MEASURING THE IMPACT OF CLINIC+O Services in Ouré-Kaba, Guinea

SROI ANALYSIS

Prepared by : Khadija Boukhobza

November 2024

SOCIAL VALUE INTERNATIONAL

Statement of Report Assurance

Social Value International certifies that the report

Measuring the Impact of Clinic+O Services in Ouré-Kaba, Guinea

satisfies the requirements of the assurance process.

The assurance process seeks to assess whether or not a report demonstrates a satisfactory understanding of, and is consistent with, the Principles of Social Value. Reports are independently reviewed by qualified assessors and must demonstrate compliance with the Social Value report assurance standard in order to be certified. The Social Value report assurance standard can be downloaded from the website socialvalueint.org.

Assurance here is against the Principles of Social Value only and does not include verification of stakeholder engagement, report data and calculations.

Awarded 13/02/2025

Signed

Mr Ben Carpenter
Chief Executive Officer
Social Value International

Social Value UK carries out the assurance service on behalf of Social Value International. Social Value International is the global network focused on social impact and social value. We are the global network for those with a professional interest in social impact and social value. We work with our members to increase the accounting, measuring and managing of social value from the perspective of those affected by an organisation's activities, through the standardised application of the Principles of Social Value. We believe in a world where a broader definition of value will change decision making and ultimately decrease inequality and environmental degradation.

Table of Contents

Tables

Figures

Acronyms

C+O	Clinic+O
CHWs	Community Health Workers
FGDs	Focus Group Discussions
KIIs	Key Informant Interviews
MHO	Ministry of Health
SROI	Social Return on Investment
SVI	Social Value International

Acknowledgements

I would like to extend my heartfelt gratitude to all the stakeholders who generously contributed their time to this evaluation, many participating on multiple occasions. My sincere thanks go to Nasser Diallo, CEO of Clinic+O, for giving me this incredible opportunity to delve into the organization's work. I am also deeply grateful to the entire staff for their unwavering support, not only in setting the stage and assisting with data collection but also for embracing the journey of implementing social value measurement alongside me as we embarked on SROI for the first time together. Special thanks to Abdoul Karim Baldéa, Alpha Oumar Baha, and Sage Ramadge for their dedication and collaboration throughout this process. Special thanks to Social Value International for their training and resources, which greatly enhanced my ability to apply SROI principles throughout this analysis.

Executive Summary

Clinic+O is dedicated to transforming lives in marginalized communities by providing accessible, affordable health services. To better understand the impact of its services and drive ongoing improvement, accountability, and transparency, Clinic+O has undertaken this Social Return on Investment (SROI) analysis.

The study focuses on assessing the social value generated by Clinic+O's programs in Ouré-Kaba, using a stakeholder-informed approach aligned with Social Value International (SVI) principles. Through this analysis, Clinic+O aims to capture and measure that changes in a way that is relevant to the people that experience or contribute to it.

The SROI analysis was conducted through a comprehensive desk review of available documents and reports, combined with data collection using mixed methods. Five stakeholder groups were identified as having experienced material changes. These stakeholders are patients, community health workers, community leaders, the ministry of health and the staff. These stakeholders were approached using several methodologies including virtual interviews, face-to-face interviews, focus groups discussions and surveys. Stakeholders' views were collected from more than 124 people. Data was collected between July 2024 and October 2024.

To quantify the social value created, the outcomes identified by key stakeholders were monetized using a combination of cost-based, stated preference, and anchoring techniques, ensuring an accurate and robust valuation of each outcome.

The following key questions shaped the SROI analysis:

1. Who are the key stakeholders affected by the project?
2. What changes (positive or negative) are stakeholders experiencing due to the project?
3. How do stakeholders define the significance of these changes?
4. What is the ratio of social value created to investment?
5. How will the analysis results be applied to inform future decisions and maximize the impact?

This analysis found that for every $1 invested in the program, $12.62 of social value is generated, demonstrating that the program delivers strong value for its investment.

$$\frac{\boldsymbol{Total\ Present\ Value}}{\boldsymbol{Total\ Inputs}} = \frac{\mathbf{5,602,443.38}}{\mathbf{444,017.65}} = \mathbf{12.62}$$

The results were shared and verified with staff as one of the key stakeholders in November 2024. This involved discussing how to leverage insights and recommendations to inform future programming and maximize social value creation. Additionally, a plan was established to communicate and validate the findings with all stakeholder groups.

