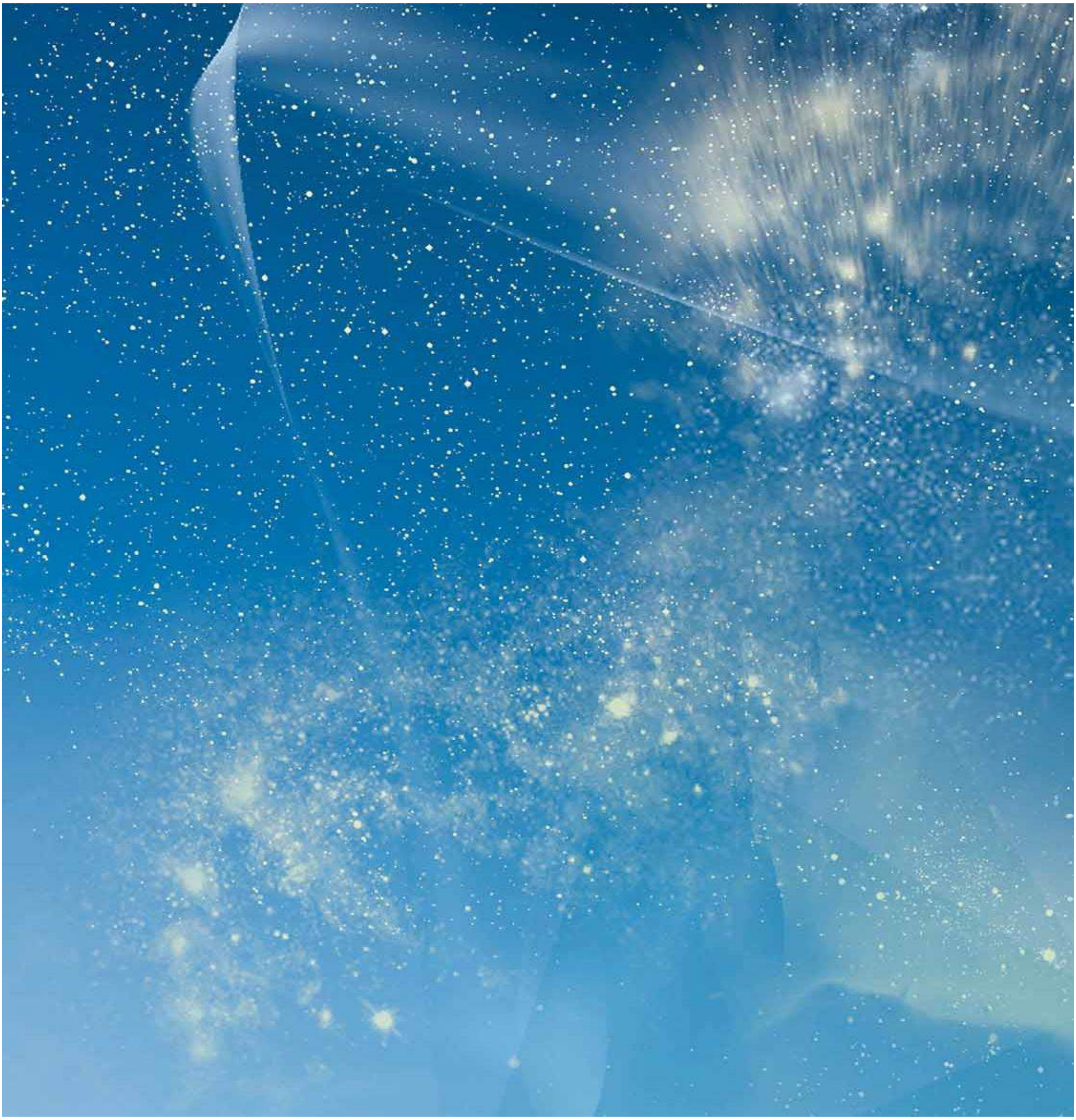

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CBO	Community-Based Organisation
CHW	Community Health Worker
CSO	Civil Society Organisation
DPO	Disabled Person's Organisation
GoK	Government of Kenya
MF	Microfinance
MFI	Microfinance Institution
NCPD	National Council of Persons with Disabilities
NFPD	National Fund for Persons with Disabilities
NGO	Non-Governmental Organisation
NHIF	National Hospital Insurance Fund
QoL	Quality of Life
ROI	Return on Investment
SCOPE	Strengthening Community Partnership and Empowerment
SIA	Social Impact Assessment
SMEP	Small micro enterprise programme
SROI	Social Return on Investment
TOT	Trainer of trainers
UN	United Nations
UNCRPD	United Nations Convention on Rights of Persons with Disabilities
VSLA	Village Savings and Loans Association
WHO	World Health Organization

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Executive summary

Livelihood comprises all activities that individuals, households or communities engage in to sustain a living, “comprising the capabilities, assets (including both material and social resources) and activities required for a means of living” (Chambers & Conway 1991, 6). Earning a living not only affects the economic situation (and the ability to cater for different needs) of an individual and their household but also the social status of the individual and/or household members (WHO 2010). However, persons with disabilities do not seem to benefit equally from mainstream employment (WHO 2011) and mainstream livelihood promotion programmes (WHO 2010) and “commonly earn less than their counterparts without disabilities” (WHO 2011, 239). The impact of mainstream as well as disability-specific livelihood promotion programmes on their beneficiaries with disabilities remains a research gap.

Methodological background: SIA, QoL and SROI

The framework adopted by the research team to examine the social impact of livelihood development activities is the renowned Social Impact Assessment (SIA) concept. The common ground of studies applying the SIA framework is the distinction between output, outcome and impact. Outputs are defined as “the direct and tangible products from the activity. […] Outcomes are changes that occur for stakeholders as a result of the activity. […] Impacts refer to the difference made specifically by your organisation or project in achieving the outcomes described above” (Lawlor, Neitzert & Nicholls 2008, 22). SIA can be described as an “overarching framework” (Vanclay 2003, 2) rather than a specific method. A Quality of Life (QoL) approach (Schalock 2010) was applied to specify the social impact to be assessed in this context. The second framework adopted in this study is Social Return on Investment (SROI). SROI seeks to account for the social value created, based on financial returns as appreciated by the perception and experience of different stakeholders. Just as SIA, SROI should be seen as an analytical framework that can be used in different ways. The common denominator of SROI approaches is the attempt to make “externalities” visible, which otherwise cannot be captured using common business economics methods like ROI (Schober & Then 2015).

Study design

The project, funded by CBM, aimed to provide guidelines on how to provide evidence-based research for the monitoring and evaluation of livelihood programmes. Specifically, the exploratory study investigated how the framework of Social Return on Investment can be applied to the field of livelihood development. To this end, an SIA and an SROI tool were developed and field-tested for persons with disabilities as well as for other vulnerable groups.

The project followed a participatory approach to achieve its goals. Therefore, the comprehensive QoL approach was applied in order to generate a broad set of questions. The study was undertaken in two phases that examined the impact of the partnering programmes from two different perspectives. During phase I, the research team developed an interview guide to assess the impact of livelihood development programmes on people with disabilities and other vulnerable and marginalised groups based on the 8 QoL domains (Schalock 2010). The implementation of the tool was piloted and field-tested in the Coastal Region of Kenya in conjunction with two local project partners. In phase II of the project, the thus developed SIA instrument informed the design of a further monitoring and evaluation tool based on the SROI approach. Here again, the tool was trialed and field-tested in the Coastal Region of Kenya in conjunction with the aforementioned partners. The study respondents in both phases of the study were beneficiaries of the two partners who participated in the study, each of the latter having provided 15 participants drawn from their livelihood promotion programmes.

Key findings

Contrary to previous expectations, respondents reported a variety of impacts in all QoL domains. Of course, certain domains were frequently emphasised with positive impacts, namely the material well-being and social inclusion domains. Narrative data, on the one hand, connected many positive changes with improved material well-being, for instance the ability to cater to needs as diverse as housing, nutrition, education and health care. Indeed, an increased income can serve as an enabling factor affecting different QoL domains. Improved nutrition, access to health care, less demanding labour and relaxation are all connected to the material situation of beneficiaries and, in turn, these factors influence their physical wellbeing. Moreover, decreased dependency and the ability to provide for others were described by study participants as positively influencing their interpersonal relations. The ability to also take financial responsibility, e.g. by contributing to social functions, further fostered the beneficiaries' social inclusion. In fact, respondents appeared to invest quite heavily in social functions (funerals, weddings, relatives' education and welfare groups). On the other hand, the positive effects of improved social networks were prominently described as another enabling factor. For some beneficiaries, the meetings of the livelihood promotion groups already generated a form of empowerment through frequent interactions, responsibilities taken within the group and an increased visibility in the community.

To assess the SROI, beneficiaries' reinvestments into different life areas were investigated since it can be assumed that these reinvestments in education, health, informal social security, assets, business or housing indirectly affect the different QoL domains. Beyond that assumption, increased opportunities to reinvest (as compared to the average population) can hint at an increased income and subsequent positive (indirect) effects for the national economy (Christoph 2015).

The following (S)ROI formula was generated based on respondents' reinvestments in different sectors:

$$\frac{\text{Reinvestments + Savings - Standardisation - Repayments - Meeting Costs}}{\text{Loan}}$$

This ratio compares the investment in the individual in the form of a loan to the enabling material factors in the form of reinvestments and savings. Each reinvestment and saving is standardised against the regional average to obtain the surplus expenditures and savings. The aim of this standardisation is to compare the effects with the so-called deadweight, i.e. effects which cannot be attributed as programme effects as they would have arisen without the intervention. Repayments and costs incurred through participation in the livelihood group meetings are subtracted because they limit those surplus expenditures and savings.

Recommendations

The study at hand recommends extreme scientific rigour when applying an SROI approach to the field of livelihood promotion. Wherever possible, baseline data should be provided to justify the attribution of specific developments to the effects of the livelihood promotion programmes. Furthermore, since the lack of adequate comparison data limits the choice of monetisable indicators, lobbying for disability mainstreaming in national and international surveys on wellbeing and living conditions is highly recommended. Lastly, the search for an impact assessment technique to measure impacts and calculate returns holistically remains a gap for further research. A hybrid tool is advocated: a tool that incorporates monetisation as elaborated in this study into an index that also applies other methods of quantification to those impacts that monetisation does not cover, e.g. non-monetisable QoL indicators. From the experience gathered in this study, quantifying QoL factors as investment indicators certainly makes sense.

1 The field: Livelihood promotion[1]

The following section defines livelihood and livelihood promotion by setting the terms into the context of the study, namely: livelihoods and the livelihood promotion of persons with disabilities in Kenya.

1.1 Earning a living in Kenya

Participation in labour activities is crucial to earning a living. Furthermore, gaining access into the world of work is a decisive step for youths during the transition into adulthood (Mugo, Oranga & Singal 2010), especially in a context where youths are expected to take care of their parents as "most families bank on their children for future prosperity and well-being" (Gona, Mung'ala-Odera, Newton & Hartley 2010, 179). However, "working age persons with disabilities experience significantly lower employment rates" (WHO 2011, 235) and "commonly earn less than their counterparts without disabilities" (ibid. 239). This is compounded by the assertion that:

> "People with disabilities in low-income countries are affected by the same factors which cause poverty for others, but also face added disadvantages. Children with disabilities face barriers to education; youth with disabilities face barriers to training; adults with disabilities face barriers to decent work" (WHO 2010, 1).

Work is an important life activity that not only generates family income but also sustains livelihoods. The concept of livelihood, however, is broader than the western concept of income (Grech 2009). Livelihood comprises all activities that individuals, households or communities engage in to sustain a living, "comprising the capabilities, assets (including both material and social resources) and activities required for a means of living" (Chambers & Conway 1991, 6).

> "By using the word *livelihood* instead of *work* or *employment*, the intention is to show that just promoting income generation is not synonymous with enhancing livelihoods or eradicating poverty. Livelihood does not only mean employment or income. It is the way in which we organize our lives not just to survive but also to flourish, as human beings with desires and aspirations. A focus on livelihoods involves creating opportunities to develop one's full potential as a *social* human being with the ability to contribute to the development of one's community and society" (Coleridge 2016, 189; emphasis in the original).

Earning a living not only affects the economic situation (and the ability to cater for different needs) of an individual and their household but also the social status of the individual and/or household members (WHO 2010). According to Reynolds and Ingstad (1995), the occupational structure of a society is one of three relevant questions when examining the characteristics of social organisations relevant to disability. It seems to be easier for persons with disabilities to make a contribution when the family is the basic unit of production compared to "when labor is a commodity sold on a competitive market in fixed time and skill units" (ibid.15).

The term "informal sector" was actually coined in Kenya (Bangasser 2000) and, unsurprisingly, this sector employs the majority of the workforce in a country, where formal employment is the exception rather than the rule (Schlyter 2002). The informal sector, as an "employer", is discussed critically since

[1] Passages from chapters 1 to 3 are currently being published in: Kuhnke, Yvonne, Lusweti, Sellah, Shauri, Halimu & Wacker, Elisabeth. Social Impact Assessment of livelihood promotion programmes in Coastal Kenya. In: Hedderich, Ingeborg, Graf, Erich & Zahnd, Raphael (Eds.): Participation and Diversity: Challenges of a World Society. Bad Heilbrunn: Klinkhardt (in print).

it operates out of reach of most laws and policies that regulate working hours, payment, occupational safety and health or social services. Especially for persons with disabilities, the stigma of being “only fit for informal work” should also be taken into consideration. On the other hand, the informal sector provides employment and income where the formal sector does not (ibid.). Formal education or vocational education are not necessarily the entry point to these income-generating activities: “The various types of skills that people need to make a livelihood […] can be acquired in non-formal ways at home and in the community, and in formal technical and vocational education and training institutions” (Ransom 2010, 145).

Confirming the above, the Kenyan monitoring report on the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) stated that “very few persons with disabilities had joined formal employment with many reporting that the set qualifications for certain positions were too high not considering the challenges they face in accessing education especially in transition to institutions of higher learning (KNCHR 2014, xi-xii).

Accordingly, the World Report on Disability proposes self-employment and microfinance (MF) as “an alternative to scarce formal employment” (WHO 2011, 247). It is stressed in the report that:

> “Case studies of those who have managed to improve their wellbeing indicate that entrepreneurship is the most frequent path out of poverty. Having multiple sources of income is also characteristic of many people who move out of poverty. In addition to entrepreneurship these income streams include wages and salaries, benefits from family, agricultural earnings, and access to land” (Narayan, Chambers, Shah & Petesch 2000, 45).

Thus, despite its risks and challenges, the informal sector can offer opportunities for persons with disabilities to earn their living while engaging in an activity that suits their abilities and needs.

1.2 Livelihood promotion for persons with disabilities in Kenya

Livelihood promotion covers a broad range of activities from skills development to the promotion of self- or wage employment, through access to financial services and the provision of social security (WHO 2010). Successful self-employment in the informal sector requires access to capital and specific business skills. However, workers without a formal job often lack access to general financial services in the form of loans, savings or insurances. MF makes those services available to people who otherwise have to rely on informal loans and savings in kind that are deemed more risky (Martinelli & Mersland 2010). The access to financial services is seen as a form of assistance for people living in poverty to help themselves overcome the latter through self-employment and entrepreneurship.

> “As originally conceived, microfinance is the provision of tiny loans to poor individuals who establish or expand a simple income-generating activity, thereby supposedly facilitating their eventual escape from poverty” (Bateman 2010, p. 1).

However, persons with disabilities do not seem to benefit from mainstream MF programmes (WHO 2010). This is also the case in Kenya, where poverty alleviation programmes often fail to target persons with disabilities, who can usually get access to skills building but not to micro-finance programmes (Ingstad & Grut 2006). Indeed, persons with disabilities face difficulties in accessing the services of Microfinance Institutions (MFIs) when it comes to proving their credit worthiness. The main barriers here are self-exclusion due to a lack of self-esteem, exclusion by the staff of MFIs due to prejudices and exclusion due to service design as well as physical or informational barriers. Throughout the world, exclusion due to systemic service design is the most crucial of the access challenges.

A survey of the National Union of Disabled Persons of Uganda on economically active persons with disabilities “reveals that it is time to rethink the entrepreneurial potential of people with disabilities and their saving habits” (Martinelli & Mersland 2010, 229). The Kenyan monitoring report on the implementation of the UNCRPD cites examples of persons with disabilities who are denied access to start-up capital due to the prejudices of bank managers (UN 2006). Access to grants from public sources on the other hand is described as “difficult due to stringent regulations, complex application procedures and the excessive requirements” (KNCHR 2014, 38). Peter Coleridge describes the exclusion of persons with disabilities in the Grameen MF model in Bangladesh:

> “The loan groups are self-selecting, and it is rare for them to include a disabled person. Members join with others whom they perceive as being likely to succeed in their businesses and repay, and they tend to see disabled people as not falling into that category” (Coleridge 2016, 198).

Livelihood promotion in Kenya has traditionally been equated with MF in many MF programmes specifically targeting vulnerable groups and practicing some form of group-based lending. It has been argued that women are more reliable clients who tend to invest for the benefit of the entire family. Thus, many MF programmes aim at the empowerment of women. “The main assumption is that by providing credit to poor women, their direct control over expenditures within the household increases, with subsequent implications for the status of women and the well-being of women and other household members” (Vaessen et al. 2013, p. 7).

However, the validity of the MF concept has been questioned and is discussed critically, especially since the MF crisis in the Indian state of Andhra Pradesh:

> “In addition to the scientific discussion of the nature of available evidence about the impact of microfinance, whether positive or negative, or indeed the absence of any evidence either way, microfinance has also received much negative media attention over the last few years which has raised the profile of the debate and increased the pressure to address the question of the effectiveness of microfinance” (Stewart et al. 2012, p. 1).

In one meta-analysis of MF validity it was concluded that:

> “Almost all impact evaluations of microfinance suffer from weak methodologies and inadequate data [...], thus the reliability of impact estimates are adversely affected. This can lead to misconceptions about the actual effects of a microfinance programme, thereby diverting attention from the search for perhaps more pro-poor interventions” (Duvendack et al. 2011, p. 4).

The (scarce) available evidence suggests that MF in the form of microcredits has mixed impacts and that, in the form of microsavings, it does not have an impact in relation to poor people’s incomes. The former do have positive impacts on the beneficiaries’ savings and accumulation of assets, on their housing, health, food security and nutrition. The impact on education is mixed with considerable adverse effects when it comes to the education of beneficiaries’ children. This is probably due to difficulties in raising school fees. Effects on job creation and social cohesion have not been detected. Microcredit can also be harmful since it can precipitate beneficiaries into debt when an (immediate) increase in income and the repayment of loans is not achievable. “Some people are made poorer, and not richer, by microfinance” (Stewart et al. 2010, p. 5). Under these circumstances, investments in the long-term future (like education) are a risky venture. For this reason, the goal of MF to reach the poorest of the poor is questionable; instead, there should be a stronger focus on entrepreneurs (Stewart 2010).

Another study found that microcredits only have positive effects on the engagement in economic opportunities when beneficiaries are highly educated or trained. For microsavings, no impact on engagement in economic opportunities has been detected, although they can increase income, savings, expenditures and the accumulation of assets. Evidence of a specific effect on women could not be found (Stewart et al. 2012).

A systematic review by Vaessen et al. (2013) included 25 out of 310 studies on women's control over household spending. Half of them displayed limitations in terms of internal validity and/or a missing theoretical framework. All of the studies included employed a comparison group. Studies that were judged to be of good quality effectively ruled out selection bias effects. It can thus be argued that financial services are more likely to attract women who are already economically active. The authors conclude that the results are statistically insignificant with a high bias risk:

> "The results of the meta-analysis indicated that the effect sizes from experimental studies examining effects of microcredit on women's control over household spending are not statistically significantly different from zero" (Vaessen et al. 2013, p. 10).

Furthermore there is more substantial criticism of the ideology underlying the MF concept. Initially, MF was promoted as a measure to alleviate poverty – not only in individual cases. But the evidence base for this goal is also weak. For instance, in Bangladesh, where microcredits are widespread and have a comparably long history, "microcredit seems to have had little impact on the country's relative development performance" (Beck & Ogden 2007, p. 20). Information on the economic effect of microcredit is scarce since its success with "repayment rates and other commonly reported measures tell us nothing about the impact of a program on poverty" (ibid., p. 20). Today, MF programmes mostly aim at so-called financial sustainability, meaning that the programmes finance themselves. This goal has replaced the original MFI models that were mostly subsidised by international donors or local governments (Bateman 2013).

Other authors go even further and criticise the destructive effect of MF investments on local economies. The focus on microenterprises and self-employment does not raise the productivity that is mostly driven by medium-sized companies. Some markets are "'saturated' – that is, every single poor person can very easily access as much microcredit as they wish. The other side of the coin is that the MF-induced increase in the supply of simple products and services meets a limited local demand (Bateman 2013): "Pushing more and more surplus workers into the same depressed informal economic space has no real economic development or anti-poverty justification, still less any ethical content" (ibid., p. 25).

In sum, the criticism of MF is harsh but, on the other hand, it can offer real opportunities to beneficiaries. Elaborating selection procedures to reach entrepreneurs who have or can acquire the necessary skills to run a successful business appears crucial. For the other (larger) part of the target group, other measures should be considered, such as e.g. the provision of social security schemes or the investment in companies bigger than microbusinesses.

1.3 Research gap: Impacts of livelihood promotion programmes

As elaborated above, many researchers have been defeated by the challenge of measuring the impacts of livelihood promotion programmes. This might be due to a lack of funding for impact assessment (see also Chapter 2.1). Consequently, capacity-building and MF programmes supporting young adults with disabilities often lack the evaluation tools and routines to continuously monitor the programmes and projects as well as measure their impact on individuals, their family and the community. Data and research-based information to develop programmes and strategies, to convince national and international funding agencies and to transfer lessons learned as well as good-practice examples to other areas are not available.

Another reason may be the complexity of the processes investigated. Indeed, livelihood is more than wage-employment and more than just income since expected outcomes range from an increase in income over diversified livelihoods to increased investment opportunities and empowerment. Furthermore, as shown in this section, the validity of many studies is tarnished by methodological weaknesses. Hence, academic literature on MF and disability is limited, e.g. to aspects such as target group size or exclusion mechanisms as described above (Martinelli & Mersland 2010). In fact, the WHO (2011) simply records a dearth of evidence about the effectiveness of MF programmes targeting people with disabilities.

2 Methodological background

In this chapter, the methodological background of this study on Social Impact Assessment (SIA), Quality of Life (QoL) and SROI is presented.

2.1 Social Impact Assessment

The framework adopted by the research team to examine the social impact of livelihood development activities is the renowned Social Impact Assessment (SIA) concept.

> "Social Impact Assessment includes the processes of analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programmes, plans, projects) and any social change processes invoked by those interventions. Its primary purpose is to bring about a more sustainable and equitable biophysical and human environment" (Vanclay 2003, 2).

SIA covers a broad field of different approaches and perspectives applied to determine the global effects of social projects focusing on diverse levels. It can therefore best be described as an "overarching framework" (ibid.) for assessing impact. Apparently, principles such as the use of local knowledge, the participation of all relevant stakeholders in planning and carrying out the assessment as well as the empowerment of those affected by a certain activity, are essential characteristics of this framework.

The common ground of studies applying the SIA framework is the distinction between output, outcome and impact. Outputs are defined as "the direct and tangible products from the activity. […] Outcomes are changes that occur for stakeholders as a result of the activity. […] Impacts refer to the difference made specifically by your organisation or project in achieving the outcomes described above" (Lawlor, Neitzert & Nicholls 2008, 22). Thus, when examining the impact, the so-called deadweight has to be taken into consideration. The latter is defined as what would have happened without the intervention (ibid.). SIA focuses on those outcomes that "cannot be assigned numbers and percentages, but can be seen, felt, and sensed in the overall social ambience of the social domain in question" (Centre for World Solidarity 2015, 27).

Figure 1 proposes an impact assessment model that compares project outcomes only after having considered the inputs made, the activities the programme engaged in, output and outcome. Beyond that, the deadweight needs to be subtracted so that the impact can be solely attributed to project activities.

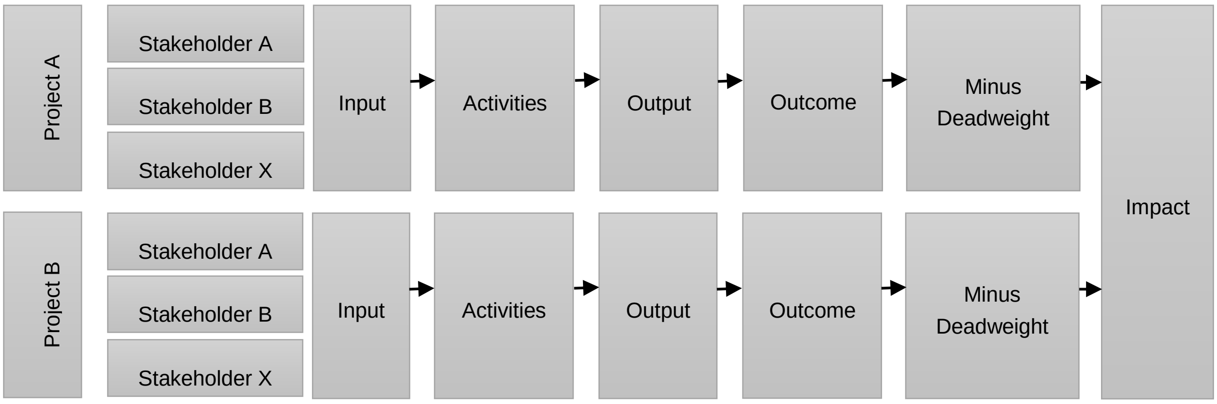


Figure 1: Impact Assessment Model (adapted from Rauscher, Mildenberger & Krlev 2015, 44)

Beyond the difficulty of taking all the above impact components into consideration, the Evaluation Gap Working Group (2006, 3) further diagnoses a systematic impact assessment gap[2] due to few incentives but many obstacles when conducting such studies – especially in terms of high costs and a lack of funding.

2.2 Quality of Life

As transitions into work and employment are important at the individual, family and community levels, any tool that is adequately designed to assess livelihood development activities will thus have to pay special attention to the social outcome of these activities. QoL serves as an appropriate framework to assess those social outcomes.

Schalock (2010) suggests the following eight QoL domains, namely

1. Personal development
2. Self-determination
3. Interpersonal relations
4. Social inclusion
5. Rights
6. Emotional wellbeing
7. Physical wellbeing
8. Material wellbeing

This set of domains represents the multi-dimensionality of the QoL construct. The eight QoL domains were elaborated through a meta-analysis of international literature on QoL and validated by cross-cultural studies. In turn, they have been subsumed into three higher-order constructs: the so-called QoL factors independence, social participation and wellbeing.

The QoL domains require further operationalisation to translate into personal outcomes. A list of exemplary indicators can be found in Table 1. These indicators can subsequently be broken down into specific items that are assessed through self-report or direct observation – referred to as methodological pluralism (ibid.).

[2] "There are many types of knowledge and correspondingly many useful methods. One type of knowledge concerns the net impact of a program or intervention on conditions that the program sought to alter—children's health status, income-generation by households, learning outcomes, for example. Acquiring this knowledge typically demands studies that are different from program monitoring or process evaluations. It requires impact studies" (The Evaluation Gap Working Group 2006, 2).

Factor	Domain	Exemplary indicators
Independence	Personal development	Educational status, personal skills
	Self-determination	Choices, autonomy, personal values
Social participation	Interpersonal relations	Social networks, interactions, relationships, support
	Social inclusion	Community integration and participation, community roles
	Rights	Human (respect, equality) and legal (citizenship, access)
Wellbeing	Emotional wellbeing	Safety and security, contentment, self-concept, lack of stress
	Physical wellbeing	Health and nutrition status, health care, leisure
	Material wellbeing	Financial and employment status, housing, possessions

Table 1: QoL factors, domains and exemplary indicators (adapted from Schalock 2010; Schalock, Keith, Verdugo & Gómez 2010)

Cross-cultural validation confirmed that the domains have etic properties but that the indicators show emic [3] properties in the form of significant differences between groups and geographical regions (Schalock, Keith, Verdugo & Gómez 2010). This means that the relative importance of different indicators varies both inter-individually and inter-culturally (Schalock 2010). This understanding underlies the study at hand.

2.3 Social Return on Investment

One attempt to assess social impacts is the Social Return on Investment (SROI) approach. SROI seeks to account for the social value created, based on financial returns as appreciated by the perception and experience of different stakeholders. Just as SIA, SROI should be seen as an analytical framework that can be used in different ways (Schober & Then 2015).

> "It looks for key indicators of what has changed and tells the story of the change and, wherever possible, uses monetary values for these indicators. By monetising these indicators, financial equivalents to social and environmental returns are created" (Brouwers et al. 2010, 14).

The relation between costs and benefits can be analysed using common business economics methods like Return on Investment (ROI) or Cost-Benefit Analysis. But these economic measures do not cover "externalities" (Schober & Then 2015). Public as well as merit goods are subject to market failure as they are oriented towards individual benefits. Their value cannot be determined through supply and demand since public and non-profit stakeholders allocate these goods outside of the market (Schober 2015). The creation of public goods as a return on social investments is usually invisible to many donors and to society as a whole. So far, there is no commonly accepted method to measure the success of organisations or projects that aim at public welfare and social change. SROI approaches commonly view social projects or businesses as investments, and try to determine profits or returns. In existing

[3] Etic in this context refers to universal properties, whereas emic properties are defined as culture-bound (Schalock, Keith, Verdugo & Gómez 2010).

SROI studies, many limit themselves to ROI while others portray social impacts in a narrative way. Rarely are they systematically analysed, especially when time and resources are limited. Neighbouring fields are research on QoL, Participation, Social Capital, Networks or evaluation of education (Kehl, Then & Münscher 2012).

The SROI-Approach was first developed in 1996 by the Robert Enterprise Development Fund (REDF) in San Francisco. This approach distinguishes between three different types of values: economic value, socio-economic value and social value. Economic values comprise the classical business economic outcomes, whereas socio-economic values are additional costs and benefits that can be described in monetary terms. Examples of this are opportunity costs, increased tax revenues or social security contributions. So-called social savings also fall into this category – when spending on social welfare or aid is reduced as a consequence of the intervention (Emerson, Wachowicz & Chun 2000). In the REDF model, social values are defined as additional benefits that cannot be quantified in monetary terms, such as QoL, social capital or health impact (Kehl, Then & Münscher 2012).

The *Context, International Cooperation* model from the Netherlands aims at the development of a business scorecard (not yet achieved) to allow social entrepreneurs to prove that their business is economically sustainable and promotes social change. The created values are compared to the investments made (Greve, Lont, Velden & Spek 2013):

> "SROI tries to capture the complex characteristics of multi-faceted social business investments and (chain) dynamics in a comprehensive analysis. Hence, it combines both quantitative and qualitative types of information and data. The end-result will be an assessment of the investment made, which in turn combines numeric analysis (the SROI ratio) with narratives. Hence the term: narrative numeracy to characterise the SROI approach" (Greve, Lont, Velden & Spek 2013, 19).

SROI has been mainly applied to fields where socio-economic values can be analysed easily, such as the (re)integration of different groups into the job market or crime prevention. The SROI approach requires adaptation when applied to a specific field (Kehl, Then & Münscher 2012).

For instance, an SROI approach was used to determine the social and economic impacts of sheltered workshops in Germany but only monetary impacts where assessed. The analysis showed that part of the investments flow back into the public purse through social security contributions and taxes. Costs for adult daycare are avoided and sheltered workshops further boost the regional economy by generating, purchasing and delivering goods (BAG WfbM 2014). These findings can thus demonstrate the (socio-)economic impacts of sheltered workshops but not the social impacts of the investment for employees with disabilities.

Münscher & Schober (2015) explain why a reliable monetisation of social impacts cannot be achieved easily because the non-profit sector is very heterogeneous. Indeed, differing objectives cannot be measured with the same index figure. A further problem with the attribution of social impacts is that most objectives are shared with other stakeholders in society. Other influences therefore need to be considered and, if possible, monitored. Lastly, social impacts are normative categories. Their designation or assigned value may vary according to the attitudes of different stakeholders. Therefore, the SROI approach cannot supply a generic, comprehensive and objective ratio in monetary terms. Instead, monetisation is only one part of a mixed-methods argumentation line (ibid.).

Bearing these considerations in mind, Knecht (2010) elaborates on why quantifications are not sufficient to capture impacts on QoL. Firstly, quantifications of a non-quantifiable resource presuppose a rate of exchange. For originally non-quantifiable indicators, this exchange rate is not given but needs to be invented. If the chosen rate is not explained thoroughly, it must be classified as arbitrary. Secondly, besides their functional importance in achieving other goals, some resources like health or education have an intrinsic value. Quantification can characterise the transformation of this resource into e.g. monetary value but not its intrinsic value. Thirdly, quantifications produce aggregate data that can suggest analytical reductionism, if not supplemented by a more detailed analysis of transformation processes (e.g. concluding that an educational level directly impacts on better health status). Lastly, quantifications in the sense of production function, net results or profit and loss account do not capture external preconditions as well as the external effects of transformations. Attempts to internalise effects through SIA show how delicate it is to widen perspectives.

Schober (2015) distinguishes between three main methods of monetisation: cost-based monetisation, stated preference approaches and revealed preference approaches. Cost-based monetisation is a widely used method expressing the costs of generated and avoided externalities, e.g. damage costs, avoided costs, restoration costs, replacement costs and abatement costs. Using the method of cost-based monetisation is advantageous as the costs of goods and services can be easily determined, but disadvantageous as it mainly focuses on economic impacts and tends to monetise the input or avoided inputs instead of the impact. The stated preference approach enquires about individuals' preferences: they are interviewed in order to determine their willingness to pay for a positive impact or their willingness to accept a negative impact of interventions. The revealed preference approach uses available data about the actual behaviour of individuals and tries to determine the impact of the intervention on the market value of a certain good. Further common monetisation methods borrow the results obtained by earlier monetisations of similar impacts or estimate monetary values through focus group discussions or Delphi processes with different stakeholders.

SROI analyses can be conducted retrospectively, based on actual outcomes, or prospectively. In the latter case, a forecast of outcomes is used (Nicholls, Lawlor, Neitzert & Goodspeed 2012). Ex-post studies with deadweight considerations are common in the context of development cooperation, whilst ex-ante studies can be found in the context of environmental and Social Impact Assessment (Schober & Then 2015).

3 Study design

This study closely examines the structures and effects of two current programmes operating in the field of livelihood promotion on the Kenyan Coast. One is specifically designed for young adults with disabilities and the other targets women as another vulnerable group since, compared to men, they experience a higher level of marginalisation due to lower literacy levels, high incidence of child marriages as well as less access to and control over resources.

From May 2014 to December 2015, Pwani University (Kenya) and the Sociology of Diversity Chair (Technical University of Munich) jointly developed and field-tested two interview guides that aimed to assess the social impacts of livelihood promotion. The exploratory study investigated how the framework of SROI can be applied to the field of livelihood promotion for persons with disabilities and other vulnerable groups. Small-scale tracer studies were used to find out which (broader) benefits had been created for the target group and other stakeholders by such programmes. The analysis adopted in this study is mainly based on actual project outcomes but also incorporates retrospective views of the past 12 months on the respondents' project activities as well as their future aspirations.

3.1 Research questions and expected outcomes

The main question underlying this study is: (how) is the SROI approach applicable in the selected field of study? From this particular perspective, the study at hand seeks to uncover the potential but also the limitations and challenges of this approach. Besides conceptual considerations (see Chapter 4.3.), the formulation of questions on monetisable aspects was discussed before they were field-tested.

Beyond this central methodological issue, the study was guided by the following questions: (how) do persons with disabilities and other vulnerable groups benefit from livelihood promotion programmes and which benefits have been created for other stakeholders?[4] How can one capture these social impacts of livelihood promotion programmes for different stakeholders?

The main expected outcomes were two tools, which were supposed to facilitate comprehensive monitoring and evaluation. Additionally, a better understanding of the structures of livelihood development programmes and their impact as well as deeper insights into the life circumstances experienced by beneficiaries of livelihood promotion programmes was expected.

3.2 Project design

The study was conducted in two phases that examined the impact of the partnering programmes from two different perspectives. During the first phase of the project (October 2014-September 2015), the research team developed an inclusive SIA instrument that tries to capture the perceptions of the beneficiaries as well as the outcomes for the individual, family, community and society levels. Based on the eight QoL domains, the team developed an interview guide to assess the impact of livelihood development programmes for people with disabilities and other vulnerable and marginalised groups (see Appendix 1). The operationalisation was critically discussed within the team and with partnering institutions in the field in order to adapt the line of questioning to the specific Kenyan cultural context as well as to capture contextual factors. The tool was field-tested in the Coastal Region of Kenya in conjunction with two local project partners. Research assistants were trained to use the tool. They subsequently conducted pre-tests and adapted the interview guide accordingly before collecting the data. Interview recordings were transcribed (see Appendix 2), analysed and recommendations were noted in a report in preparation for the next phase of the study. The Kenyan team developed an Excel template to efficiently transcribe the recorded data. Based on the structure of the interview guide, information was summarised and sorted out into different QoL domains. Instead of transcribing statements word by word in Kiswahili and then translating into English, the research assistants summarised the answers and directly transcribed them into English. Passages with a high density of information were transcribed word-by-word so they could be cited in this report.

In the second phase of the project (September-December 2015), the thus developed interview guide was incorporated into a second interview guide based on the SROI approach (see Appendix 3). The tool aimed at an input-outcome analysis, based on the assessment of financial returns as appreciated by the beneficiaries themselves and other stakeholders and including complementary qualitative data. The tool was again field-tested in the Coastal Region of Kenya in conjunction with the two local project partners before data was collected (see Appendix 4).

[4] The proposal for the study at hand specifically targeted young adults with disabilities transitioning into work and employment – with a focus on programme alumni. The assumptions of the proposal were corrected in the sense that livelihood projects do not aim for a single transition and that they target people of all ages. Indeed, some respondents had been clients for more than twenty years.

Consultation in the tool preparation process was sought through the participatory strategy of regular roundtable meetings with the collaborating partners in the field, staff members and directors of livelihood development programmes, as well as various experts in the area of disability and research methodology. As experienced organisations in the field of livelihood development, the collaborating partners were in a good position to identify (un)expected and (un)desired social outcomes and changes with regard to QoL. They furthermore facilitated access to data and information about their programmes as well as contacts with the beneficiaries of their programmes.

Since the research team was looking for methods to adequately assess impacts, the study has a broad methodological range with a thematic focus on the field of livelihood promotion. This explorative study investigated the feasibility of the SROI approach in the selected field and sought to elaborate and field-test a research tool. For this purpose, indicators were developed by the intercultural research team – a process that led to lengthy discussions about the operationalisation of impacts as well as monetisation. Both interview guides were translated into Kiswahili, the language in which the interviews were conducted. The translation and adaptation of items also posed challenges since the theoretical concept enrolled was elaborated in an Anglophone, Western context.

The research team pursued an inclusive approach, since it was interested in the perspective of both persons with disabilities and other vulnerable groups. Therefore, the comprehensive QoL approach was applied in order to generate a broad set of questions. This had implications for the interview time frame and, consequently, for the number of participants that could be reached within the given project frame.

Added methodological challenges for the study were the unavailability of baseline data and the fact that collection of longitudinal data was not possible, given the limited duration of the project. Thus, a cross-sectional design was chosen and the study relied on respondents' self-reported changes. However, self-reports about changes in financial outputs or investments are especially challenging. It is widely known that study respondents often answer questions regarding their income incorrectly, be it for motivational or knowledge-based reasons. A bias towards stating positive impacts and stating that money from the project was spend for reinvestments rather than basic needs can also be assumed since these represent the socially desirable answers. All the limitations mentioned thus have implications for data quality. Otherwise, it should be stressed that data collection in this study specifically aimed at refining the design of the impact assessment tools. The ultimate goal was to obtain tools to guide organisations in the objective assessment of the impact of their projects and programmes in order to inform programming decisions and policy formulations.

3.3 Specification of the field in terms of SROI

How can the field of livelihood promotion be specified in terms of SROI? Firstly, it should be noted that beneficiaries of livelihood promotion programmes actively participate in the intervention as co-producers (Then & Kehl 2015). They even invest their own resources and take individual risks. Secondly, since the intervention is essentially monetary, it also aims at inducing monetary effects. Indeed, the original field of SROI attempts to monetise impacts of interventions where money is a means to another end (Then & Kehl 2015).

In the case of social impact assessment, experimental designs are not applicable due to a self-selection bias of livelihood promotion programmes beneficiaries, i.e. it is more likely that those people who want to participate are already more economically active. Moreover, when they join the study, beneficiaries already know whether they are part of the intervention or the control group. Not admitting beneficiaries would also raise ethical concerns (Rauscher, Schober & Krlev 2015).

To counter the lack of control group, standardisation should be achieved through officially available statistics since it is possible to analyse whether the study sample is significantly different from the general population in terms of various socio-demographic characteristics. The same can be done to standardise assessed impacts (Kehl & Then 2015). Unfortunately, with the high prevalence of livelihood promotion programmes, it cannot be guaranteed that this artificial control group is not participating in similar interventions. To wit, in 2005/06, 7.8 % of the general population in the Coastal region of Kenya received MF credits (Government of Kenya, B136).

The QoL domains are not traded on markets but can be described as "externalities" (Schober & Then 2015) that do not have a market-based price but an intrinsic value (Knecht 2010). Thus, the mere financial ROI does not capture the main objectives of livelihood promotion programmes. But some QoL indicators can indirectly impact beneficiaries' income and, thus, the national economy. For example, strengthened networks can improve business opportunities that can result in higher income und subsequently increase tax revenues.

Lastly, socio-economic impacts on tax and insurances as well as avoided welfare costs can be assumed but are not easy to assess in Kenya. Indeed, in a context where diverse sources of livelihood are the norm, data on the evolution of (household) income does not really capture all the important changes. In other words, diversified livelihoods are not easy to measure especially when most systems – markets, job markets, social security – are informal and do not necessarily involve bookkeeping.

4 Main Findings

In this section, the main findings are presented. After describing the samples from both data collections, the impacts on different QoL factors and domains are described. Finally, the results of attempts to monetise those impacts are discussed.

4.1 Study sample

In the following subsection, the respective samples for the first and second data collection are characterised.

Sample phase I

Study participants (total sample size: 30; male: 17; female: 13) were between 26 and 65 years old (mean age: 43.5 years) and resided in 20 different locations in Mombasa and Kilifi County (7 in urban and 23 in rural areas). The participants were beneficiaries of the two partners who participated in the study, each of the latter having provided 15 participants drawn from their livelihood promotion programmes. Candidates had joined the respective programme on average 5.4 years prior to the interviews. 14 participants were economically disadvantaged, 12 were physically impaired, 4 were visually impaired[5] and 1 participant was a relative of a child with disabilities. Due to the exploratory nature of this study, respondents were not sampled randomly but purposively. The project partners directed the team towards respondents whom they considered insightful enough to fulfil the research objectives. The geographic locations were agreed upon, covering some urban as well as rural settings.

Concerning the **educational level** of participants, it was found that 14 of the study participants had no formal schooling or only primary education. Males reported higher educational levels than females. No male respondent reported lacking formal education. In terms of education, participants were also profiled

[5] One participant had both visual and physical impairments.

according to different types of impairment – a significant strategy. To wit, individuals with visual impairments had no formal education. This finding can hint to the barriers that people with visual impairments face in accessing education. Generally, however, the level of education of people with impairments as compared to people without impairments was not significantly different.

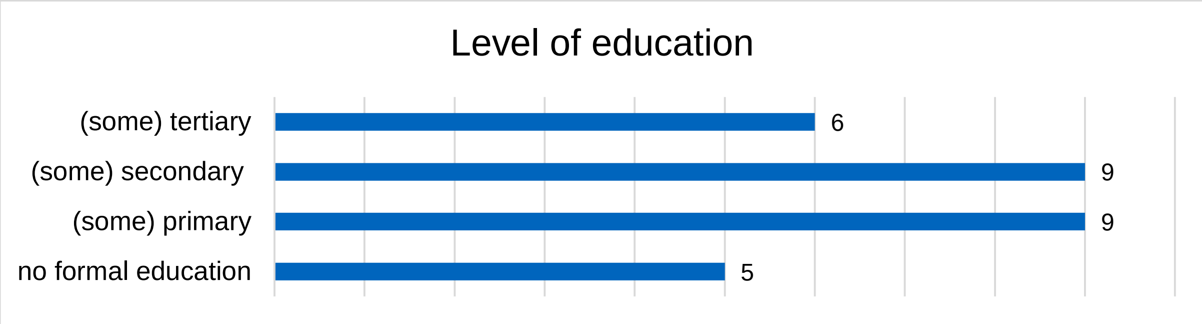


Figure 2: Self-reported level of formal education of study participants (SIA)

Regarding the **housing situation**, most study participants reported living in stone houses (18 out of 30). It was stated that between 2 and 20 persons lived in one household (on average 7 persons). 17 respondents owned or co-owned the house they lived in, with significant gender differences in favour of males. Males were more often reported as owners of the houses. No male respondent reported co-ownership or that his spouse was the owner of the house.

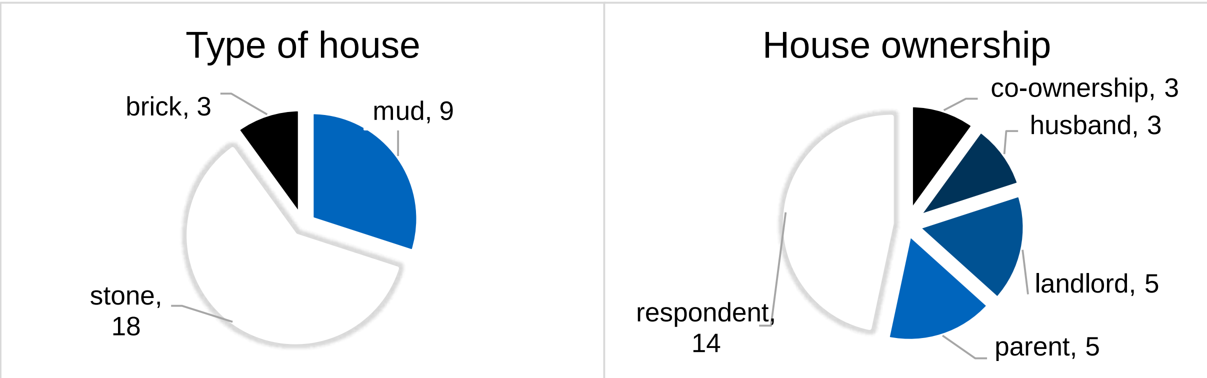


Figure 3: Self-reported type and owner of respondent's house (SIA)

Sample phase II

Study participants (total sample size: 30; female: 18, male 12) were between 20 and 54 years old (mean age: 35 years) and resided in 16 different locations in Mombasa and Kilifi County (8 in urban and 22 in rural areas). Each partner organisation provided 15 participants who were beneficiaries of the livelihood promotion programmes. Participants had joined the respective programmes on average 6.1 years previously. 15 participants were economically disadvantaged, twelve were physically impaired, two participants were relatives of a child with disabilities and one participant had epilepsy. As in the first sample, most respondents did not complete more than primary education. Both the group of persons with tertiary education and the group with no formal education were smaller than in the first phase of the study.