Background

1. About Clinic+O

Guinea faces a high poverty rate (55%), with many of the country's 13.9 million people experiencing food insecurity, malnutrition, and limited access to basic education and health services, particularly in rural areas (WFP, July 2024). The healthcare system also faces significant challenges, including limited access to essential services in rural regions where most of the population resides. Inadequate infrastructure, a shortage of qualified healthcare professionals, and scarce resources have delayed the delivery of quality care, leaving many communities, especially marginalized groups, struggling to access timely and effective healthcare. The COVID-19 pandemic has further intensified these issues, highlighting the urgent need for innovative solutions that enhance healthcare delivery and improve health outcomes.

In response to these challenges, Clinic+O was founded in September 2020 to facilitate access to healthcare services using digital technology and active sensibilization of communities. It offers evidence-based, low-cost, quality primary healthcare services for Guinea's marginalized communities. It is the first solution of its kind in the region, combining telemedicine and in-person care with a local network of healthcare professionals, labs, and pharmacies. The Clinic provides a growing menu of select outpatient healthcare services to rural clients near their homes with a blended in-person care model, digital health, and telemedicine through community health workers (CHWs), and SMART Care Hubs. Clinic+O leverages digital tools for client registration and service delivery and is actively upskilling CHWs and local youth in using and designing these technologies. Figure 1 illustrates this comprehensive care model.

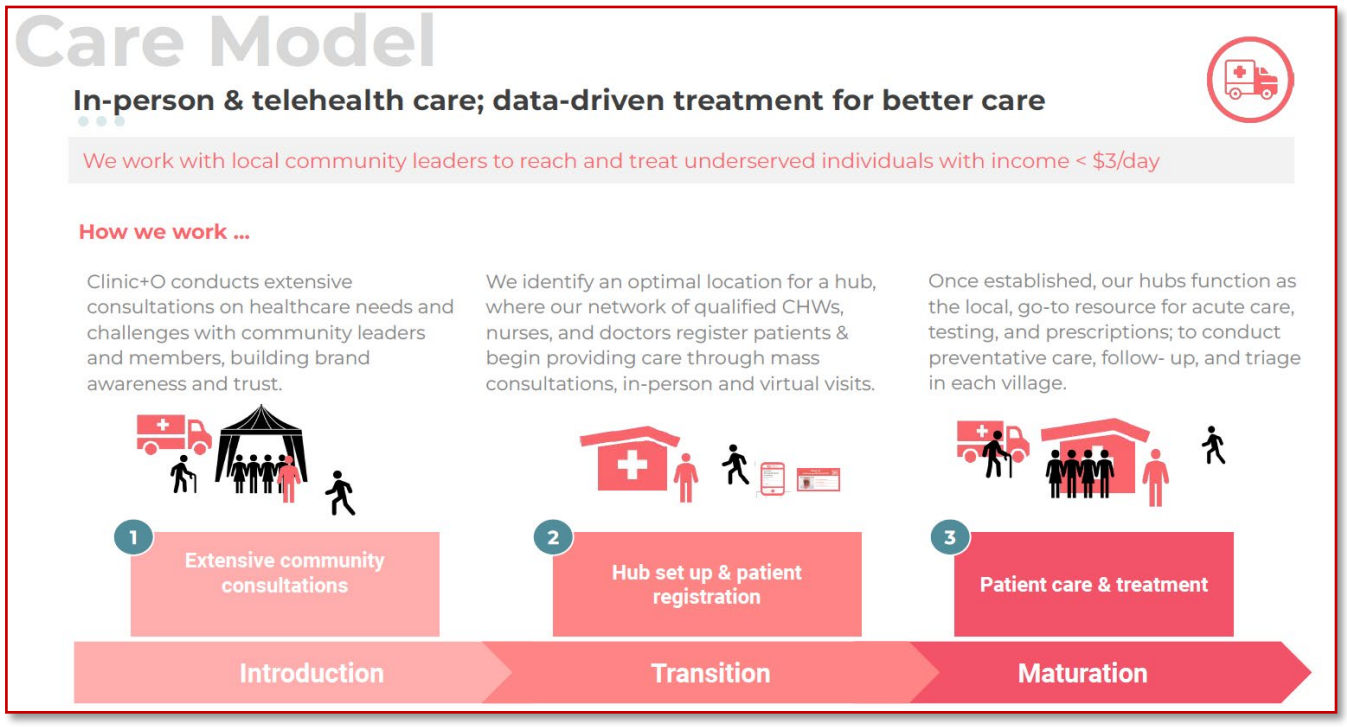


Figure 1: Clinic+O Care Model

1.1. Clinic+O Mission & Vision

The organization's mission is to enhance the health and well-being of low-income communities in West Africa. This involves addressing barriers to healthcare access and ensuring that underserved populations receive the essential services they need.