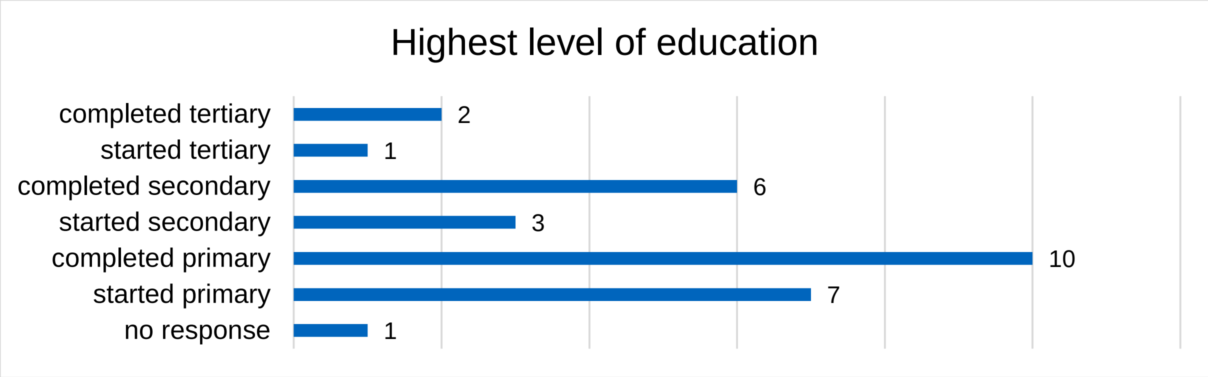


Figure 4: Self-reported level of formal education of study participants (SROI)

In the second data collection, most respondents again reported living in stone houses that they owned (17 out of 30).

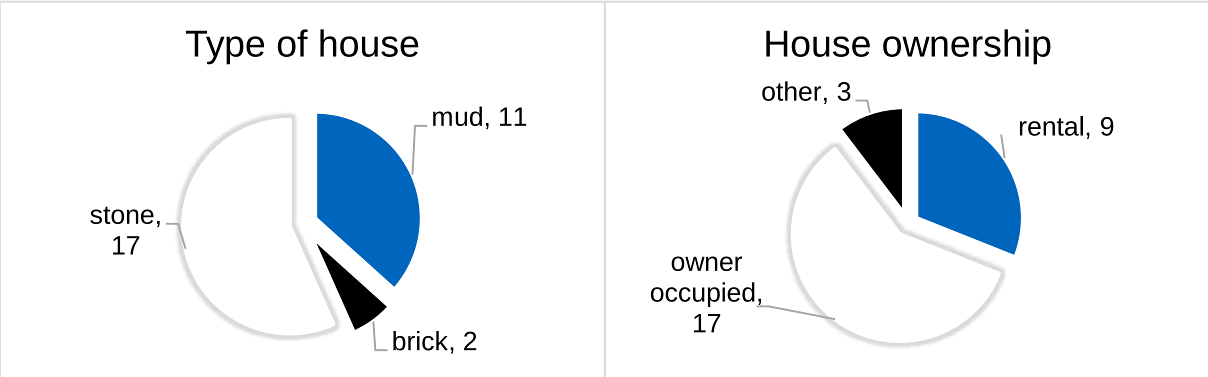


Figure 5: Self-reported type and owner of respondent's house (SROI)

Comparison with regional averages

The Kenyan Census 2009 (KNBS 2010) provides information on educational levels and housing situation for the Coastal region population. Unfortunately, representative data for persons with disabilities in Kenya was not available on the same aspects as in the sample.

Regarding the highest level of education of the general population in the region, the two samples can be judged as privileged. As compared to the distribution in the general population of the region, persons with secondary and tertiary education are overrepresented in both samples (see Figure 6).

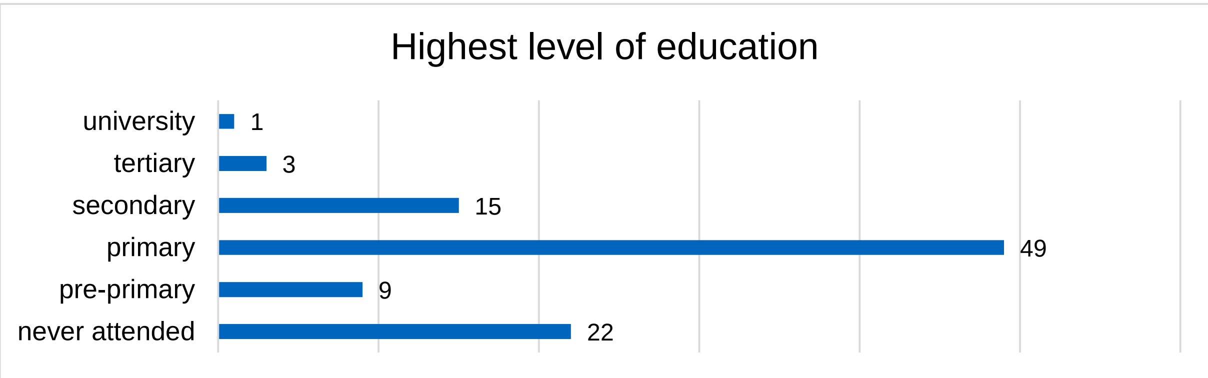


Figure 6: Highest level of education (%) of Coastal region population (adapted from KNBS 2010, 99)

Furthermore, regarding the housing situation, both samples can be described as privileged in comparison to the general population in the region. Whereas almost half of the population lives in less expensive and durable mud houses, in both samples, more than half of the respondents lived in stone houses.

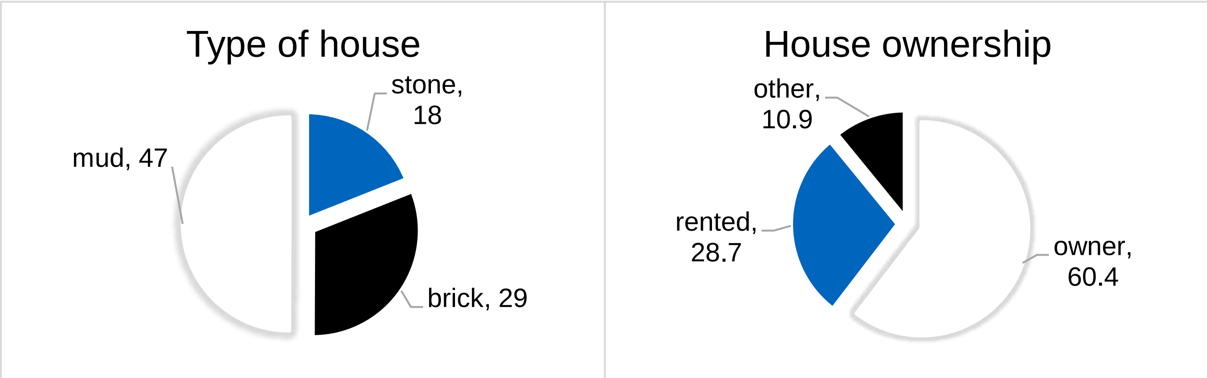


Figure 7: Coastal households (%) by main type of wall material (adapted from KNBS 2010, 300) and by housing tenure (GoK 2009, B197)

4.2 Impact on different QoL factors

In the first stage of data collection, when directly asked “has participation in this programme changed anything in your life?“, 29 out of 30 study participants answered in the affirmative.

The following section further elaborates on this reported impact. The main findings from both data collections are presented according to QoL factors and domains. They mainly consist of descriptive data on various items and self-reported impacts of the livelihood promotion programme. Chi Square tests were conducted to compare the observed values with the expected values with regard to significant differences between the following groups:

- Gender: females and males,
- Type of project: MF and VSLA,
- Location: rural and urban settings,
- (Dis)Ability: people with and without impairments, guardians of children with disabilities
- Type of impairment: people with different impairment types (visual, physical and multiple impairments).

In the second data collection, where Chi Square was applicable, no significant differences were found between the above groups (see Appendix 4). This could be explained with an increased bias of the sample in the second data collection. Whereas significant group differences for the first data collection are reported in Subchapters 4.2.1 to 4.2.3, data sheets for the second data collection can be found in Appendix 4.

4.2.1 Impact on the QoL factor independence

Personal development and self-determination domains are subsumed under the independence QoL factor.

Personal Development

In the domain of personal development, the following indicators were sought: the respondent’s level of (formal) education, participation in trainings linked to the livelihood promotion programme, competency at work and potential to perform better. Information on the respondent’s level of (formal) education is given in the sample description (see Chapter 4.1).

In the first data collection, six participants reported a positive change in **formal education**. Respondents stated that they had pursued primary, secondary or tertiary education after participation in the livelihood promotion programme. Others reported they were paying school fees for their family members.

Assessment of **competency at work** showed that the majority of respondents felt very competent at work (21 out of 30). More than half of the respondents also reported a positive change in their competency levels (17 out of 30).

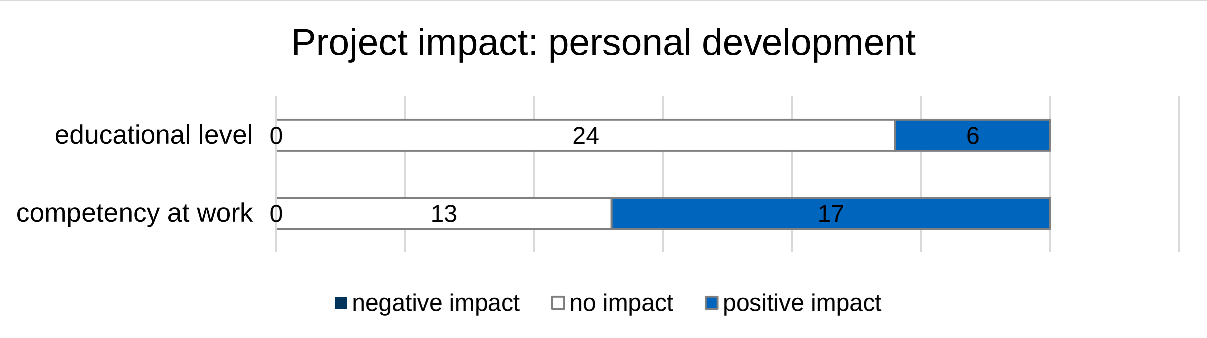


Figure 8: Reported project impact on personal development (SIA)

Whereas in the first data collection, the majority of respondents reported no project impact on their **educational level**, the majority of respondents in the second data collection stated a positive project impact on the education level or quality of their family and community. This might be due to a stronger bias in the second sample (see Chapter 4.2) but also supports respondents' statement whereby they were paying school fees for their family members in the first data collection. About half of the respondents also reported a positive project impact on the level of work competency for their family or community members.

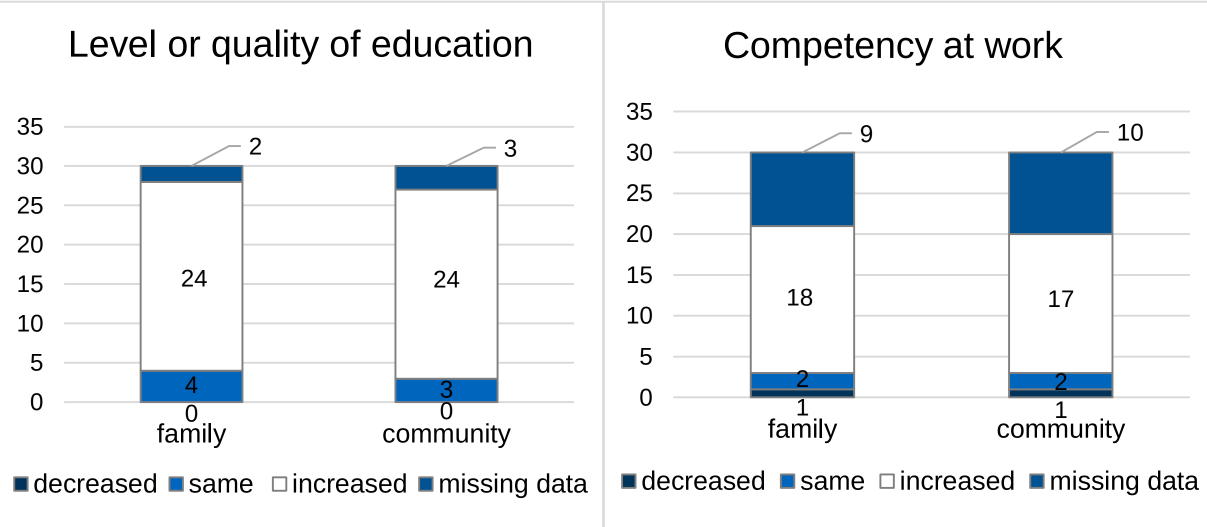


Figure 9: Reported project impact on level or quality of education and competency levels of family and community members (SROI)

In the first data collection, 24 of 30 respondents reported having participated in **trainings**, but only 17 of them participated in trainings connected to the livelihood promotion programmes. Thus, 13 respondents did not receive any training connected to the livelihood promotion programme. The trainings connected to the programme were business-related, including e.g. store keeping, budgeting, business management, savings and credit. Seven respondents from one of the partnering institutions and three from the other participated in these trainings. Four of them had also participated in farming-related trainings. Furthermore, there were trainings on social skills and health. The duration of those trainings ranged from one day to one year. However, most respondents did not state a time frame. Trainings that were unrelated to the programme were diverse, including tailoring, security, hotel management, marketing, medical and secretarial training. However, some of the latter trainings (e.g. marketing or secretarial training) could also have had an impact on the beneficiaries' livelihood, thus representing deadweight.

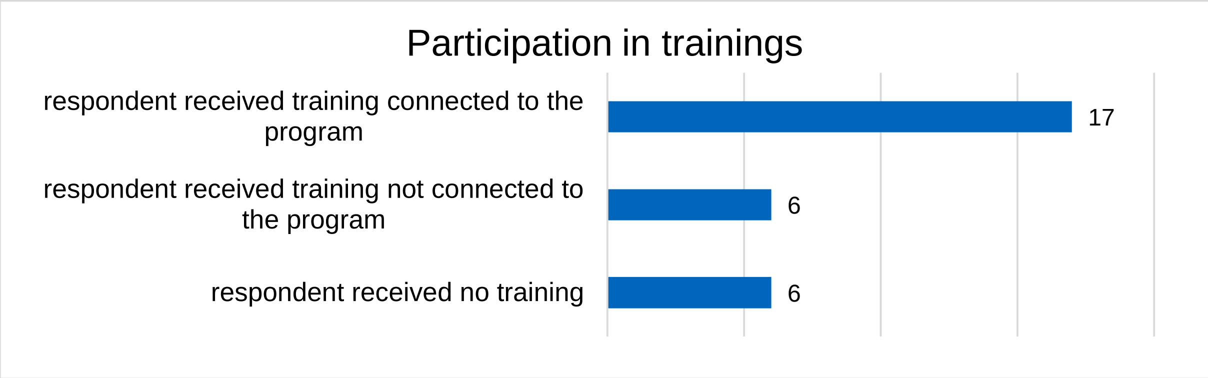
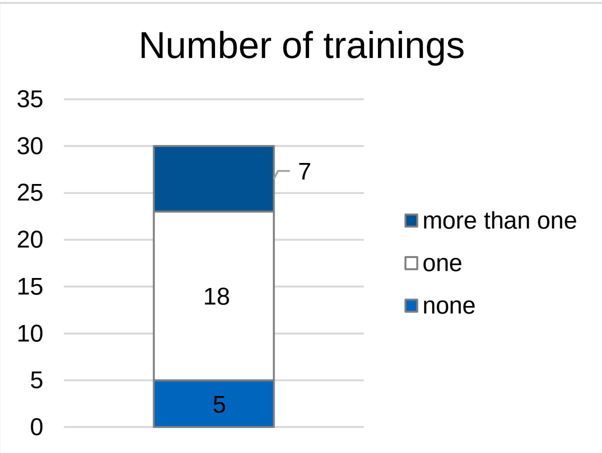


Figure 10: Reported participation in trainings of study participants (SIA)

In the second data collection, questions on the length of the training and costs incurred were included. 25 respondents stated having participated in at least one training in the last twelve months, only five stated having incurred related costs of between Ksh. 100 and Ksh. 6,000. Three of the respondents, who had participated in more than one training, had completed secondary education and one had started secondary education.



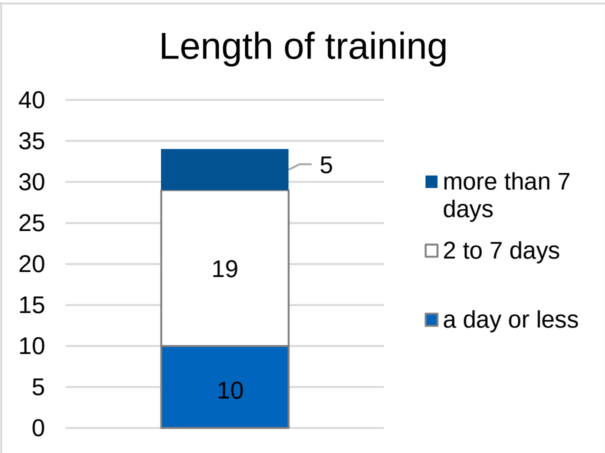


Figure 11: Reported number and length of trainings respondents participated in during the past year (SROI)

In the first data collection, most respondents still saw **potential** for themselves **to perform better** (28 out of 30). Answers differed as to what was needed to perform better. Financial inclusion seemed to be crucial to enable the beneficiaries to further invest in their businesses (e.g. mainstream banking, microfinance institutions or Government funds like the Uwezo fund[6]). One respondent said:

[6] Uwezo is a revolving fund provided by the Kenyan Government aimed at access to finance for small scale entrepreneurs, such as people with disabilities, women and youths. The Kiswahili term "uwezo" refers to the ability to do something.

"Things promised by the government like funds set aside for people with disabilities is not realised in the rural areas since little or no implementation has been done for rural development which is different from cities like Nairobi" (MF13,131-133[7]).

Other clients asked for more financial assistance:

"The lady says[8] that she needs money in order to take care of her children. Her husband is not around, he travelled to Nairobi to look for better pastures for their cattle. She says that, the money she gets from the savings group is not enough to cater for all her needs and expenses." (MF10, 64-67).

And one participant reported not needing potential to perform better:

"I am already competent because I have outshined former chiefs." (VSLA10, 30-31)

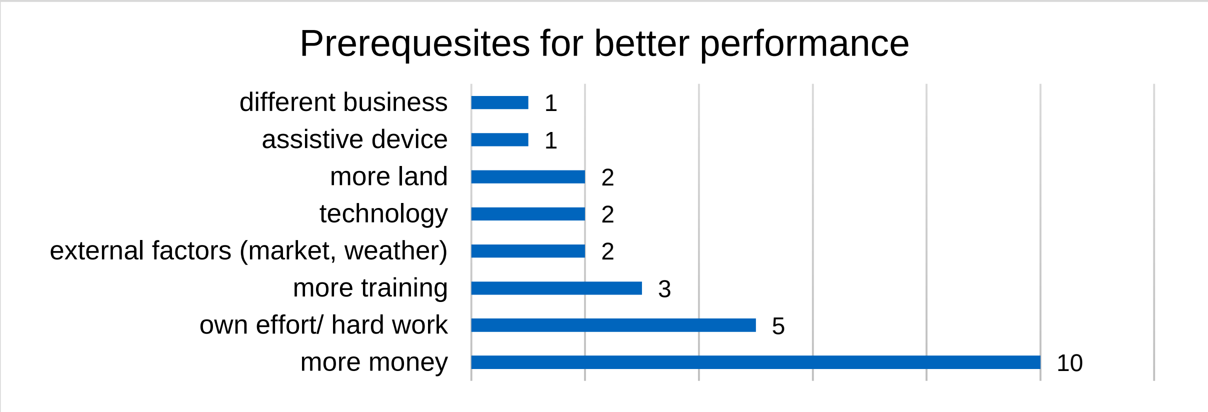


Figure 12: Self-reported prerequisites for better performance (SIA)

Self-Determination

To assess the self-determination domain, decision-making in different areas of life as well as life values were measured. Life areas in which the respondents could make decisions for themselves were examined as well as their perception about making decisions for themselves in comparison to other members of their household.

In the first data collection, asking participants about their **decision-making in different life areas** revealed that, out of all life areas where respondents can make decisions, income-generating activities were mentioned most frequently (20 out of 30). Eleven participants reported a positive change in decision-making. One respondent elaborated on the interconnection between her interactions with other people and decision-making:

"I have been able to hear other people's opinions and have been exchanging ideas and this has contributed to my personal decisions" (MF14, 54-56).

Out of the respondents who did not provide an answer concerning changes in self-determination, one respondent stated in another section that, when he used to stay with a relative, he did not have much freedom. However, with an improved housing situation, he said that he had more personal space and was very independent (cf. MF14, 91-92).

[7] The quotation refers to the transcripts in Appendix 2: Microfinance beneficiary no. 13, verses 129-133
[8] As can be seen in the transcripts some interviews were not transcribed in directly. This can be explained by the additional translation from Kiswahili to English (see chapter 3.2).

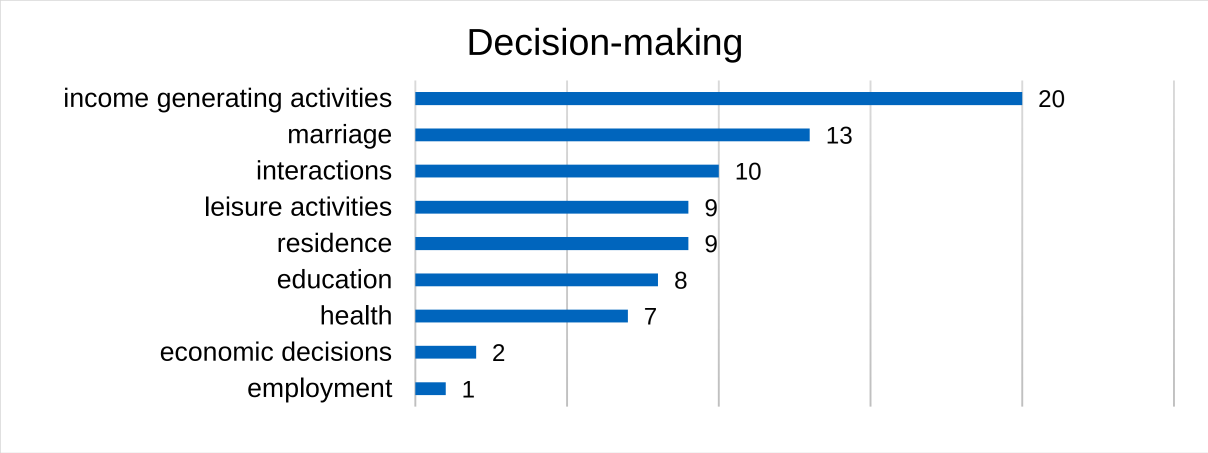


Figure 13: Self-reported life areas where study participants can take decisions (SIA)

Study participants had different **life values**.

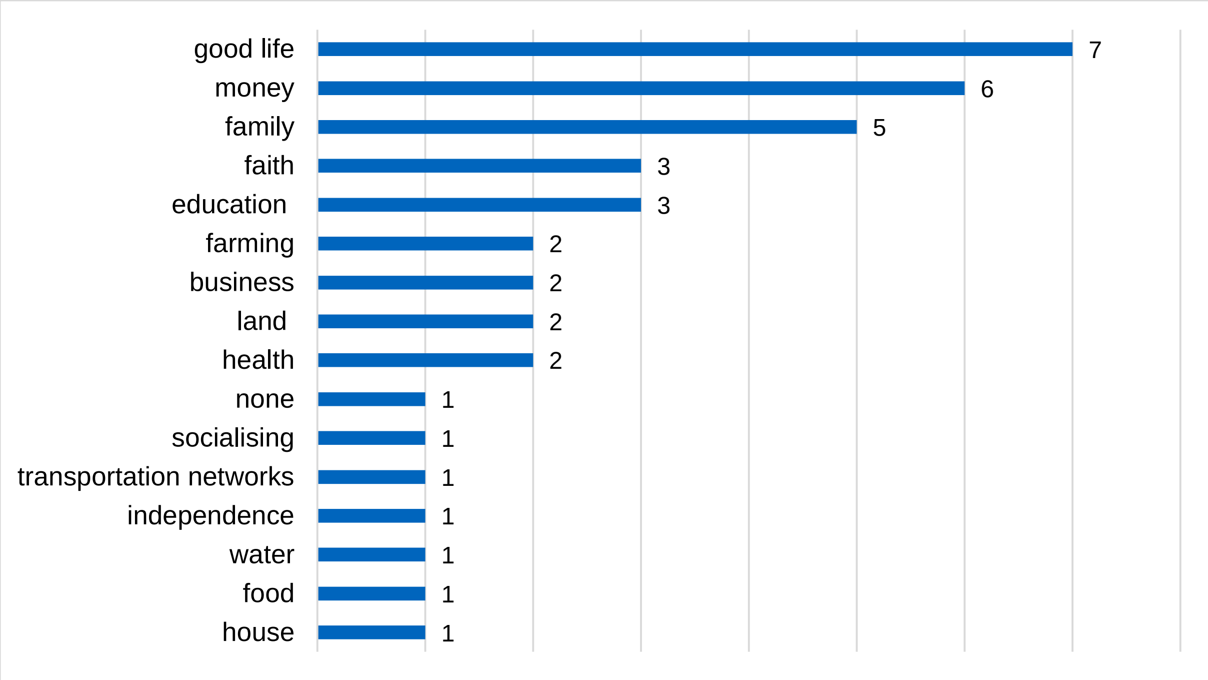


Figure 14: Values in life as reported by the study participants (SIA)

Most participants did not report changes in their life values as a result of participating in the livelihood promotion programme. Furthermore, many respondents misunderstood the questions about the project's impact on their life values. Some mentioned motivational issues, independence, the value of money, hard work or good health, and that the project enabled them e.g. to pursue education or volunteering. Values here can be deduced from the answers.

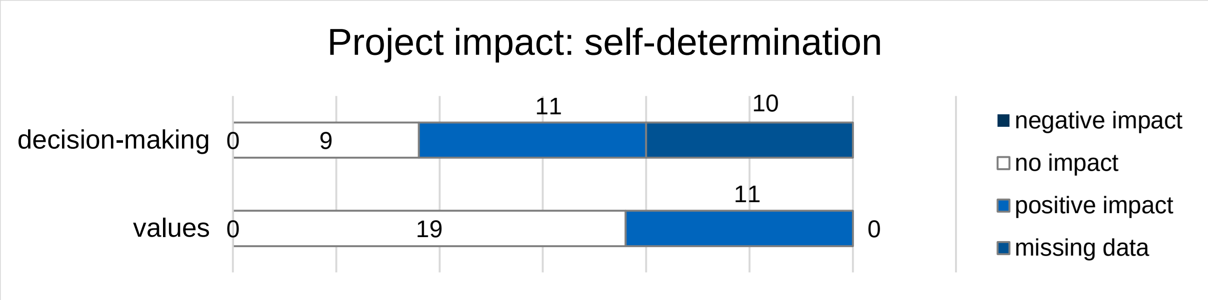


Figure 15: Reported project impact on self-determination (SIA)

In the second data collection as well, income-generating activities were one of the life areas in which respondents could take decisions and where the project impact was reported as positive. When asked about the impact of the project on decision-making in their personal life generally, most respondents reported a positive impact.

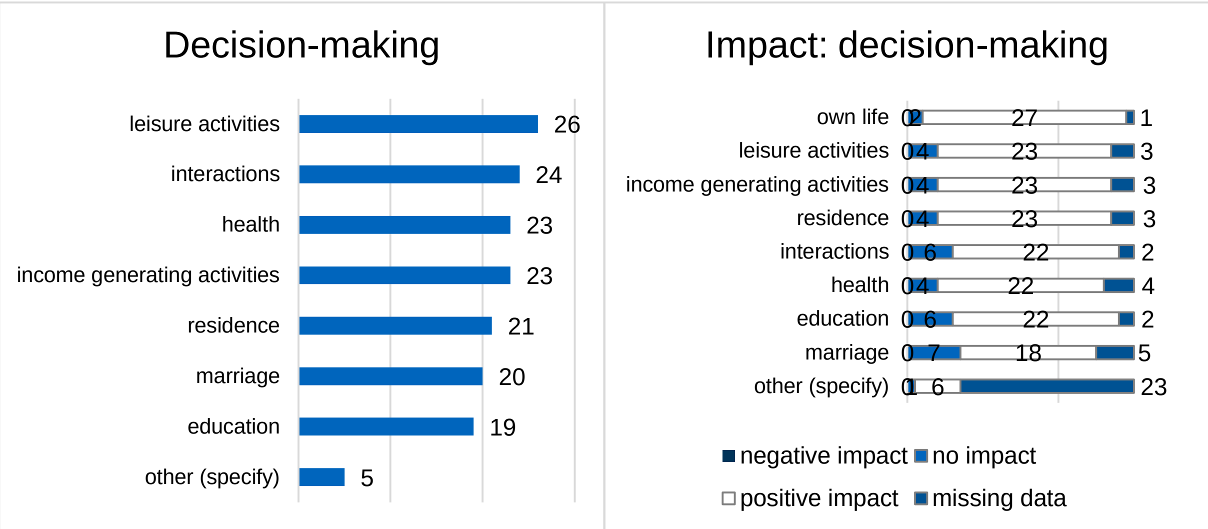


Figure 16: Self-reported life areas where study participants can take decisions and project impact on decision-making (SROI)

In the first data collection, respondents were asked about their **decision-making abilities as compared to other members of the household**. Most respondents felt that they could decide for themselves like the other members of their household (26 out of 30). Out of the two respondents who stated not being able to decide like other household members, one did not explain why but stated elsewhere that he was the breadwinner of the family. The other one explained by citing the discrimination experienced by people with disabilities.

4.2.2 Impact on social participation QoL factor

The social participation QoL factor comprises the domains of interpersonal relations, social inclusion, and rights.

Interpersonal relations

To assess the participant's interpersonal relations, it was necessary to determine the respondent's most important relations, the providers of support and interactions outside the household. In the first data collection, questions related to changes in relationships, support and interaction. In the second data collection, respondents were asked to judge changes in specific relations or linked to the sources of support they had mentioned.

Respondents ranked the **most important relations** to them. In the first data collection, the spouse and children were mentioned as the most important relations by the majority of respondents.

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
Spouse	11	6	2	1	2
Children	7	11	1	3	1
Friends	1	0	5	3	6
Siblings	1	5	6	9	1
Parent	4	4	6	2	3
Professionals	1	1	0	0	0
Community leaders	1	0	1	0	4
Neighbour	1	0	0	2	0

Table 2: Ranking of most important relations by study participants (SIA)

Nine participants reported a positive change in the relationship with their most important relations – with a significant difference in favour of people without impairments as compared to people with impairments. Some respondents explained positive change by stating that their relations had improved as their dependency on others had declined. Others reported having met new friends through participation in the programme. Male respondents mentioned that relationships with their close relatives had improved thanks to their increased ability to provide for the latter (e.g. by paying school fees). Some male respondents described how their relationship with their spouses had improved as they consulted the latter over issues related to the livelihood programme:

"My relationship with my wife has improved since she helps with ideas and negotiates on decisions" (VSLA6, 67-68).

Further, it was reported that some male respondents had become beneficiaries of the livelihood programmes through their spouses: they had witnessed the latters' success and therefore also wanted to participate. Sometimes, husbands sent their wives to the group meetings, thus shifting responsibility to the spouse. One respondent described a negative change: apparently, her relatives were jealous about the resources she obtained through the programme and did not treat her as respectfully as before. There was a significant difference between people with and without impairments: people without impairments reported positive changes as a result of decreased dependency more frequently than people with impairments. These results indicate that people without impairments benefit more easily in the interpersonal domain. This finding is surprising since dependency issues are very prominent for adults with disabilities. Hence, positive impacts could have been expected.

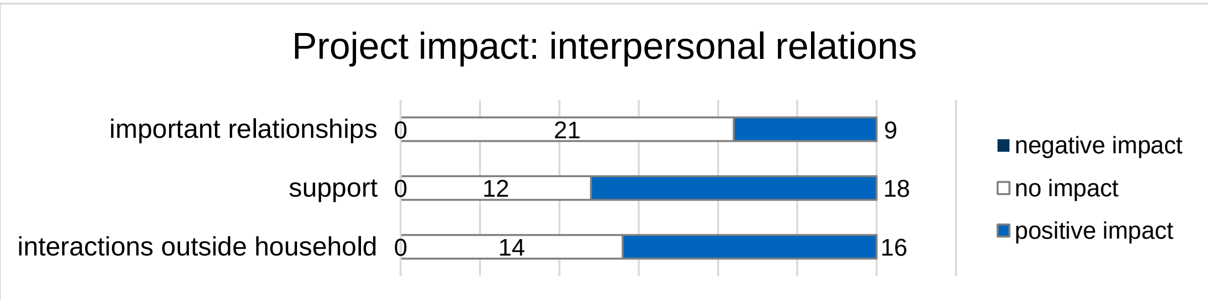


Figure 17: Reported impact on interpersonal relations (SIA)

In the second data collection as well, participants ranked the people they considered most important to them. Either the spouse or parents were mentioned as the most important relations by the majority of respondents.

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7
Sibling	0	5	2	12	4	0	0
Friend	0	3	4	5	10	0	0
Community leaders	1	1	2	1	3	3	0
Professional workers	1	0	0	2	3	0	0
Other	1	1	2	1	3	0	0
Children	6	11	1	3	1	0	0
Parent	9	6	10	1	0	0	0
Spouse	12	6	5	0	0	0	0

Table 3: Ranking of most important relations by study participants (SROI)

As shown in Figure 18, for the three relations that were often stated as the most important relation, the relationship was deemed to have improved.

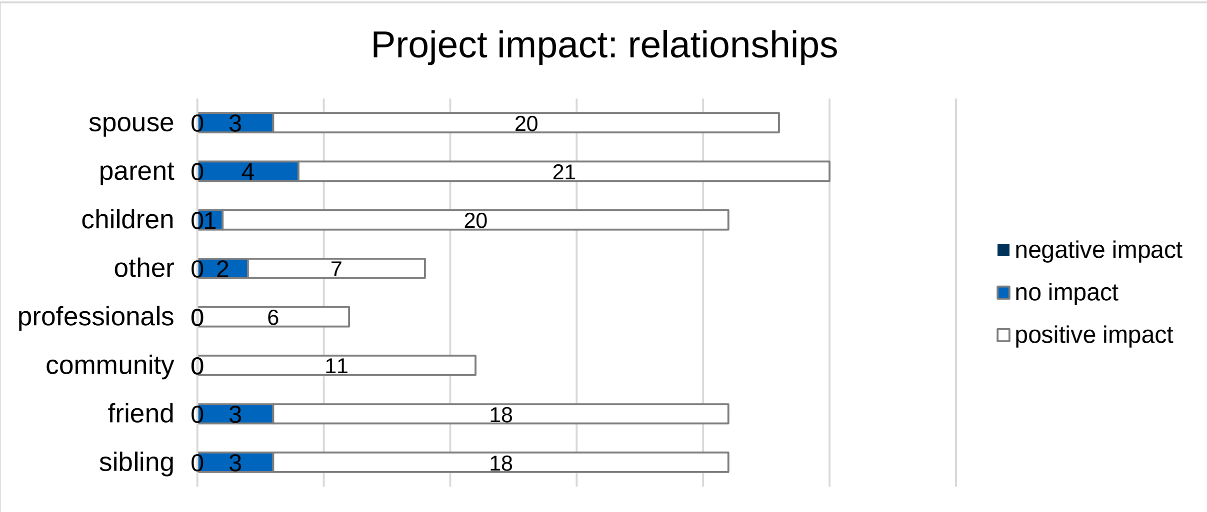


Figure 18: Reported project impact on relationships (SROI)

Support providers varied for the study participants. In the first data collection, the most important sources of support were spouses, siblings and friends. One respondent declared:

“My brother helps me every day to open my shop and arrange it for me. When he is busy I do nothing” (MF5, 29-30).

For this beneficiary, dependency was not overcome through having a source of livelihood. This may explain why people without impairments more frequently reported positive changes as a result of decreased dependency than people with impairments.

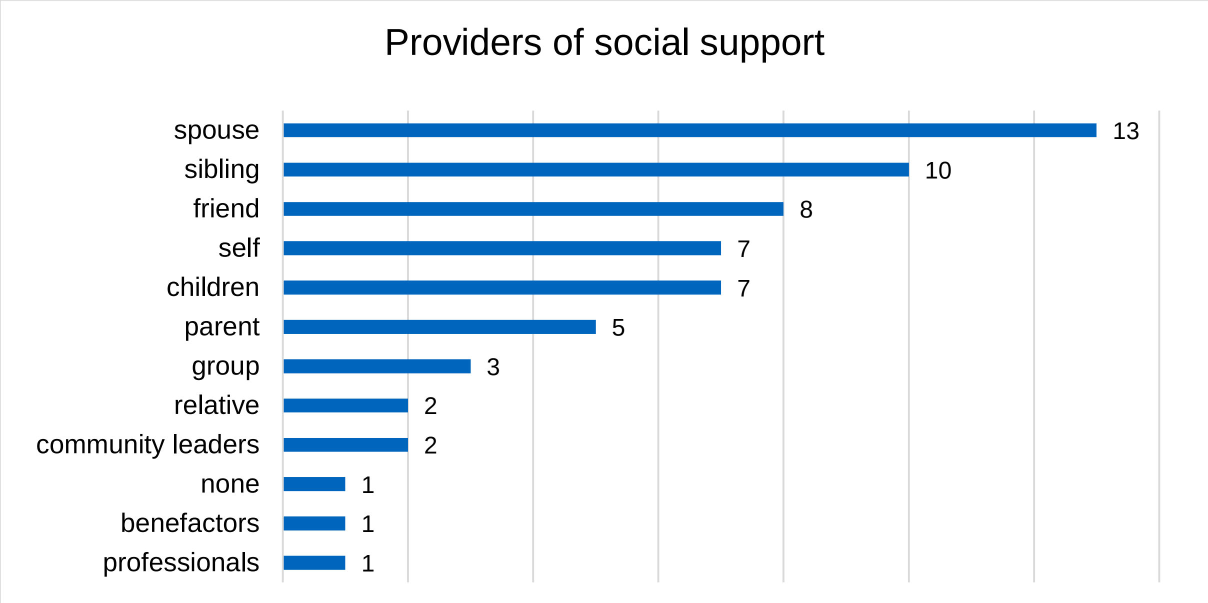


Figure 19: Self-reported providers of support by study participants (SIA)

Altogether, 18 respondents reported a positive change in terms of receiving support:

"I am also quite knowledgeable now where to go for any support when I have difficulties" (MF4, 89-90).

Some respondents described the groups related to the livelihood programme as sources of support. Others described a change in their role within the family – from someone requiring help to someone who takes care of others. Respondents' sources of support also varied according to the employment status of other family members. There were significant differences between males and females (in favour of males) and between rural and urban settings (in favour of urban dwellers).

Unlike in the first sample, study participants in the second data collection most prominently stated obtaining support from friends. For 5 of 17 respondents, this relation improved during the project (see Figure 21). A few also reported worsened relationships.

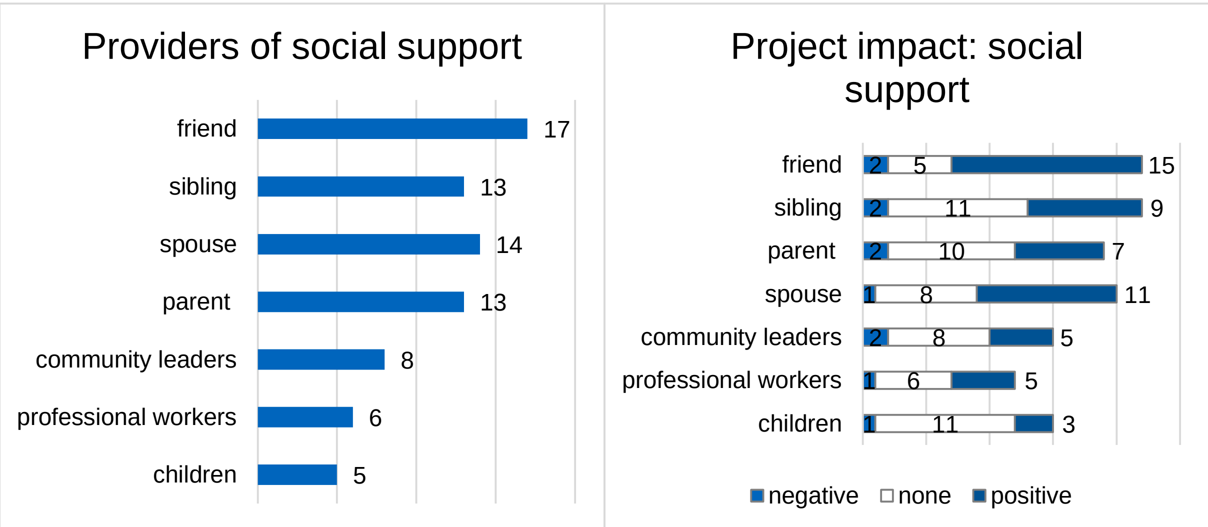


Figure 20: Reported providers of social support and project impact (SROI)

In the first data collection, most respondents (29 out of 30) reported frequent **interactions outside of their households**. There was a positive change for 16 respondents after participating in the livelihood promotion programme. Some respondents described how they were able to interact with more people through participating in the livelihood programme. Others made new contacts through volunteering. Moreover, the group meetings themselves were already seen as a form of empowerment. Since group meetings often took place in public places, they also increased the visibility of the group and thus other people's perceptions. In terms of interactions outside of their households, there were significant differences between males and females (in favour of males) and between rural and urban settings (in favour of rural dwellers), between people with or without impairments (in favour of people without impairments) as well as between people with different forms of impairment (in favour of people with physical impairments).

In the second data collection, most respondents reported a positive impact of the project on their own expanded **networks** and interactions outside the household.

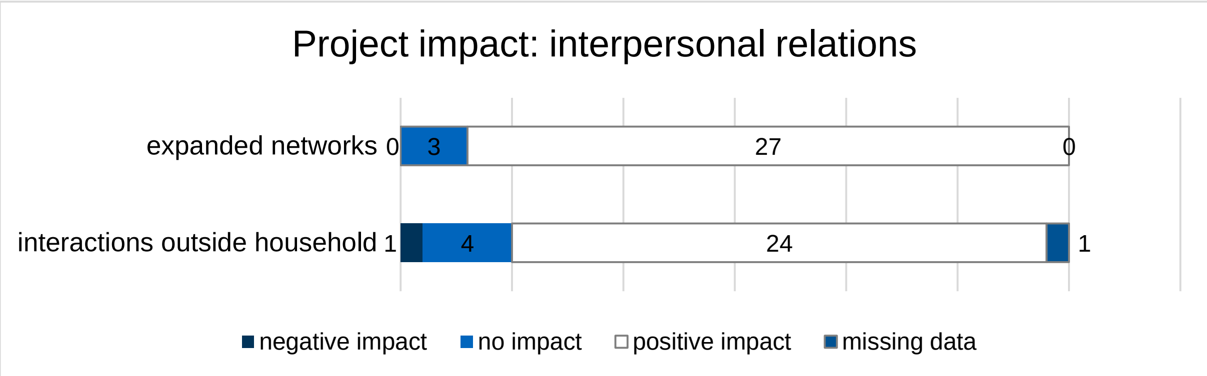


Figure 21: Reported project impact on interpersonal relations (SROI)

A positive impact on family and community members' networks was also reported (25 out of 30 respondents).

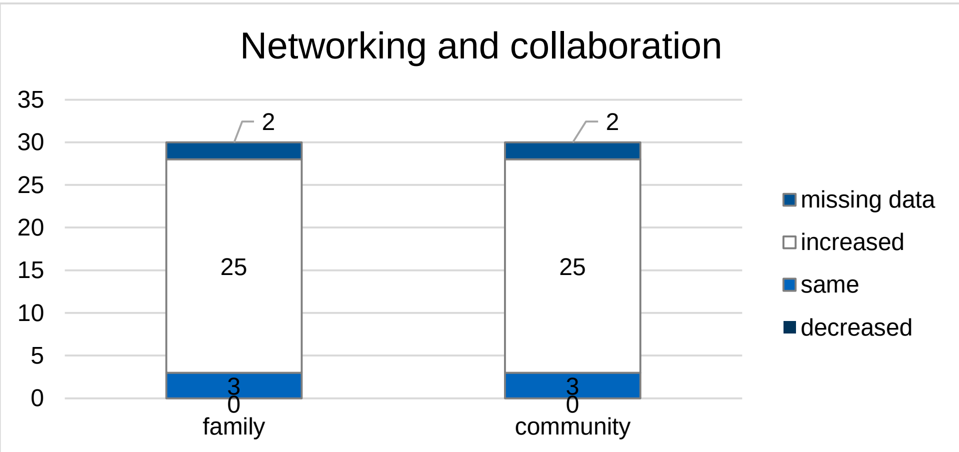


Figure 22: Reported impact on networking and collaboration for family/ community members (SROI)

Social Inclusion

In the initial phase of the study, social inclusion was operationalised to include community involvement, decision-making and responsibilities within the communities. In the second data collection, the social status of family and community members, membership in civil society organisations and roles in the livelihood promotion group were added.[9]

In the first data collection, the majority of study participants (22 out of 30) reported being very **involved in community activities** and in **decision-making within their communities** (24 out of 30). Most respondents further reported either having few (6 out of 30) or many (18 out of 30) **responsibilities in their communities**.

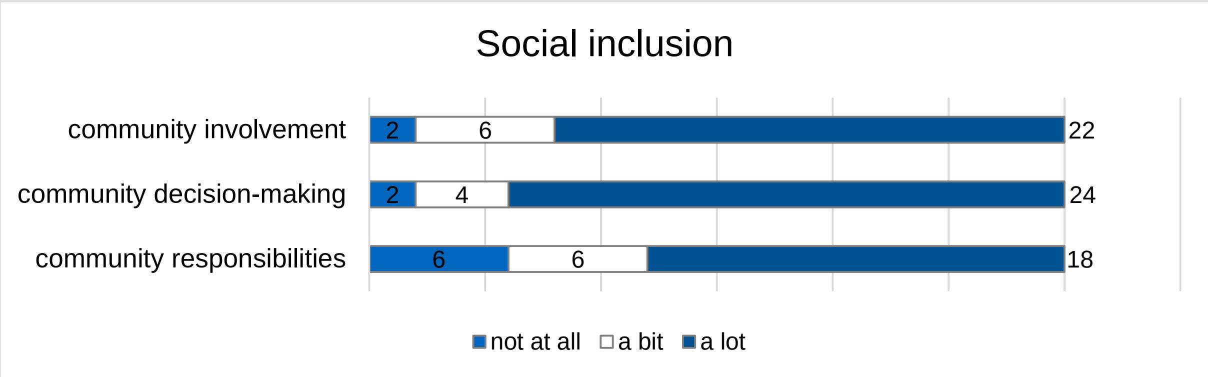


Figure 23: Self-reported social inclusion by study participants (SIA)

Eleven respondents reported positive change in their community **involvement** thanks to more free time. Others explained the positive change in connection with their position in the community (e.g. area chief, village elder, group chairperson, youth leader), which was thus not connected to the livelihood promotion programme. Many respondents reported teaching other members of their communities, thus promoting what they had learned (Trainer of Trainers; Health Promotion). Moreover, some respondents reported that they got to know more people through the livelihood programme. There was a significant difference between people with different types of impairment – in favour of people with physical impairments – considering the change in their community involvement. But there was no significant difference between people with disabilities as compared to people without disabilities.

From the sample, 14 respondents reported a positive change and one respondent reported a negative change concerning their involvement in community **decision-making**. Participants perceived positive changes thanks to the availability of financial means that they could contribute within their communities (fundraisings for burials, school fees, etc.) and the ability to get free time. One respondent stated:

"I have the financial means to contribute. People did not initially think I had anything to offer" (MF4, 63-64).

Negative change could be explained with the retirement of the respondent who described how she withdrew from actively taking part in her community.

Positive change in community **responsibilities** as reported by 16 respondents was associated with the livelihood activity (e.g. passing on knowledge on proposal writing that had been acquired through the programme). Other responsibilities were connected to specific skills (machine repair). Those who were involved in the livelihood programme not only as beneficiaries found responsibilities within the related groups. One person reported that she tried to convince parents to take their children to school. Another organised employment opportunities for friends. Yet another acted as a mentor and other community

[9] An oversight in this study was that community was not clearly defined. Some respondents obviously understood 'community' as a term related to geographic location, e.g. their village, whereas others referred to the group that evolved through the livelihood promotion programme.

members asked for his advice. Others became Community Health Workers. However, two respondents described negative changes in their community responsibilities. One had found a job and thus had limited free time. The other one explained the change by her retirement and withdrawal from active participation in the community.