The organization's vision is to empower community health workers by providing them with telemedicine training and technology. It aims to bridge the gap between rural populations and medical providers, ensuring that individuals, regardless of their geographic location or financial circumstances, can access quality healthcare. By leveraging technology, the organization seeks to create a more equitable healthcare system that meets the needs of the most vulnerable communities. Figure 1 illustrates the key focal areas of the organization that are essential for achieving its mission and vision.

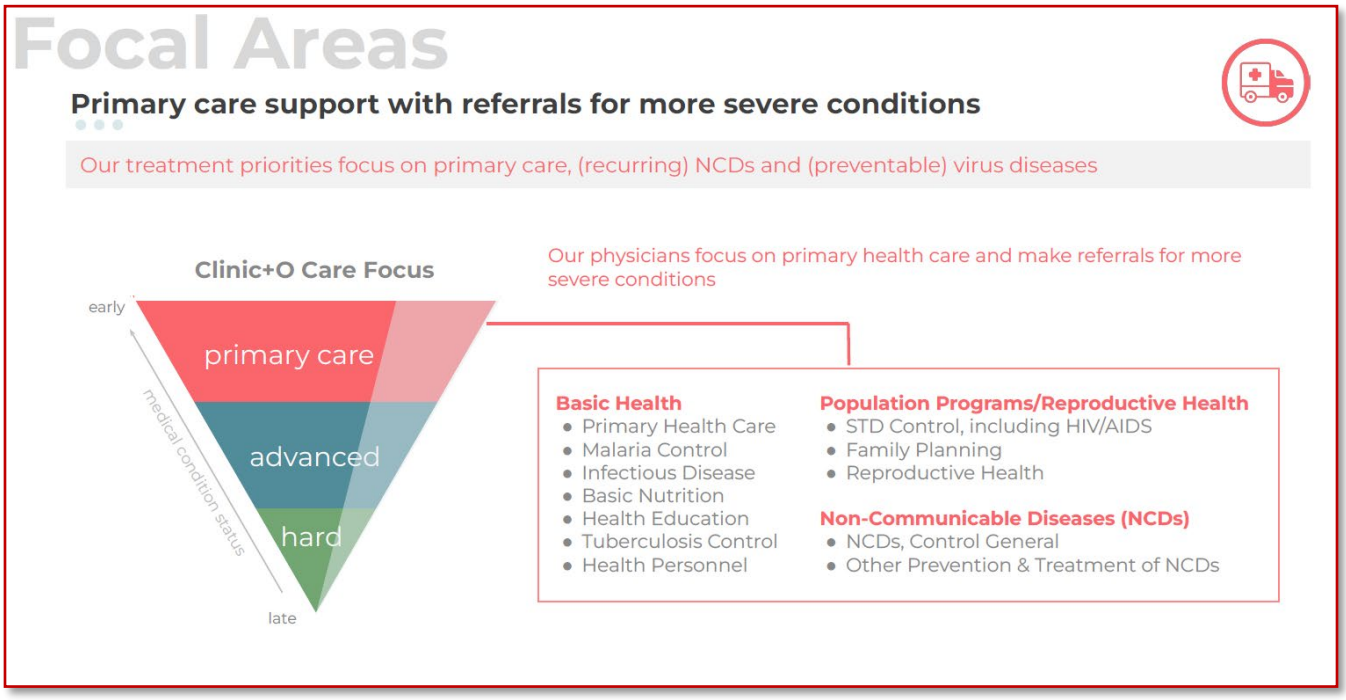


Figure 2: Clinic+O Focal Areas

1.2. Clinic+O Theory of Change

The theory of change outlines the transformative impact of the services provided by Clinic+O, detailing how these services contribute to positive outcomes for the community. This framework has evolved since Clinic+O's inception, shaped by ongoing experimentation and the piloting of various programs to better meet the needs of those served. The latest version of the organization's theory of change, which reflects these developments and insights, is presented in Figure 3.