One respondent described the connection between money and social inclusion as follows:

"In Kenya, if you do not have money, you are a nobody" (MF15, 90-91).

And another stated:

"My position has uplifted as I was at the bottom level and I have reached where I am now. I am able to cater for my responsibilities and I do not have to beg. I recently encountered an individual living with same condition as mine and was begging from me. I encouraged him to do business but it was disappointing that he wanted money and was not so keen on my advice" (MF15, 95-99).

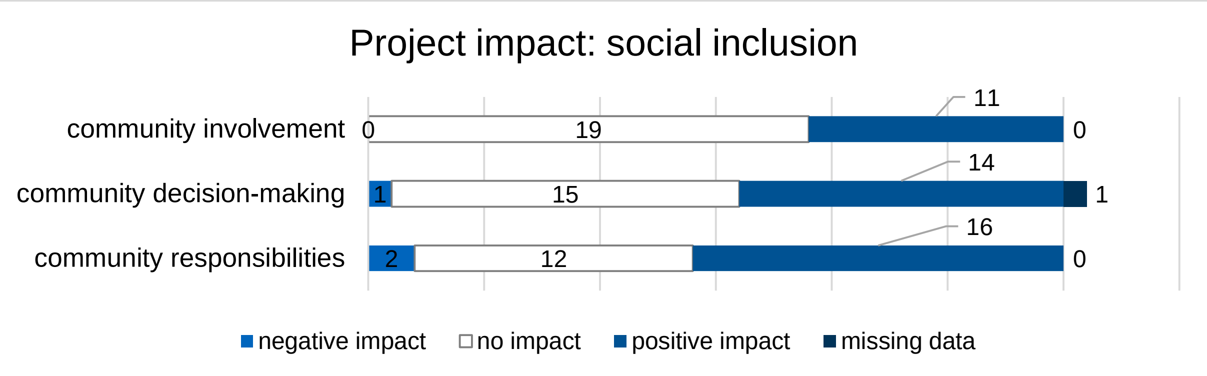


Figure 24: Reported impact on social inclusion (SIA)

In the first phase of the project, it became apparent that impacts in the domain of social inclusion were central and that these were reported for the individual as well as for family and community members. This aspect was thus further explored (see also Chapter 4.3). Study participants were asked about their **role** in the respective groups. Most respondents held an official position (see Figure 255).

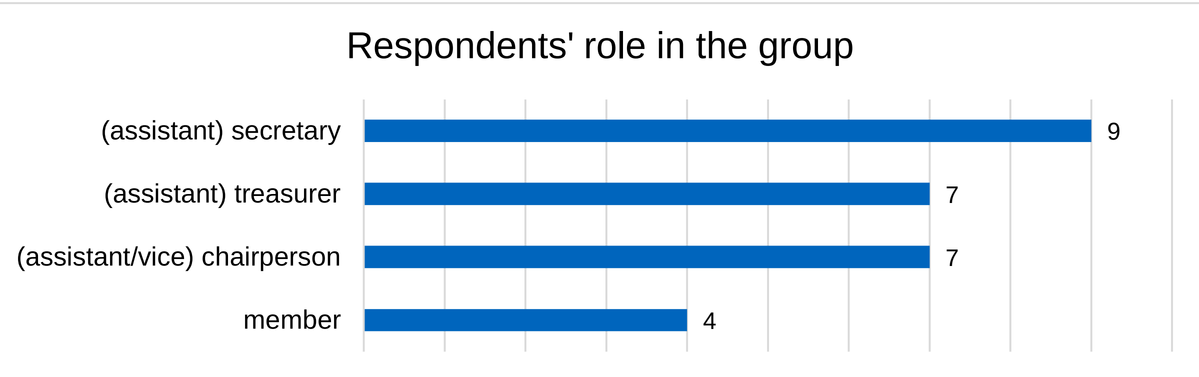


Figure 25: Self-reported role in the livelihood promotion group by study participants (SROI)

Again, most respondents stated a positive impact of the programmes on their social inclusion in the second data collection.

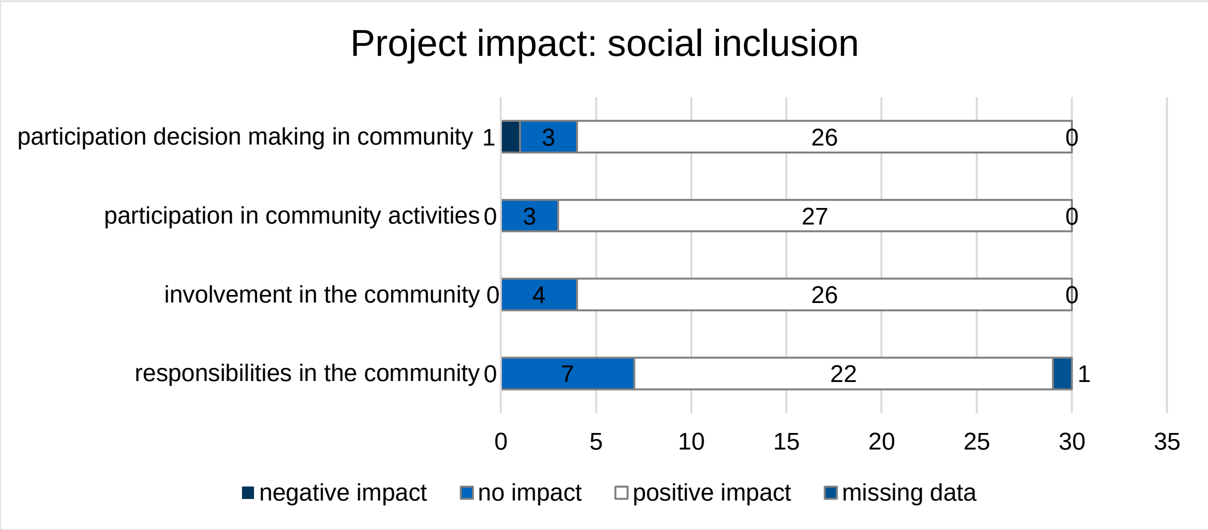


Figure 26: Reported impact on social inclusion (SROI)

Just as in the first data collection, the majority of study participants reported an increased **social status** for their families and community members.

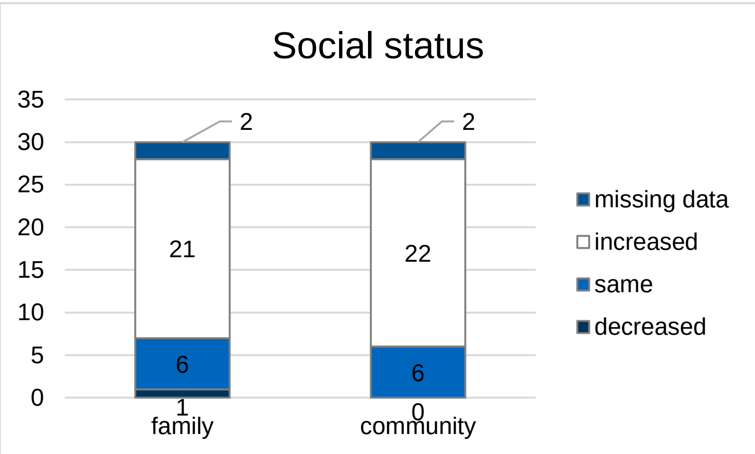
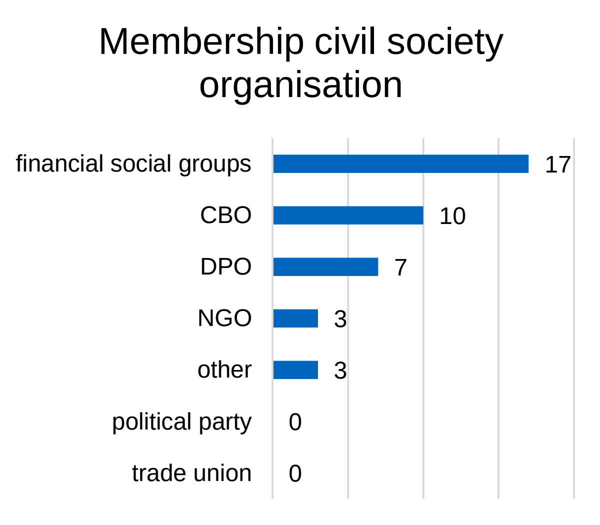


Figure 27: Reported impact on social status for family and community members (SROI)

In the first data collection, 25 of 30 respondents stated they were **members of a group or organisation.** Not all respondents named the group that they were a member of. Group membership ranged from political parties, Disabled Person's Organisations (DPOs), Community-Based Organisations (CBOs), Non-Governmental Organisations (NGOs) (e.g. Red Cross), financial social groups (Chama, Merry Go Round, VSLA, MFIs) and groups for Community Health Work.

In the second data collection, a similar but more detailed question was asked: whether they were members of specific types of **civil society organisations** (CSOs). Most prominently our respondents reported being members of financial social groups (e.g. so called Chamas, see Figure 28). Respondents were also asked whether being a beneficiary of the livelihood project impacted their membership in other CSOs. Very few respondents reported that membership in the two groups was related (see Figure 288).



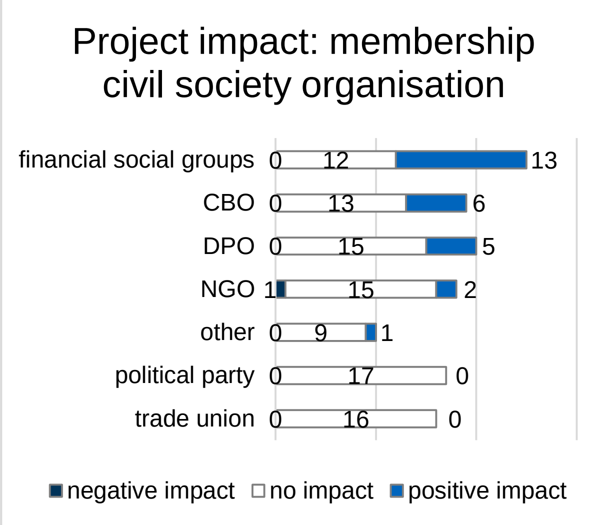


Figure 28: Reported membership in CSOs and project impact (SROI)

Half of the respondents reported that their participation in the livelihood promotion programme had positive effects on the membership of their family or community members in the same or other civil society organisations (see Figure 2929).

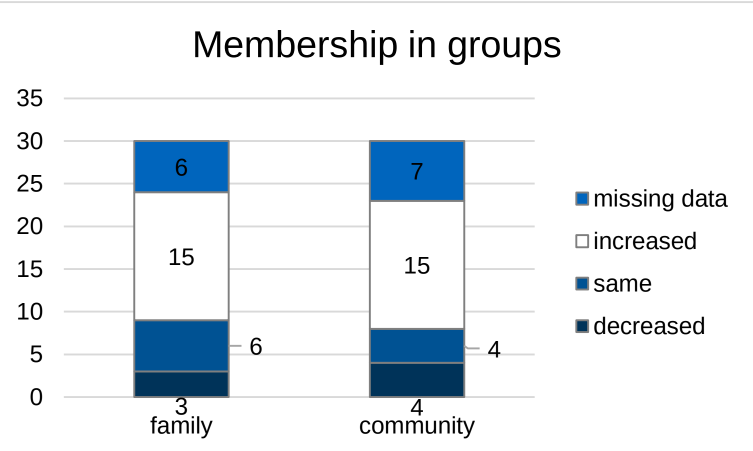


Figure 29: Reported project impact on CSO membership for family and community members (SROI)

Rights

The rights QoL domain was surveyed in the following areas: basic needs, respect, equality, awareness and enjoyment of rights as well as voting. In the second data collection, questions on financial inclusion and empowerment were added.

In the first data collection, study participants were asked, which **rights** they were aware of. The right to fulfil basic needs, specifically in the form of food, water and shelter, was the most frequent response (MF6, 68-69; MF7, 59; VSLA5, 93-94; VSLA6, 90-91; VSLA7, 109-110; VSLA8, 78-79; VSLA10, 65). The second most frequently mentioned right was the right to education (MF4, 68-70; MF6, 68-69; MF9, 70; MF11, 54-55; MF14; 84-85; VSLA11,79), also including the right to personal development (VSLA10, 65). Another common response was the right to access state finances or funds destined for people with disabilities (MF5, 67-69; MF10, 46-47; MF13, 96-98). One respondent specifically mentioned the right to tax exemption for persons with disabilities (MF2, 50-51).

Other *human* rights mentioned include the right to freedom and dignity (MF7, 59; VSLA11, 70; MF14, 84-85), the right to life (MF4, 68-70), the right to freedom of expression (MF4, 68-70; MF13, 96-98), the right to freedom from discrimination (MF4, 68-70; MF12, 69-70; MF15, 101-103), the right to vote and participate in politics (MF4, 68-70; MF9, 54-55), the right to freedom of movement (MF8, 47; MF13, 96-98), the right to own property (VSLA7, 109-110; VSLA8, 78-79) and the right to access services (MF4, 68-70), specifically banking (MF2, 50-51) and health services (MF2, 50-51; MF6, 68-70; VSLA5; 93-94; VSLA6, 90-91; VSLA10, 65),

The following specific rights for persons with disabilities, as guaranteed by the Kenyan constitution, were mentioned: the right to be addressed in a manner that is not demeaning (MF9, 54-55), to access public places, transport and information (MF6, 68-69) as well as assistive devices (MF8, 47). Children's rights were specifically mentioned by two VSLA respondents (VSLA7, 109-110; VSLA11, 70). Two participants also mentioned the right to security (VSL6, 90-91; VSLA10, 65).[10]

Most of the 30 respondents stated being able to **fulfil their basic needs** (water, food, shelter and clothing). Twelve respondents reported a positive change in fulfilling basic needs (see also Chapter 4.2.3). One respondent elaborated on the effect of being able to fulfil her basic clothing needs:

"I did not have enough money to spare for buying any clothing. Now many people tell me that I changed and that I am very smart" (VSLA9, 74-75).

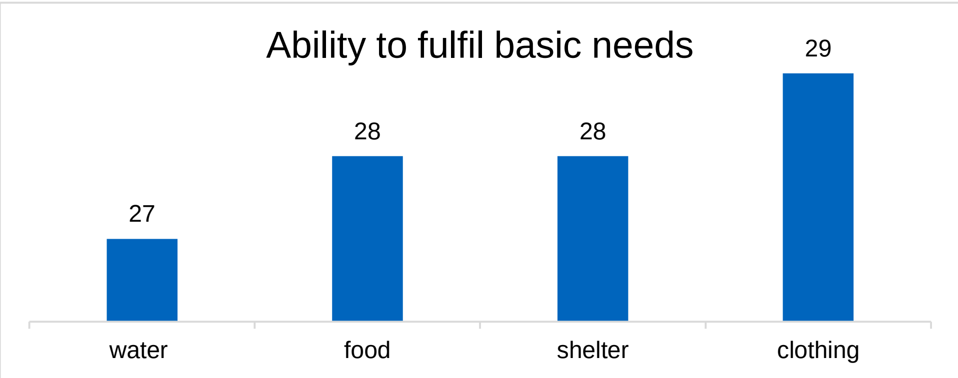


Figure 30: Self-reported ability to fulfil basic needs by study participants (SIA)

28 out of 30 study participants **felt respected** by the people they interacted with. 13 respondents reported a positive change regarding the respect they commanded from people they interacted with.

Concerning **perceived equality**, 19 participants felt that they were treated equally and eight participants did not feel treated equally (see Figure 311). Two respondents stated that they did not feel treated equally but were still in a privileged position compared to others. Five respondents reported a positive change and one person described a negative change in their perceived equality. The latter could be explained by the fact that relatives envied the respondent for the resources that she got from the programme.

[10] Some answers were somewhat unclear: for instance, what the respondents meant by "right to pay" (MF7, 59) or the "right to proper treatment" (VSLA3, 60). It remains unclear whether this means an equal or good salary, respectively treatment in the social or medical sense.

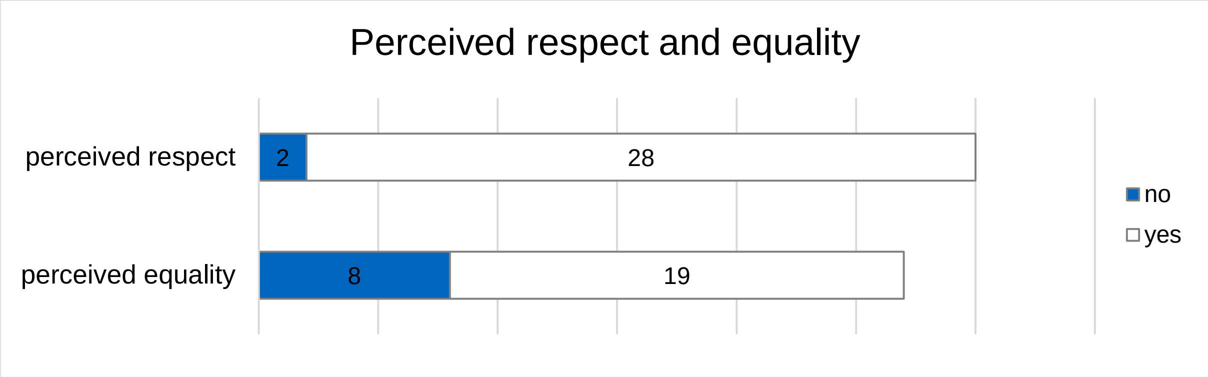


Figure 31: Perceived respect and equality by study participants (SIA)

In the first data collection, respondents were asked about their **voting behaviour**. All but one respondent reported voting. Unfortunately, the question did not specify the type of elections (i.e. national or local) they participated in. Two respondents reported a changed voting behaviour, whereas the other 28 respondents had not changed their voting behaviour. One respondent started to vote because he realised that his vote also counted. Another one explained that she could not vote anymore because of the inability to stand in long queues due to her health condition. Obviously, the latter could not be attributed to the programme, whereas the cause of the positive change could not be derived from the data.

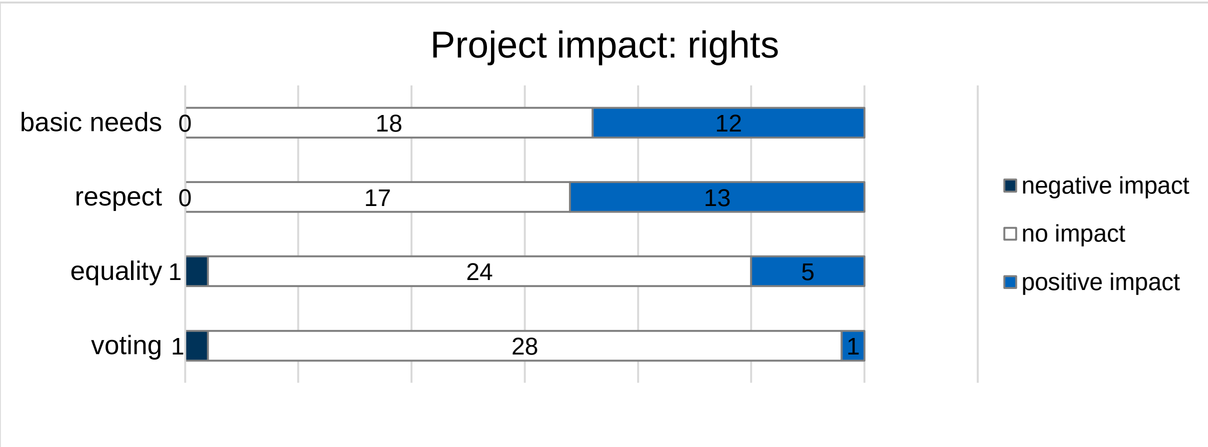


Figure 32: Reported project impact on rights (SIA)

In the second data collection, when asked again about a potential change in their voting behaviour, 16 out of 30 respondents reported a positive impact on their voting behaviour. In the second data collection, rights were further specified in the Kenyan context and respondents were asked whether they enjoyed those rights.

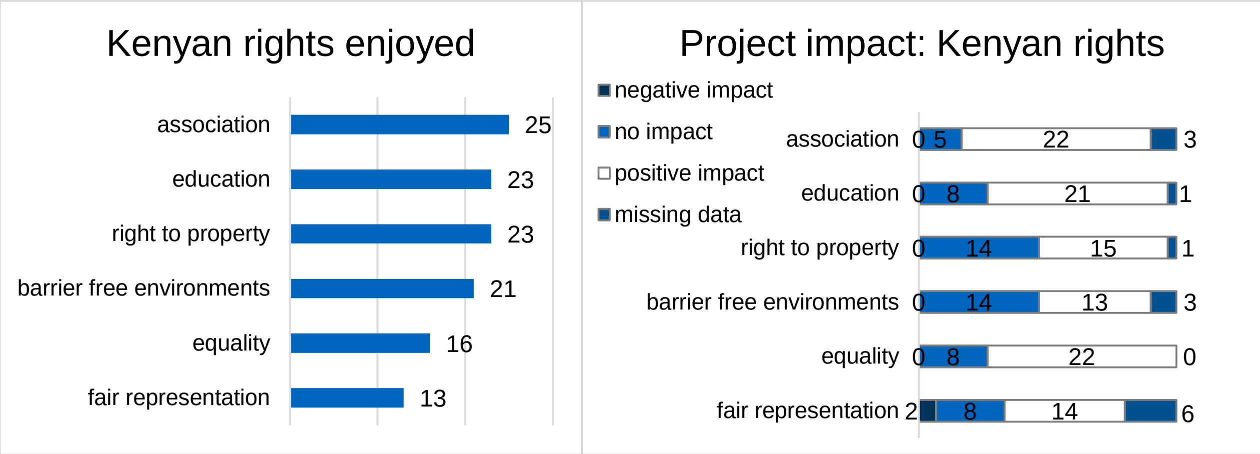


Figure 33 : Kenyan rights enjoyed by study participants and project impact (SROI)

Since results from the first data collection hinted at the importance of **financial inclusion** (see Chapter 4.2.1), a question on the access to different financial services was included. As shown in Figure 344, almost all respondents reported having access to M-pesa (an international mobile money transfer service) but only five out of 30 respondents reported having access to government funding (e.g. UWEZO fund[11]).

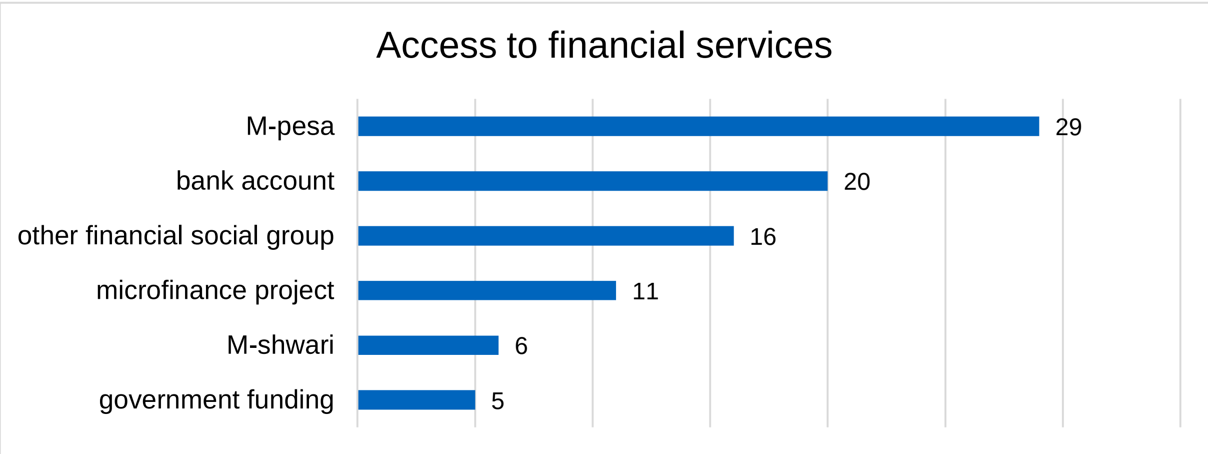


Figure 34: Self-reported access to financial services by study participants (SROI)[12]

Regarding the **empowerment** of women and persons with disabilities in their families and among community members, more than half of the respondents reported positive impacts as a result of participating in the livelihood promotion programme.

[11] UWEZO is a revolving fund provided by the Kenyan Government aimed at access to finance for small- scale entrepreneurs, such as people with disabilities, women and youths. The Kiswahili term “uwezo” refers to the ability to do something.

[12] M-pesa is a company name derived from the Kiswahili term “pesa” which translates as “money”. It facilitates money transfer and other financial services through mobile phones. M-shwari is a new banking product for M-pesa customers that allows for mobile saving and borrowing.

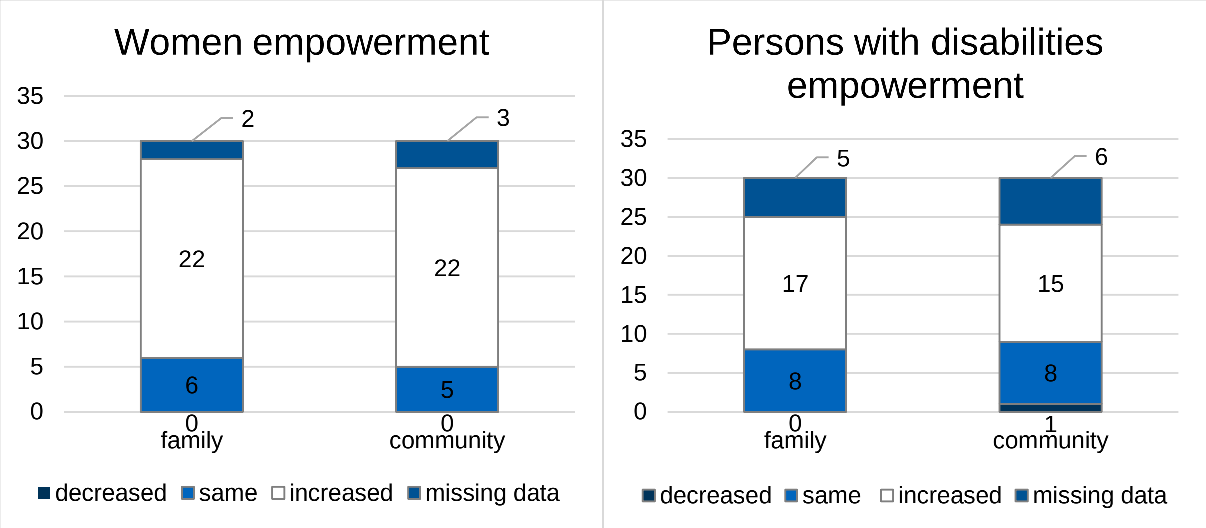


Figure 35: Reported project impact on empowerment of women and persons with disabilities amongst family and community members (SROI)

4.2.3 Impact on wellbeing QoL factor

The wellbeing QoL factor comprises the domains of emotional, physical and material wellbeing.

Emotional wellbeing

In the domain of emotional wellbeing, the following indicators were investigated: contentment, confidence when handling difficult situations and self-concept. Since the self-concept question proved to be delicate in the given cultural context, this aspect was left out in the second data collection.

In the first data collection 28 out of 30 respondents stated they were fairly or very happy with their lives (**contentment**). Two respondents were not happy at all. One respondent cited her bad health status as a reason, whereas the other one attributed her state of mind to a lack of support.

Most respondents also reported **confidence when handling difficult situations** (21 out of 30 were very confident) as well as a positive **self-concept** (28 out of 30).

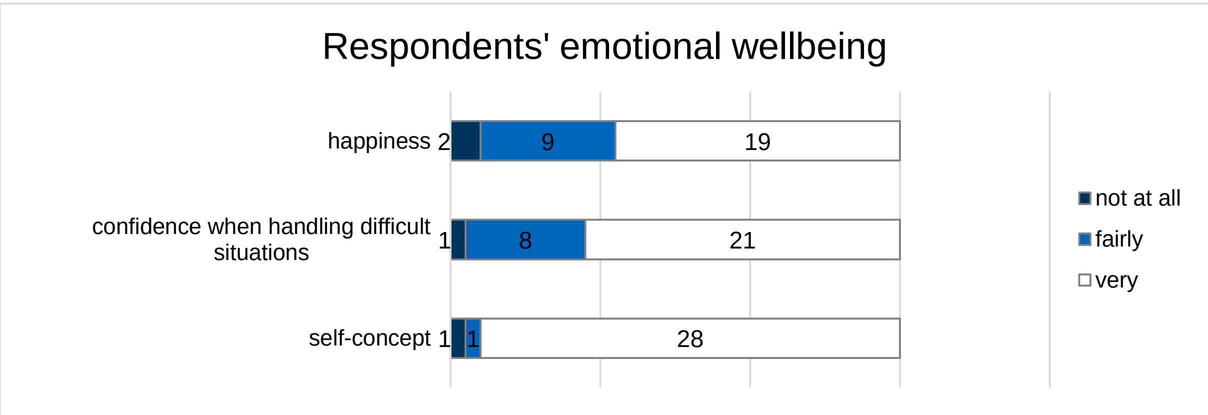


Figure 36: Self-reported emotional wellbeing of study participants (SIA)

In the first data collection, 18 respondents reported a positive **change in happiness** (see Figure 37). Some explained this positive change with increased income and the increased independence it entailed. Others described a change in their attitudes towards life and having hopes for the future. One respondent described a negative change in her happiness status and attributed the change to the distressing effect of debt (VSLA11, 94-95). There were significant differences between groups regarding the evolution of happiness in favour of females and people without impairments.

Regarding participants' perception of their **safety**, 4 of the 30 respondents reported feeling unsafe. For three respondents this had changed due to participation in the livelihood promotion programme (probable misunderstanding of the question). One respondent attributed the change to rising insecurity in the form of terrorism. Another one related it to his physical impairment, since he could not run away. A third respondent stated that he was not safe due to his property. The last respondent did not feel safe due to the state of his house, and this had not changed.

Further, 14 respondents reported a positive **evolution of their confidence when handling difficult situations**. For example, one interviewee stated that the active involvement in the project relieved her from stress (VSLA1, 49-51). Another respondent further elaborated on his work-related confidence:

"I can even get business deals in Kisumu and I feel I have the confidence and the zeal to work harder" (MF15, 38-39).

One respondent reported a negative change since she used to sell outside where she did not have to pay rent and it was easier to access customers. In this case also, it is again likely that the question was misunderstood. Another respondent described the positive effect of retiring on her stress level. Unfortunately, the data does not reveal whether this beneficiary retired from a formal employment before earning her income through the livelihood project.

Eight respondents reported a **positive change in their self-concept**. Some respondents described the effect of exposure to other people and activities. One respondent reported a currently negative self-concept due to a difficult financial situation and a lack of help.

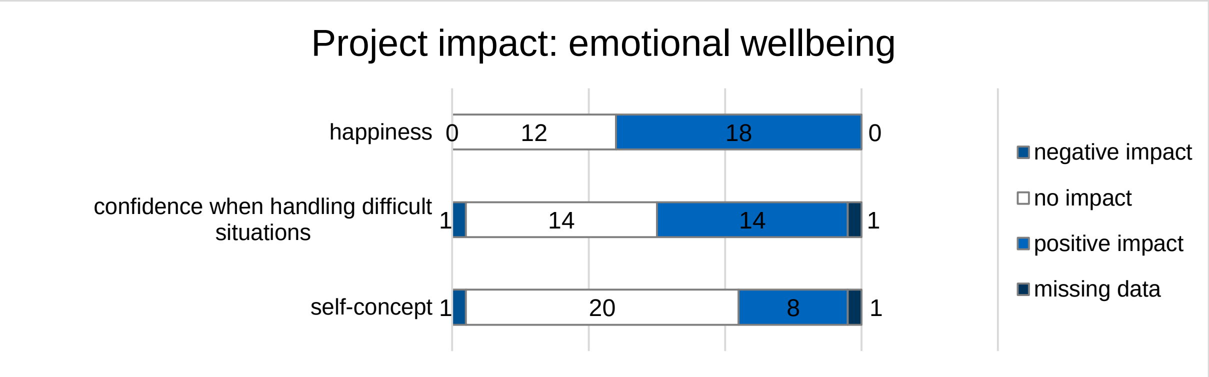


Figure 37: Reported project impact on emotional wellbeing (SIA)

In the second data collection, the majority of respondents stated **positive impacts on their happiness** and **confidence when handling difficult situations**, as shown in Figure 38.

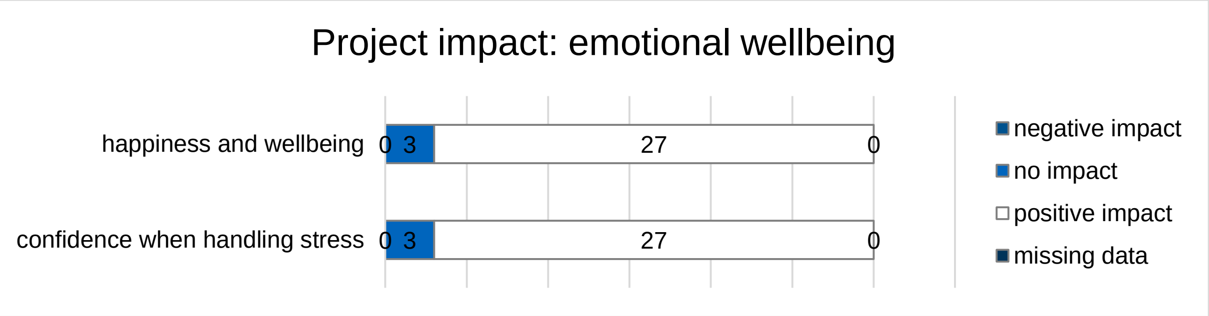


Figure 38: Reported project impact on emotional wellbeing (SROI)

Physical wellbeing

In the domain of physical wellbeing, respondents were asked about the following indicators: (self-reported) health status, health-seeking behaviour and leisure activities. Questions on health-seeking behaviour were left out in the second data collection, prioritising health expenditures instead (see Chapter 4.3). The nutritional status indicator was also added.

In the first data collection, the majority of respondents reported a good **health status**. The health status was significantly different between participants with or without impairments in favour of people without impairments.

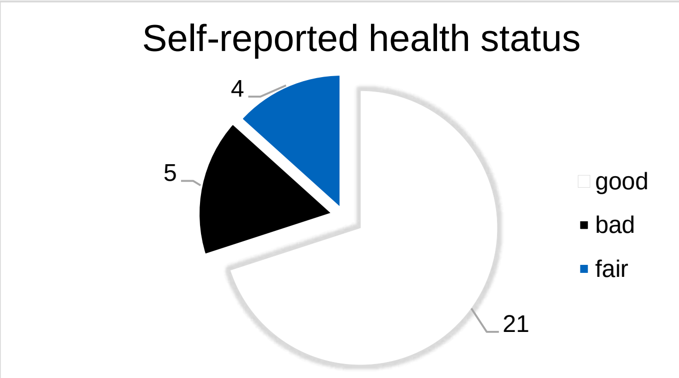


Figure 39: Self-reported health status of study participants (SIA)

For twelve respondents, there was a positive change in self-reported health status but one reported a negative change. Positive change was bolstered by improved nutrition, less demanding labour, the ability to afford medical treatment, no to mention assistive devices or medical services accessed through one of the livelihood programmes. The first data collection also comprised one respondent reporting worsened health status because he could not afford the necessary medical treatment for his condition. However, the negative change could not be directly attributed to the project. The change in health status was not significantly different between participants with or without impairments, thus the differences in health status could not really be attributed to the livelihood promotion programme.

Three respondents reported that they changed their **health-seeking behaviour**. One respondent said he was now able to pay for a health insurance (NHIF). Three respondents could now consult a doctor: two of them could also afford it. One of the latter could additionally access medical care through his job at a hospital. One of these respondents was quoted as saying:

"I now have enough cash to get medical attention. I even save so that when I have any problem I can use the savings." (VSLA9, 45-46).

One respondent changed his behaviour for faith-based reasons.

The three respondents described their previous health-seeking behaviour. One stated having used home remedies. Another one had seen a traditional healer. The third one did not disclose his previous health seeking-behaviour. Other respondents reported buying drugs from a pharmacy or doing nothing when they got sick[13].

Otherwise, study participants reported that they engaged in a variety of **leisure activities**.

[13] It is estimated that 16 % of the Kenyan population does not seek care when they get sick due to financial barriers (Ministry of Health 2009, 40), while about 33 % of the general population relies on money provided by friends and relatives, borrowed money or the selling of assets to pay for medical bills (ibid., 58).

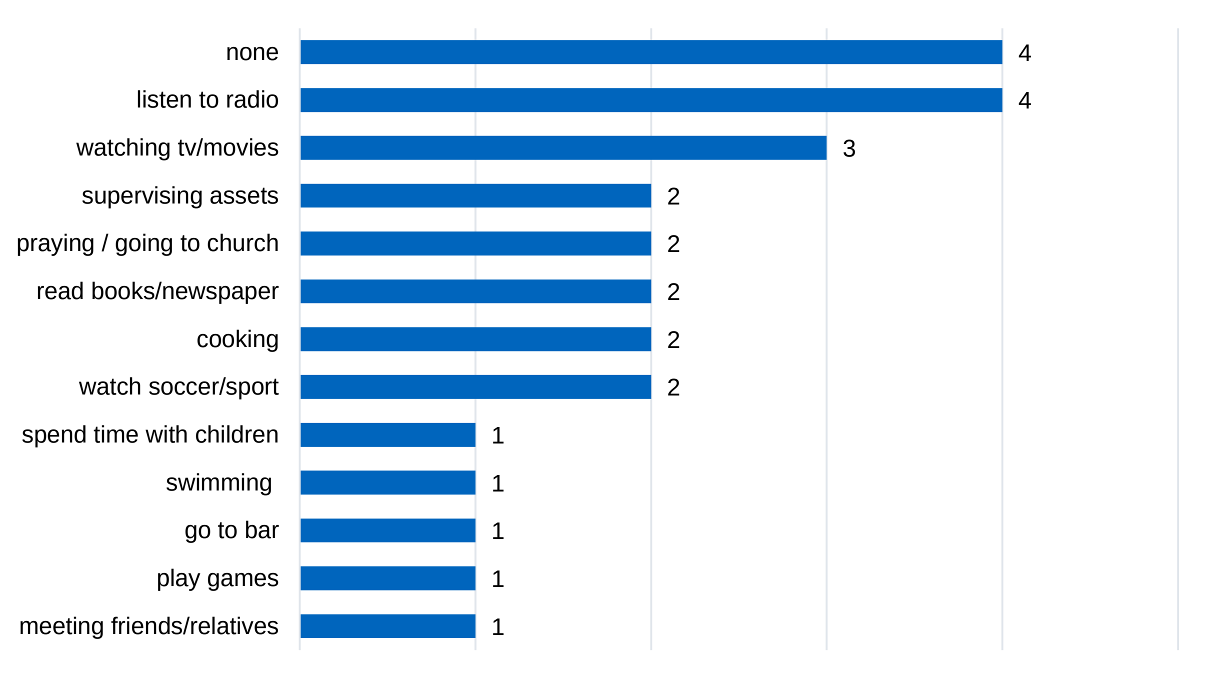


Figure 40: Reported leisure activities of study participants (SIA)

Eight participants reported a positive **change in leisure activities**. Positive changes were attributed to more options or free time with better income or to increased involvement in the community and more interactions. Respondents also reported more free time to relax and rest or less hard labour and worries about income. Seven participants reported negative changes in leisure activities, which they associated with limited free time due to increased activities in income-generating activities. Therefore, this negative change should not necessarily be judged as a negative impact.

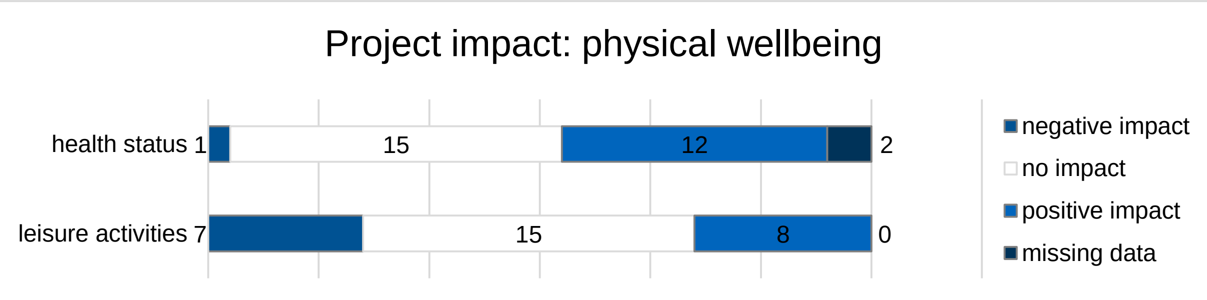


Figure 41: Project impact on physical wellbeing (SIA)

In the second data collection, impacts on the health status of individuals and communities were reported as being positive. Here again, some negative impacts on hobbies and leisure time were reported. However, as it transpired from the previous data collection, this development could also be ascribed to less free time due to increased income-generating activities – hence did not necessarily represent a negative impact.

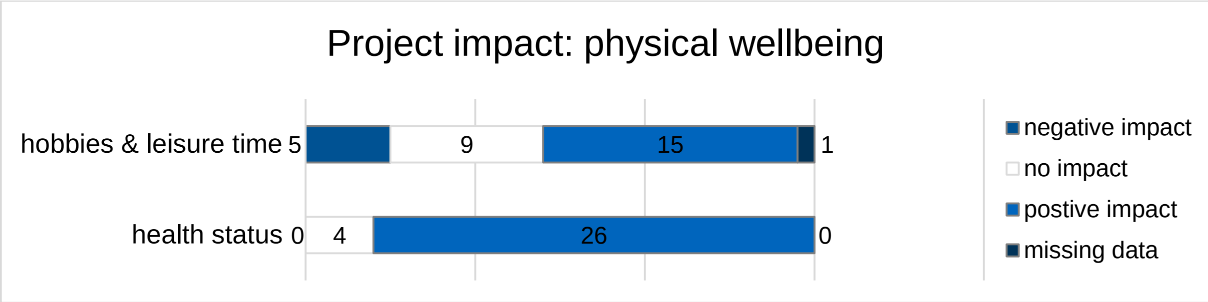


Figure 42: Reported project impact on physical wellbeing (SROI)

In the second data collection, respondents were asked whether the project had affected the health and nutritional status of their families and fellow community members. Most respondents again stated a positive effect, but one respondent cited a declining health status for family and community members. Another one reported a decreased nutritional status for community members. However, narrative data to explain the negative trend was not available in the second data collection.

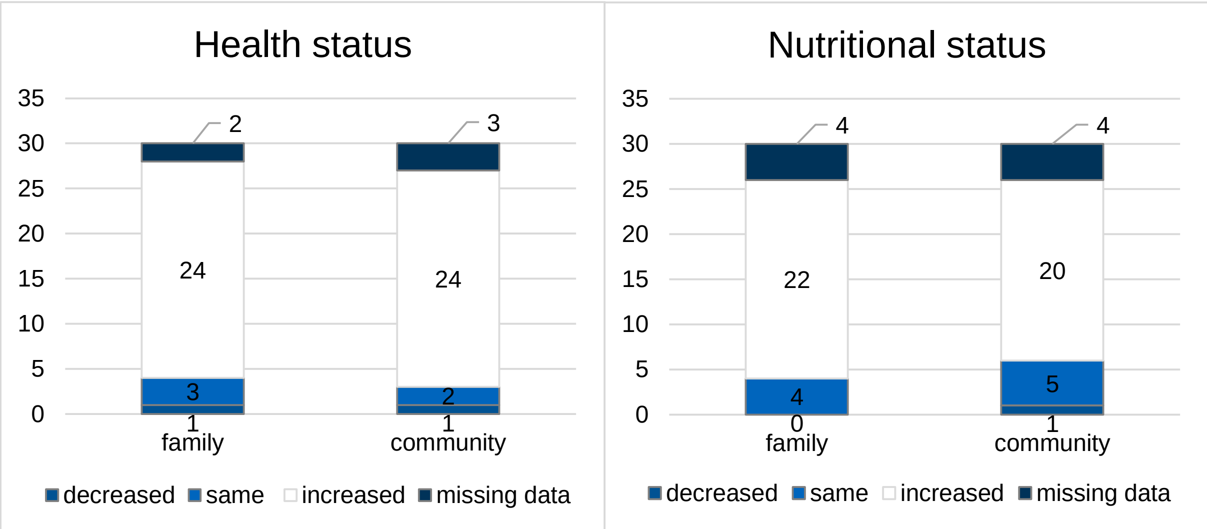


Figure 43: Reported project impact on health & nutritional status of family / community members (SROI)

Material wellbeing

In the domain of material wellbeing, the following indicators were included: sources of income, assets owned and housing situation. Data on respondents' current housing situation was already presented in the sample description (see Chapter 4.1).

Sources of livelihood are very diverse for Kenyan households. Given respondents' participation in livelihood promotion programmes, it was not surprising to find that, in the first data collection, the most common **sources of income** were farming and business. The diversity in income-generating activities is shown in Figure 44: more than half of the respondents engaged in business, more than half were farmers, others still were employed. Two respondents were employed at a hospital, one at a MF firm and one by a church. The latter had a physical as well as a visual impairment and described his income as "*support from church*" (MF13, 17) but later stated that he worked as a pastor.

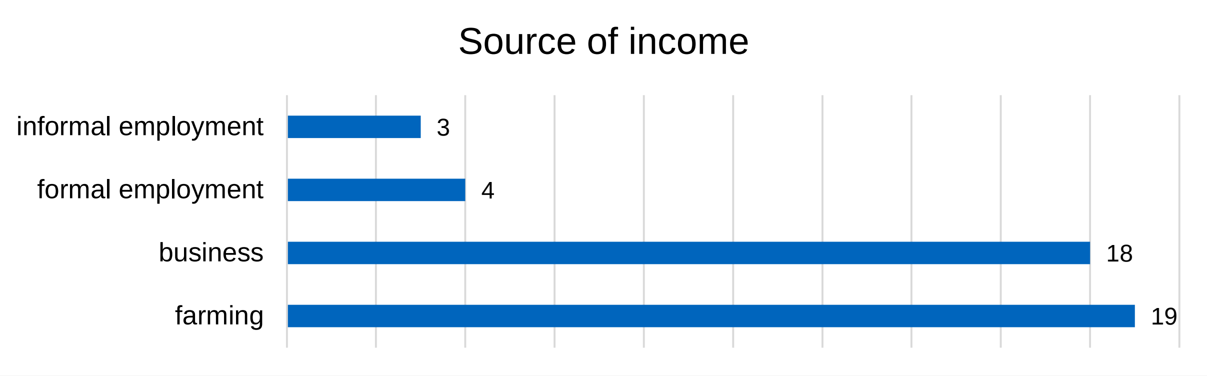


Figure 44: Self-reported source of income (SIA)

In the first data collection, the monthly income recorded ranged from Ksh. 500 to Ksh. 150,000. On average, 23 respondents stated that they earned Ksh. 20,792 per month (186 €). The average income increased by 59 % (rising from Ksh. 13,057 previously).

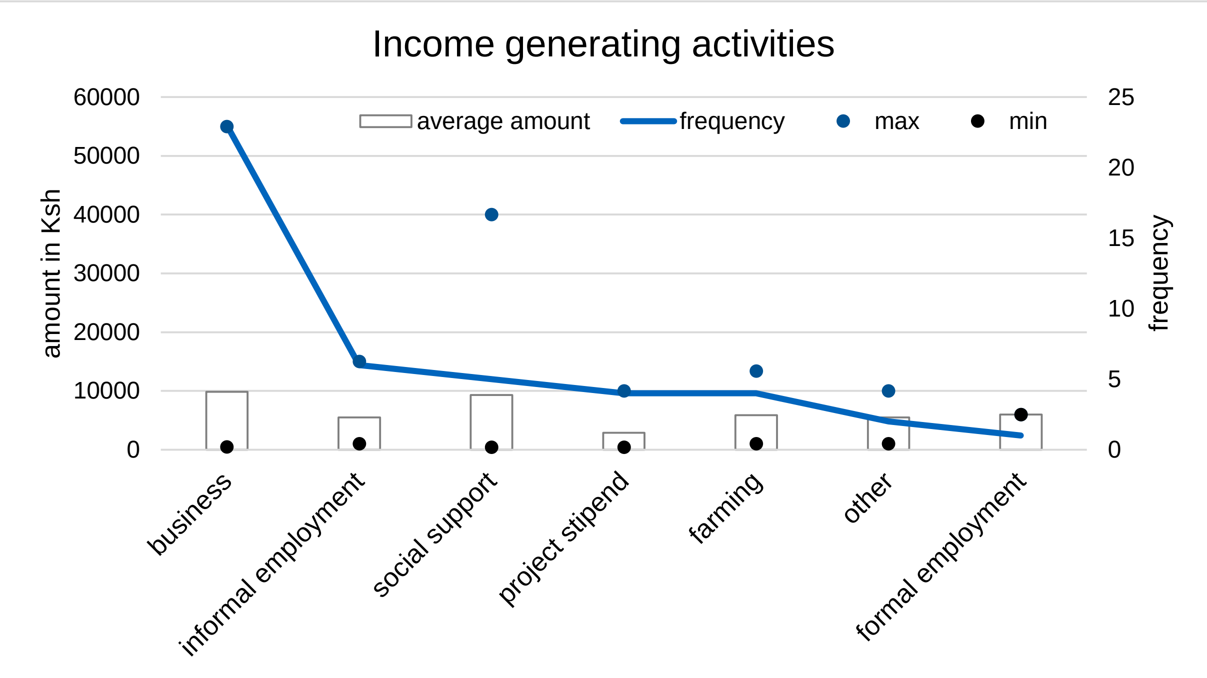


Figure 45: Self-reported source of income, frequency and respective minimum, mean and maximum earned by study participants (SROI)

In the second data collection, respondents indicated that their largest source of income was business. Social support (which had not been considered in the first data collection) represented the second highest source of income (see Figure 455).

Since questions on income were delicate and not easy to answer, the second data collection took a deeper look into the reinvestments made by the respondents (see also Chapter 4.3). In the first data collection, respondents stated reinvesting in the following areas – thus potentially hinting at an increased income:

- New businesses (for respondent or family members)
- Education (for respondent or family members)
- Improvement of income-generating activity (employees, assets, livestock, plot of land, vehicles)
- Improvement of their housing situation

- Savings

Study participants reported owning a variety of **assets**, most of them associated with farming or their business (see 46).

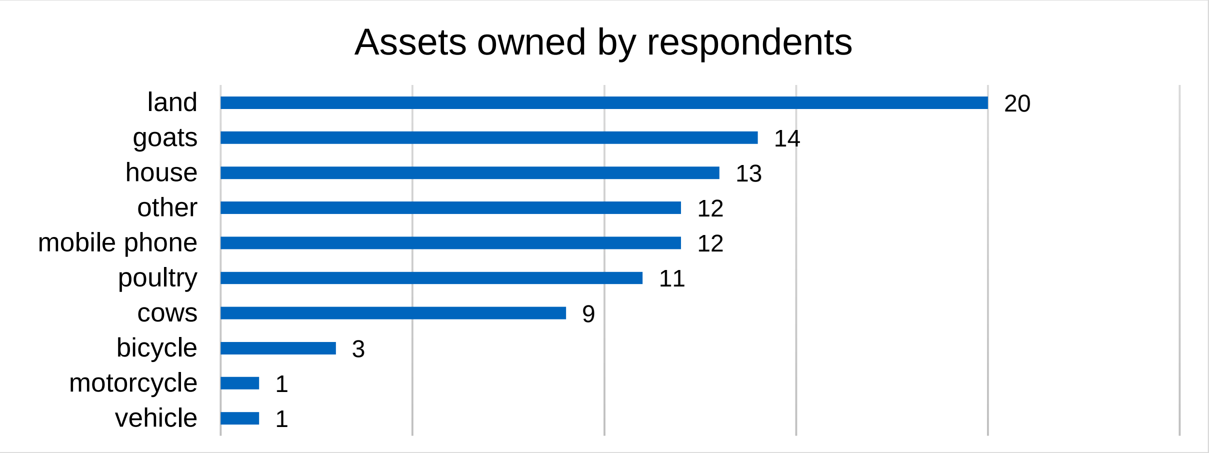


Figure 46: Self-reported ownership of assets by respondents (SIA)

In the first data collection, eleven out of 29 respondents reported a positive change in assets (see Figure 477), while five reported a negative change. Some respondents claimed that they had to sell some of their assets to meet basic needs, pay school fees or in times when their businesses were not running well. Others mentioned that livestock had died due to disease or that they had had to sell it because they lacked the capacity to look after it.

In the first data collection, 19 out of 30 respondents reported a positive change in income. This positive change could sometimes be attributed to the project but only if the respondent had recounted it accordingly. Some respondents had started a new business, while others had found a job. A large group attributed the positive change in income to improved farming methods or to added business value. Three reported a negative change apparently due to weather conditions, plant or animal diseases, which were responsible for the failure of some of the projects. One respondent lost an open-air shop and so had to pay rent. Another respondent said that she never used to keep records and her business had thus almost collapsed.

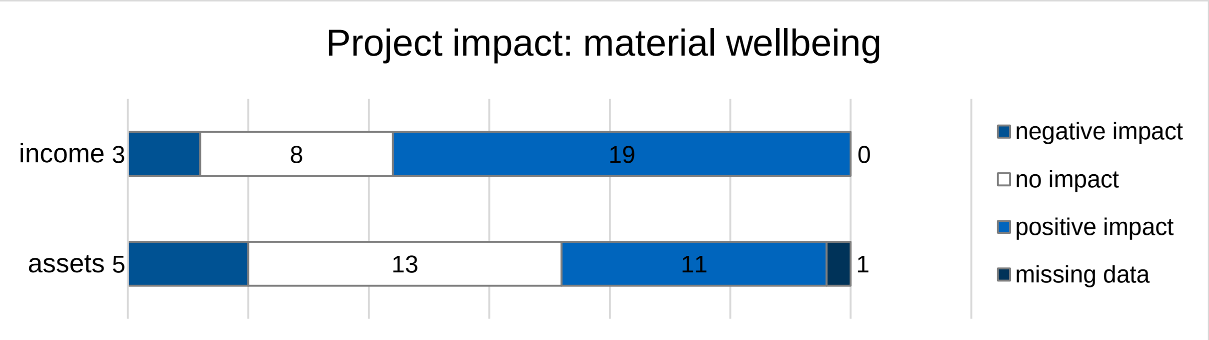


Figure 47: Reported project impact on material wellbeing (SIA)

Just as in the first data collection, many respondents reported that the project positively affected their income. When asked about the project impact on income from diverse sources, the income generated through business increased most often in the second data collection (see Figure 488).

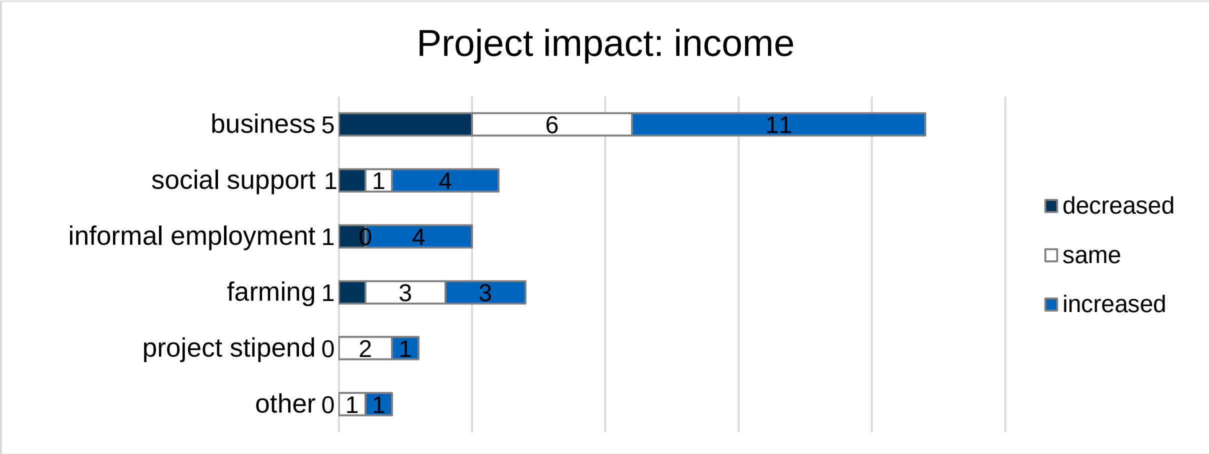


Figure 48: Reported project impact on income of diverse sources (SROI)

In the first data collection, six respondents reported that improved income enabled them to rent or build a house. Six respondents claimed that they used the livelihood promotion programme to buy a plot of land, build or renovate their houses. For the other respondents, data concerning the change in the respondent's housing situation was missing in terms of the type of house and the number of residents.

In the second data collection, respondents reported that, as a result of their participation in the project, the agricultural yield increased for their families and communities. Most respondents also reported increased investment opportunities for their family and fellow community members.

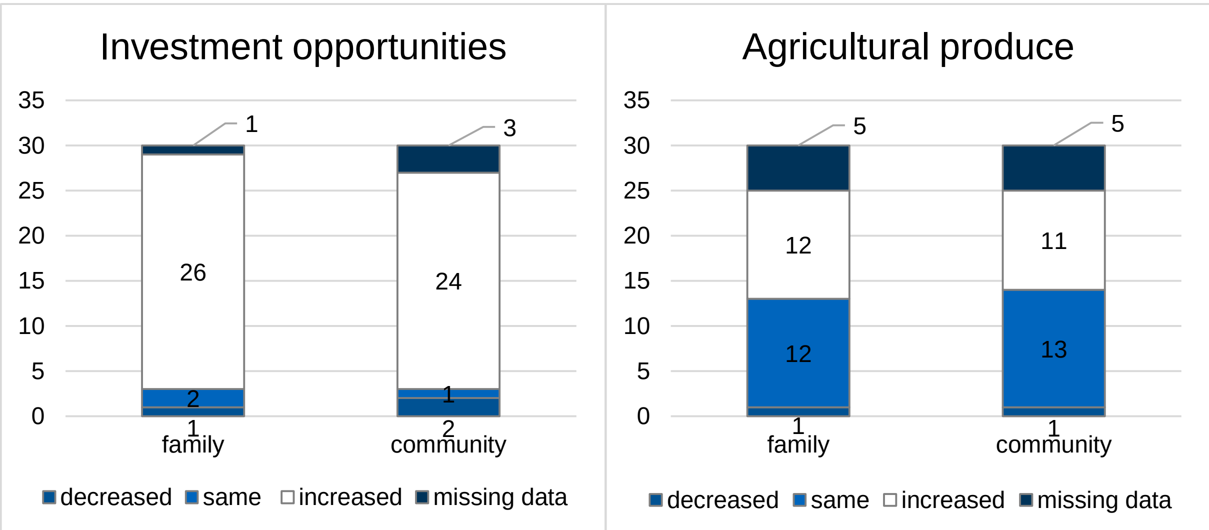


Figure 49: Reported project impact on investment opportunities and agricultural produce of family and community members (SROI)

Here as well, the impact on income generation was reported as mostly positive. Poverty levels for family and community members appeared to have decreased for more than half of the respondents but increased for seven interviewees. Since this question was the only one asked from a different angle, misunderstandings were likely. Unfortunately, narrative data was not available to attribute causes for the change.

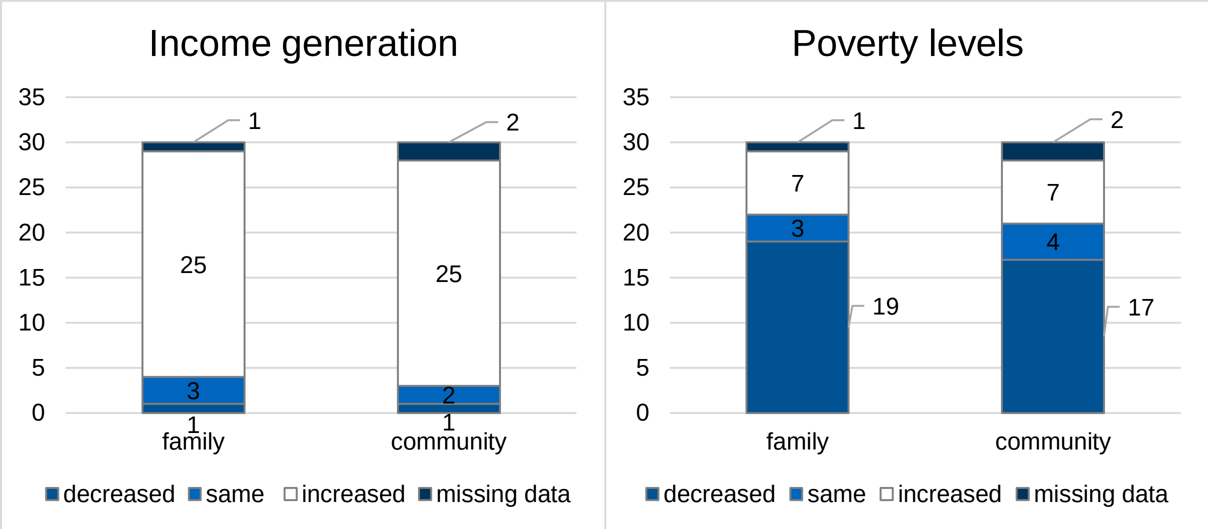


Figure 50: Reported project impact on income generation and poverty levels of family and community members (SROI)

4.2.4 Synthesis

Contrary to previous expectations, respondents reported a variety of impacts in **all** QoL domains. Of course, certain domains were frequently emphasised with positive impacts, namely the material well-being and social inclusion domains.

First of all, the narrative data connected many positive changes with improved material well-being, for instance the ability to cater to needs as diverse as housing, nutrition, education and health care. Or, as one respondent put it: *"With money you can get anything and my life has improved"* (MF15, 56). An increased income can thus serve as an enabling factor affecting different QoL domains. Improved nutrition, access to health care, less demanding labour and relaxation are all connected to the material situation of beneficiaries and, in turn, these factors influence their physical wellbeing. Furthermore, a decreased dependency and the ability to provide for others were described by study participants as positively influencing their interpersonal relations. More specifically, respondents emphasised that their ability to also take financial responsibility, e.g. by contributing to social functions, further fostered their social inclusion.

The positive effects of improved social networks were prominently described as another enabling factor. For some beneficiaries, the meetings of the livelihood promotion groups already generated a form of empowerment through frequent interactions, responsibilities taken within the group and an increased visibility in the community. When asked to rate the impacts, 19 of 30 respondents ranked social interaction as the most important, even before economic empowerment.

When asked for the most important non-financial impact of the project, beneficiaries mentioned indicators in the domains of personal development, self-determination, interpersonal relations, social inclusion as well as emotional and material well-being.

Factor	Domain	Exemplary indicators	Frequency
Independence	Personal development	Business knowledge, taking (extended) family to school	5
	Self-determination	Taking care of one's own life	2
Social participation	Interpersonal relations	Interactions / networking	7

	Social inclusion	Improved community decision making	1
Wellbeing	Emotional wellbeing	Coping with disability, boosting self-confidence / open-mindedness	4
	Material wellbeing	Acquire assets, job opportunities, building or renovating house	4

Table 4: Greatest non-financial impacts as stated by the study participants (SROI)

Despite the purposive sampling strategy, some respondents reported negative changes, for instance, the distressing effects of indebtedness. This finding is surprising, given the probable sampling bias, and should be taken into consideration.

In the first data collection, information on impacts could be drawn from the narrative data. The comparison of answers to closed questions with narrations showed that questions on impacts were sometimes misunderstood by respondents, i.e. in the sense that they mentioned project impacts but attributed a different cause to these changes. On the whole, there was a dearth of impact-related data since respondents had a hard time answering related questions. Indeed, they had to elaborate on their current situation, compare this situation to the past, state changes and also attribute causes to these changes. This line of questioning was very distant from respondents' everyday lives and interests so the methodological lesson learned here was either to try and generate pre-post data with the help of a baseline study or to apply heightened scientific rigour in the interviewing techniques.

Narrative data from the first data collection also showed that the negative changes reported could also be positively perceived. For example, some respondents reported less free time due to more business activity – a rather desirable outcome in this context. However, this interpretation can also be challenged since decent work should also allow for adequate leisure.

The SIA tool field-test showed that the QoL domains developed by Schalock (2010) can guide the focus of attention to various issues that are central when focusing on the sustainable well-being of clients and assessing if their lives have improved after the intervention. However, it also became evident that these domains were formulated from a specific point of view in a certain cultural context. Data from the field-test showed that a tool inspired by and based on QoL could not capture certain aspects that are important in the Kenyan context. Indeed, some of these factors, which are crucial to define the well-being of a person in the Kenyan context, cannot be categorised into a single QoL domain. For instance, financial inclusion – defined as the access to financial services such as bank accounts, savings, credits and insurances – has a strong connection to material well-being but also a rights component. The same holds true for transfers in kind. When 79.4 % of households in the Coastal region use informal cash transfers (Government of Kenya 2009, B127), it can be argued that the opportunity to participate in these informal social security activities is a crucial aspect of participation in Kenyan society. Of course, the possibility of participating is also linked to a person's material well-being. But the positive effects of participation manifest in the domain of social inclusion. For domains like self-determination, the value of certain indicators in non-Western societies remains unclear.

4.3 Monetisation

Using the SROI approach in the given context entails serious limitations when pursuing a measurement with an acceptable amount of scientific rigour. Most monetisation methods (see Chapter 2.3) are not applicable. The calculation of socio-economic impacts or so-called social savings is not easily assessable where social security is informally rather than formally organised. Moreover, the programmes considered are not designed to prevent harm, like many ecological studies are. QoL and its domains can be defined as “externalities” (Schober & Then 2015) with an intrinsic value. Attribution poses a challenge since QoL is a very broad concept and positive effects on different QoL domains are also promoted by other stakeholders in society. Indeed, they cannot be defined as goods that are traded on markets and thus have an existing market-based price. For this reason, a merely financial ROI is not sufficient to capture the impacts of livelihood promotion programmes that aim at the financial and social empowerment of their beneficiaries.

In the following subchapters, the (S)ROI formula developed by the research team is introduced. Standardisation through officially available statistics is compiled for the respective indicators and the formula exemplarily applied to monetised indicators of the second data collection. T-tests were calculated to compare the observed values with the expected values regarding significant differences between the following groups:

- Gender: females and males,
- Type of project: MF and VSLA,
- Location: rural and urban settings,
- (Dis)Ability: people with and without impairments, guardians of children with disabilities
- Type of impairment: people with different impairment types (visual, physical and multiple impairments).

Significant group differences are reported in Subchapter 4.3.3. Data sheets can be found in Appendix 4. No significant differences were found between respondents from rural and urban settings.

4.3.1 (S)ROI formula

Instead of monetising impacts on the beneficiaries’ QoL, the research team further assessed the beneficiaries’ reinvestments[14] into different life areas. These reinvestments represent actual choices made by the individuals, choices that can be assigned a price tag because they are traded on markets.

The formulated ratio is an attempt to capture the value created for individuals in the sense of enabling them to e.g. access health care or contribute to social functions. The individual was focused upon as the core of social value creation since impacts on the family, community or organisation are created through the individual. It can be assumed that those reinvestments in education, health, informal social security, assets, business or housing indirectly affect the different QoL domains. Beyond that assumption, increased opportunities to reinvest (as compared to the average population) can hint at an increased income and subsequent positive (indirect) effects for the national economy.

Reinvestments in livestock, farming, fishing, phones, vehicles, business, land and housing in the past twelve months were assessed[15]. Furthermore, savings were considered as added value. The initial contribution and monthly contributions to the savings groups were accounted for separately from personal savings since the former contributions are repaid to the individual at the end of the loan

[14] When assessing material living conditions, one can distinguish different reference time frames. Measuring resources like current income implies examining material living conditions from a short-term perspective. Assessing average yearly income already integrates a longer-term perspective. Measurements of expenses or consumption focus on an even longer-term perspective. Because the latter do not consider the source(s) out of which the expenses are financed, they are thus less susceptible to fluctuations. The accumulation of tangibles like real estate is central for the assessment of long-term material living conditions. Measurements of living standard or deprivation specifically look at these long-term consumption decisions, for instance the housing situation. Measurements of expenses or consumption can thus be a good alternative to assessing income (Christoph 2015, 40-42).

[15] Reinvestments in education were not included because of the very long time frame of these investments, rendering attribution problematic.

period[16]. The livelihood promotion group or the facilitating organisation can be described as the custodians of these savings.

Due to the lack of a random sampling strategy with baseline and control group, officially available statistical data was used to standardise findings. The aim of this standardisation is to compare the effects with the so-called deadweight, i.e. what would have happened without the intervention. Hence, it is important not to use national averages but data with a more specific regional focus or concerning a specific subgroup. Unfortunately, besides data on the prevalence of certain impairments, no representative data was available on the respective indicators for the demographic group of persons with disabilities[17].

The following formula was developed by the research team:

$$\frac{\text{Reinvestments + Savings - Standardisation - Repayments - Meeting Costs}}{\text{Loan}}$$

Figure 51: (S)ROI formula

This ratio compares the investment in the individual in the form of the loan to the enabling material factors in the form of reinvestments and savings. Each reinvestment and saving is standardised against the regional average to obtain the surplus expenditures and savings. Repayments and costs incurred through participation in livelihood group meetings are subtracted because they limit those surplus expenditures and savings.

Of course, savings are not necessarily reinvested in a business. This aspect raises the dilemma of sole proprietorship. Due to the monetary character of the intervention, it has to be decided whether the beneficiary and his or her business should be regarded as one unit. Nonetheless, the most common source of business start-up capital for the average population in the Coastal region in 2005/06 (Government of Kenya 2009) was personal savings (see Figure 52).

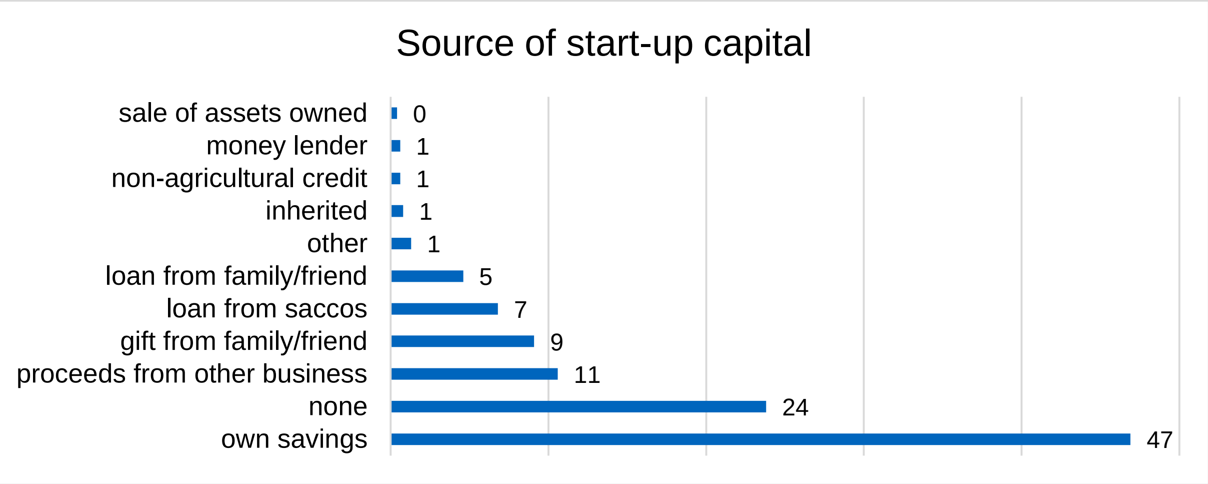


Figure 52: Main source of start-up capital (%) for the Coastal region (GoK 2009, B134)

[16] A particular challenge arose in the course of this study since respondents were situated in different phases of their loan cycles. Hence, how to factor in time to deal with unfinished repayments within a loan cycle remains an open question.

[17] The Household Health Expenditure and Utilization Survey Report 2007 (Ministry of Health 2009) provides data on the subgroups "chronic problem present or not present", e.g. on out-of-pocket health care expenditures (ibid. 37/61). Unfortunately, this distinction does not match our definition of persons with disabilities. Most likely, respondents were asked about chronic health conditions requiring regular medical attention. This group would thus probably spend more on health compared to the group without a "chronic problem".

From another perspective, when looking at reasons for borrowing money, subsistence needs, medical costs and school fees were priorities for the general population of the Coastal region in 2005/06. About 11% of those borrowing money stated business-related reasons, e.g. purchasing land (Government of Kenya 2009).

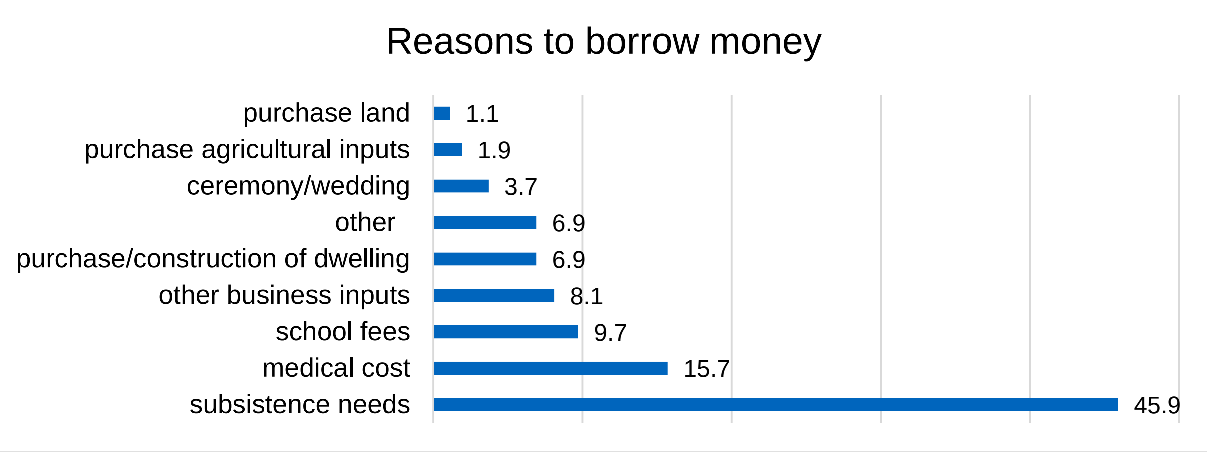


Figure 53: Reasons to borrow money (%) for Coastal region (GoK 2009, B139)

4.3.2 Standardisation

Comparison data for standardisation was available for contributions to social functions and health expenditures: 83 % of Kenyan households perform informal cash transfers. The average value of in-kind transfers in the Coastal Region according to the Kenya Integrated Household Budget Survey 2005/06 amounts to **Ksh. 5,953** in cash, Ksh. 1,999 in food and Ksh. 1,725 in other forms (Government of Kenya 2009, B128). Because respondents of this study were asked about cash transfers only, in-kind transfers of food etc. were not considered.

According to the Household Health Expenditure and Utilization Survey Report 2007, annual per capita out-of-pocket expenditures on outpatient visits amounted to Ksh. 199 (Ministry of Health 2009, 36) and to Ksh. 64 on inpatient visits for the Coastal Region (Ministry of Health 2009, 59). Together, these expenditures totalled **Ksh. 263**[18]. Unfortunately, data from 2007 should be considered as rather outdated and health expenditures can be expected to have risen since then. More recent data is available in the Kenya Household Health Expenditure and Utilisation Survey 2013 (Ministry of Health 2014, 42f.). However, this report only displays national averages or County data. The 2007 and 2013 reports show that regional differences were very high. The annual national average of per capita out-of-pocket expenditure on outpatient visits amounted to Ksh. 1,254 (from Ksh. 676 in 2007) and to Ksh. 355 on inpatient visits (from Ksh. 505 in 2007) in 2013. Furthermore, the report shows that out-of-pocket expenditures on health are prone to fluctuations.[19]

[18] In 2009/10, Kenyan households contributed 36.7 % to overall expenditures on health (Ministry of Medical Services & Ministry of Public Health and Sanitation 2010, 13).

[19] In general, it can be stated that the available and applicable comparison data is quite outdated. Data for the Kenya Integrated Household Budget Survey is currently being collected for a 2015/16 update. Nationwide data proved to be inadequate since expenditures in the Coastal region are much lower compared to e.g. the Nairobi region. The Kenya Integrated Household Budget Survey 2005/06 (Government of Kenya 2009) differentiates between counties: but, here, even expenditures for Mombasa and Kilifi County differ considerably. In this report, data for the Coastal region was generally used for consistency reasons.

The Kenya Integrated Household Budget Survey 2005/06 (Government of Kenya 2009) provides the percentages of Kenyans owning vehicles, phones, livestock and other assets and provides information about their respective market prices (see Figure 544). Unfortunately, owner percentages and market prices are different measurements from reinvestments within a given time frame.

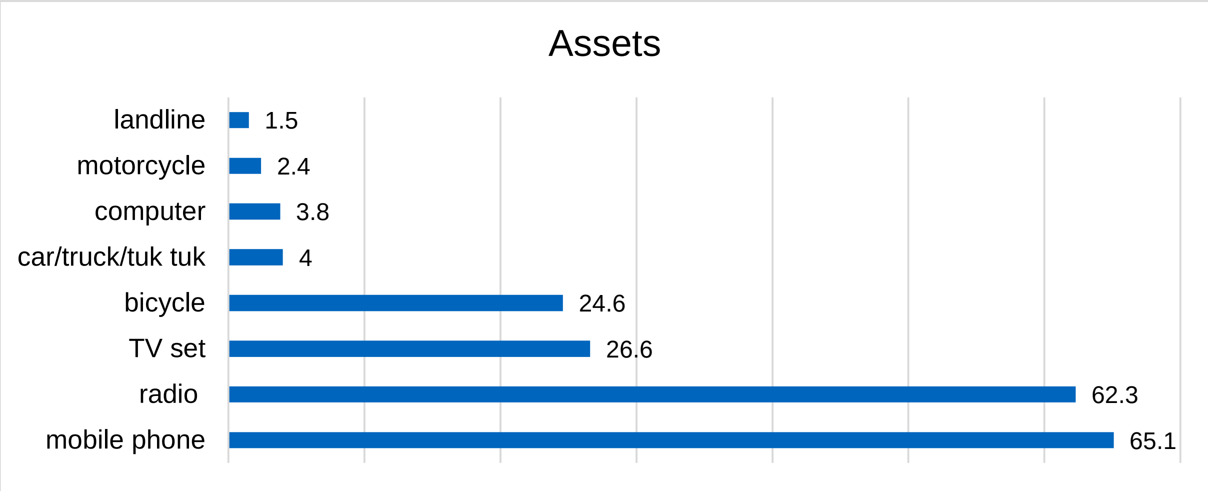


Figure 54: Assets owned by households (%) in the Coastal region (GoK 2009, 423)

In 2005/06, 28.4 % of all households in the Coastal region received other income in the form of savings averaging Ksh. 15,970 per year (Government of Kenya 2009, B116). Unfortunately, here again, interest disbursement is not the same unit of measurement as the amount of money saved.

4.3.3 Exemplary application of the (S)ROI formula

The (S)ROI formula developed was applied to the sample of the second data collection. Considering the non-random sampling strategy and the small sample size the aim of this exercise was not to calculate the actual (S)ROI but to show how data can be inserted into the formula.

In the past year, beneficiaries took out loans between Ksh. 2,000 and 55,000 with a mean of **Ksh. 17,815**. Respondents made an initial contribution of Ksh. 100 to Ksh. 5,000 with a mean of **Ksh. 578**. They reported contributing between Ksh. 250 and Ksh. 3,000 per month with a mean of **Ksh. 1,304**. The contributions thus added up to **Ksh. 16,226** per year. 14 respondents stated incurring costs up to Ksh. 1,000 per month related to the project meetings with a mean of Ksh. 175, adding up to **Ksh. 2,100** per year.

Respondents reinvested in livestock, farming, fishing, phones, vehicles, business, education, land and housing in the past 12 months. MF and VSLA beneficiaries differed significantly in the amount of investments with MF beneficiaries investing more (see Appendix 4).

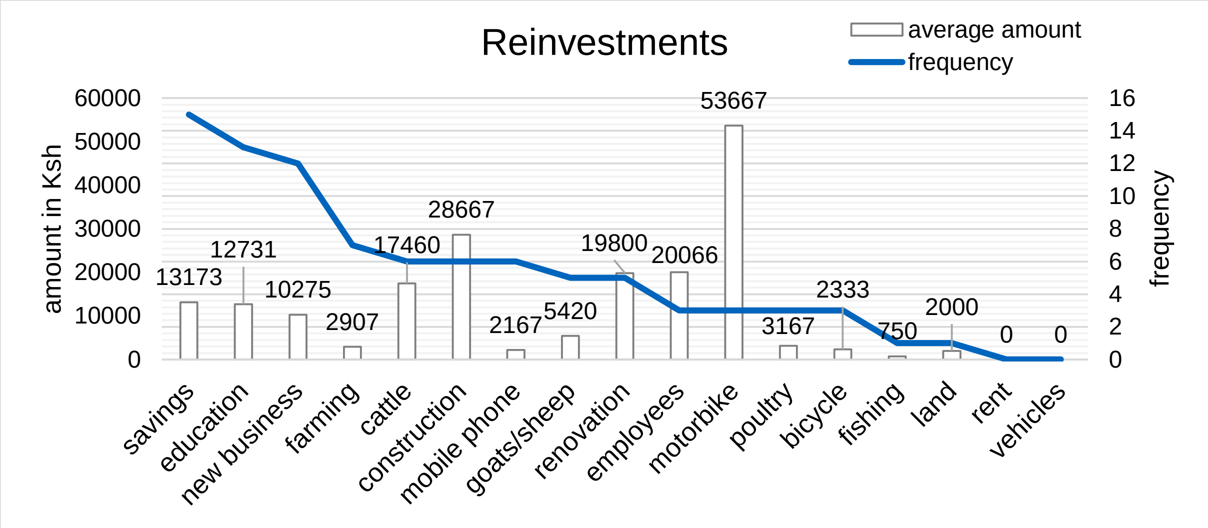


Figure 55: Frequency and average amount of reinvestments in different sectors as stated by respondents (SROI)

Respondents reported contributing between Ksh. 0 and Ksh. 25,400 to social functions in the past 12 months. The average total contribution was **Ksh. 6,911** per year[20]. The monthly contribution to social functions of female versus male respondents differed significantly (p< .05), with women contributing more. Youths and elderly respondents also differed significantly in terms of their contributions to social functions, with youths disbursing more than double the amount paid by elderly people (see Appendix 4).

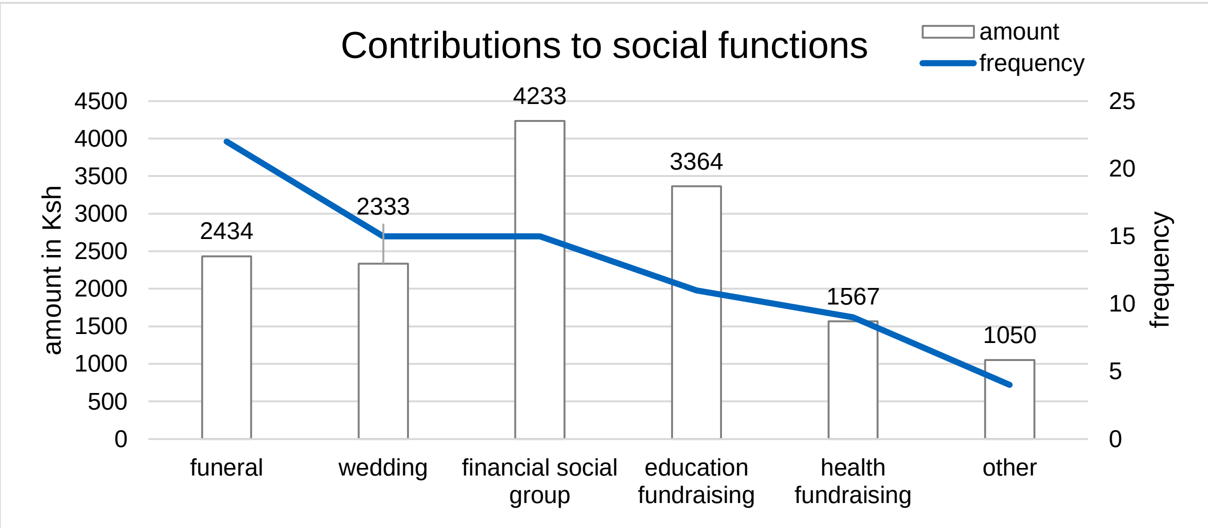


Figure 56: Frequency and average amounts contributed to different social functions as stated by the respondents (SROI)

It was evident that the respondents invested quite heavily in social functions (funerals, weddings, educating relatives and welfare groups). Many respondents stated that their contributions to different social functions had increased (see Figure 577). From the research team’s perspective, this can be considered as a reflection of respondents’ increasing social participation and acceptance. This corresponds to one of the objectives of livelihood promotion, namely to thicken the social fabric.

[20] An oversight in the study was that there was no question on contributions to churches or mosques. This is bound to be significant, given that the Coastal region hosts communities with strong religious roots.

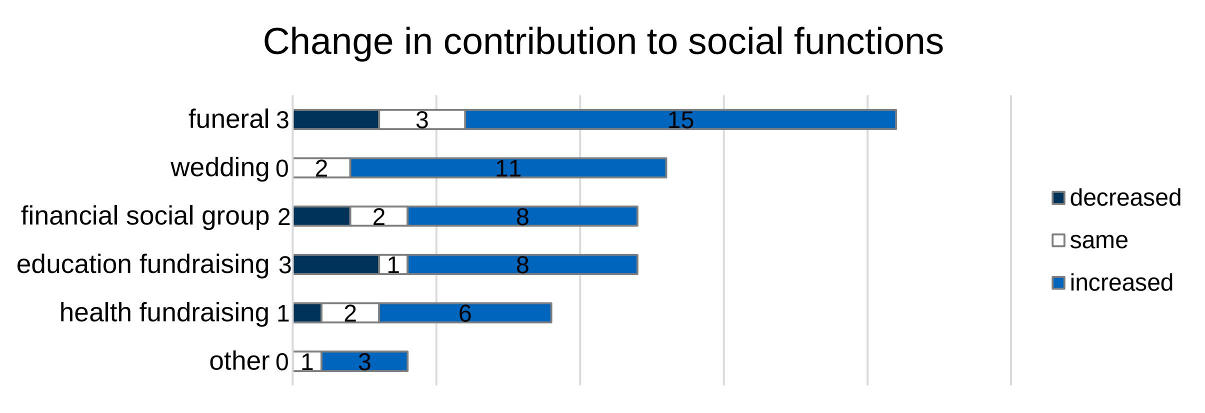


Figure 57: Change in contribution to different social functions as stated by the respondents (SROI)

Respondents spent between Ksh. 0 and Ksh. 23,000 on health with a mean of **Ksh. 2,280**. Youths and elderly respondents differed significantly in terms of the amount spent on health. Younger respondents spent more, covering health expenditures for their whole families. Moreover, MF and VSLA beneficiaries differed significantly regarding their health expenditures, VSLA beneficiaries spending more on health (see Appendix 4).

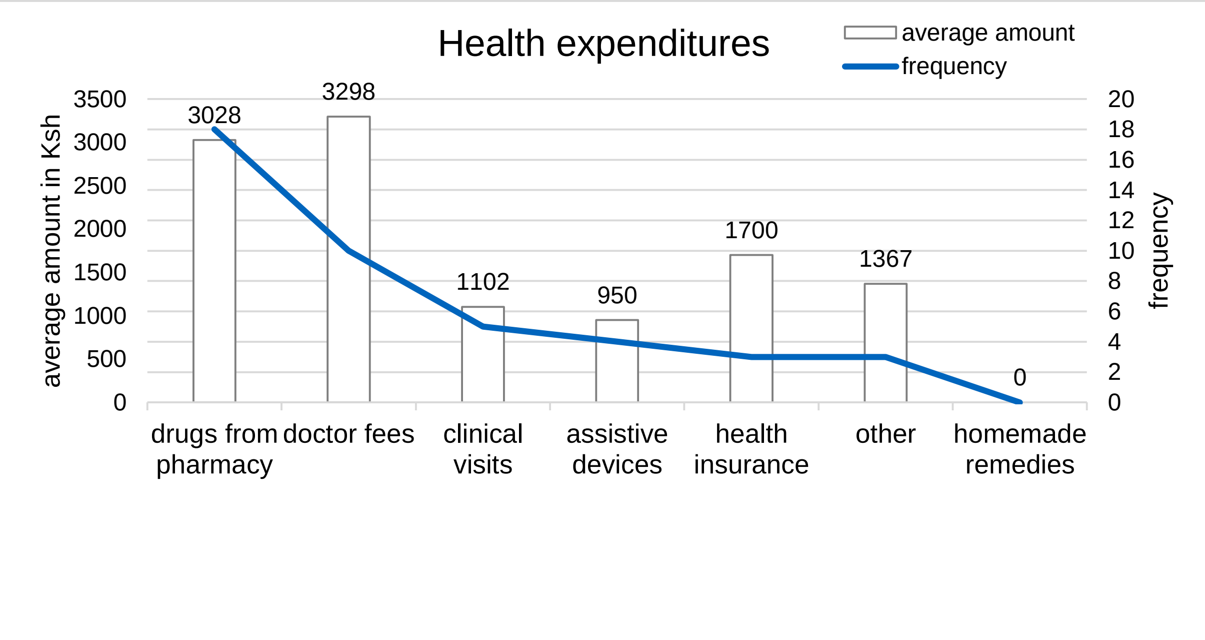


Figure 58: Frequency and average amounts of different health expenditures as stated by the respondents (SROI)

4.3.3 Discussion

In this study, an (S)ROI formula was generated for monetisable indicators which included reinvestments in different sectors, contributions to social functions, health expenditures and savings. The formula took into account these different aspects of the beneficiaries' QoL as well as the various contexts in which business was conducted not to mention the beneficiary groups, yet it still fell short of measuring the 'S' in SROI. The challenge became clear when attempting to monetise aspects such as responsibility in the community and social interaction, or when assigning monetary value to improvement in education levels. The problem of attribution when posing such questions to beneficiaries retrospectively was already mentioned in Chapter 4.2.4. Like other authors (see Chapter 2.3), the research team considers the monetisation of some social impacts as impossible. For these variables, some other form of quantification should be enrolled.

5 Conclusions

Applying the SROI logic to the field of livelihood promotion in the Kenyan context entails many challenges since diversified livelihoods are not easy to capture. The calculated impact is compounded with the consideration that the average Kenyan is likely to be a beneficiary of other similar interventions and thus isolating precise project impacts may prove particularly arduous. Furthermore, the distinction between input and output is not easy to draw since the intervention is essentially monetary. The assumption of sole proprietorship – that individual and business are the same entity – is also questionable. Finally, social savings cannot be monetised easily in a context where most people are not included in formal social security arrangements. Informal social security can be a substitute but then comparison data is hard to find.

The availability of appropriate, official statistics further limits the choice of monetisable indicators. The non-availability of representative data other than the prevalence of certain impairments shows the need of assessing participation in and adaptation to national contexts – for instance by monitoring the implementation of the UNCRPD. Disability mainstreaming in censuses and other representative national assessments should be further promoted to make relevant comparison data available in order to assess deadweight. When trying to elaborate an inclusive tool, the need for disaggregated data should be taken into consideration – not only with regard to impairment/disability but also with regard to gender, age and other dimensions of diversity.

The fact that the SROI logic has to be adapted to specific fields and regions demonstrates that efforts to design generic tools are futile. Indeed, inputs, outputs, deadweight and outcomes must be defined operationally for the specific program and its objectives, taking cultural and regional variations into account. Hence, the value of the SROI approach lies in the process rather in the end product. When one is free to select which indicators should be monetised, it becomes crucial to justify the choice of those indicators and to supplement the elaborated SROI formula or ratio with a mixed-method argumentation line. Monetisation is one specific form of quantification. A valuable SROI formula should probably contain both, i.e. monetisation plus quantification in the form of a social impacts index.

Despite all these challenges, discussions on monetisation and impact models can be valuable to organisations in order to clarify the motivations underlying a certain intervention and to strengthen funding argumentation for potential donors. Elaborating a draft impact model should be the first step, followed by the search for available comparison data and the actual data collection against this background. The choice of indicators for the “Social” in SROI must be thoroughly legitimised. Otherwise the choice can be deemed arbitrary since organisations can easily choose variables that produce a favourable SROI ratio.

In sum, within the scope of the study at hand, a tool was elaborated and field-tested to try and capture the social impacts of livelihood promotion in the chosen cultural context. Discussions on operationalisation within the research team and with the collaborating organisations in the field as well as the experiences made during the field-tests generated crucial knowledge on impact factors – highlighting chains of influence as well as obstacles to assessment in the given context. It became obvious that besides material outcomes, social outcomes – such as interactions, networks and participation in the community – are crucial in this context, especially when these outcomes serve as an enabling factor to develop other capabilities. Nevertheless, a question remains open, namely how the

SROI approach can be developed further to account for value created vis-à-vis donors and to fund sustainable interventions.

6 Recommendations for CBM

Against the background of this study, the research team recommends the following to CBM:

- Apply the SROI approach with caution in this field. CBM should be aware of the arbitrariness of SROI indicators, which can lead to very different SROI ratios. To guarantee scientific stringency, researchers should strive to precisely define variables, to justify both the choice of tools used and the selection of the sample before carefully interpreting results. Since efforts to elaborate a generic tool are futile, this process of course requires resources and, since variables can be chosen freely using different justifications, the SROI ratio is not recommended to inform strategic decisions and compare programmes. However, the SROI approach can direct attention towards elements of material living conditions beyond short-term indicators like income.
- Lobby for disability mainstreaming in general (national and international) data collections. When the availability of adequate comparison data limits the choice of monetisable indicators, future studies will be confronted with similar challenges when trying to define deadweight.
- Provide baseline data to make it possible to attribute impacts, especially in a field as complex as livelihood promotion. The appropriate time to plan the gathering of baseline data for impact evaluations is when designing a new programme (Evaluation Gap Working Group 2006, 27). For instance, it could be discussed if questions on expenditures and consumption for different QoL domains can be embedded in the general programme monitoring to gather pre- and post-data for new beneficiaries. Furthermore, the pre- and post-assessment of different sources of livelihood would allow for the analysis of livelihood diversification. Linked to this aspect, questions requiring “bookkeeping” proved to be hard to answer spontaneously and retrospectively, thus leading to contradictory results.
- Due to the potentially negative impacts of indebtedness, choose beneficiaries for microcredit interventions with caution. Other intervention forms should be considered for clients who are not the “entrepreneurial type”. In this sense, the issue of dependency deserves attention. Indeed, it should be ascertained whether livelihood promotion programmes can actually fulfil the goal of empowering their beneficiaries, whether dependency on others can be overcome for beneficiaries with disabilities or not (compared to beneficiaries without disabilities) and whether interventions in this field can even create new dependencies.
- Pursue the quest for a monetisation technique that captures the “S” in SROI. A tool that can actually help to measure impacts and calculate returns holistically remains a desideratum for further research since the mere financial ROI does not capture the main objectives of livelihood promotion programmes. Indeed, when trying to pursue objectives such as financial and social empowerment, it is not sufficient to look at financial indicators to judge whether the investment was worthwhile. It is at least questionable if skill- and awareness-building (e.g. to empower clients to access what they are entitled to or to promote financial inclusion) can be provided while also achieving the goal of financial sustainability. Therefore, a hybrid tool is recommended: a tool that incorporates monetisation as elaborated in this study into an index that also applies other methods of quantification for those impacts that monetisation does not cover, e.g. non-monetisable QoL indicators. From the experience gathered in this study, quantifying QoL factors as investment indicators certainly makes sense.

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