Some key features that set SROI apart from other forms of economic evaluation include the development of a theory of change to map the connections between inputs, outputs, and outcomes, active stakeholder engagement, and the valuation of outcomes that are not typically measured in other types of economic evaluations (Banke-Thomas, 2015). In the outcome mapping section, we developed a theory of change tailored to this specific geographic location under analysis, informed by stakeholder engagement and structured around the unique chain of events for each stakeholder group.

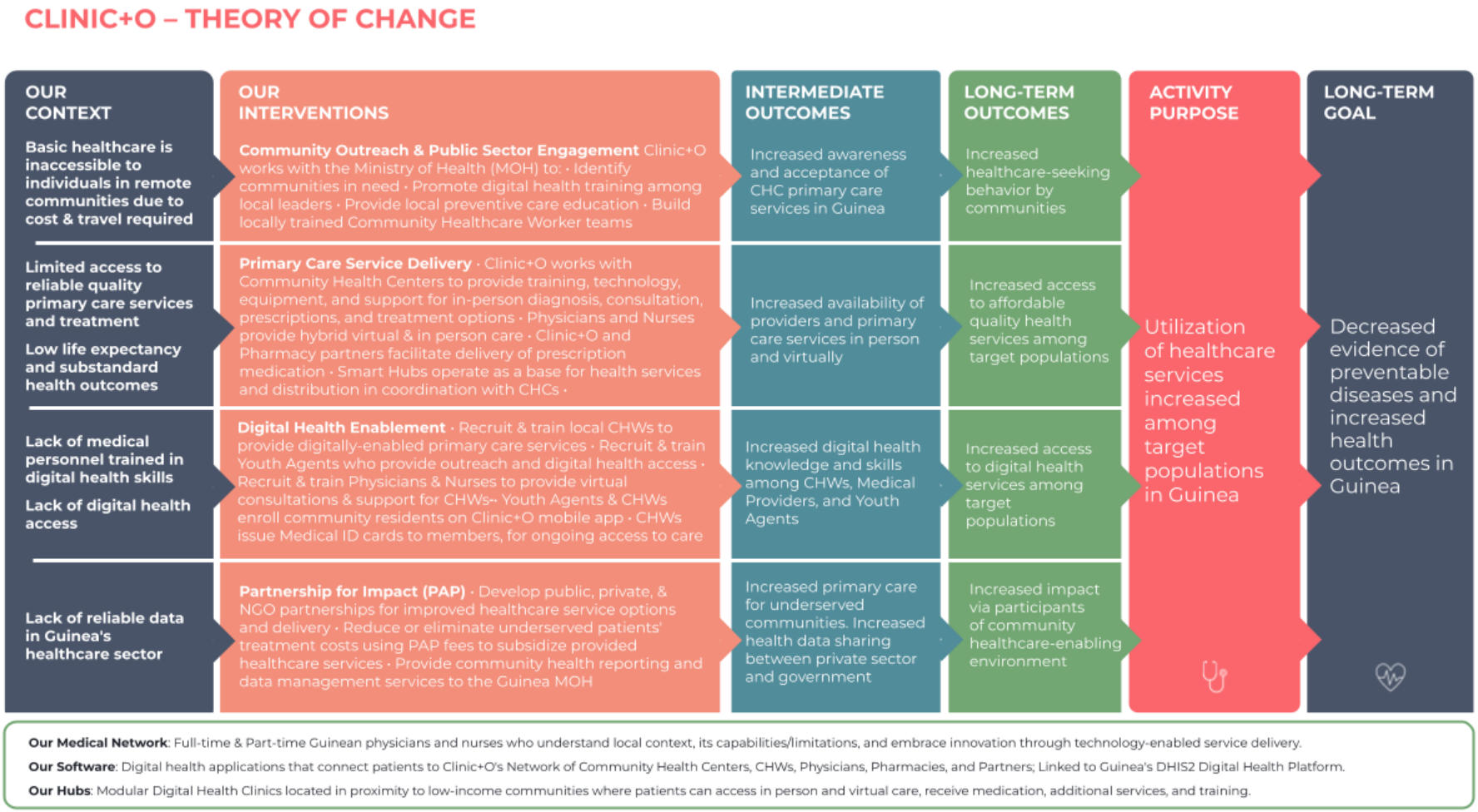


Figure 3: Clinic+O Theory of Change

2. About SROI Analysis

Grounded at the intersection of sociology and economics, the Social Return on Investment (SROI) is a framework for measuring and reporting the social value created by an intervention, policy, program, or organization (Nicholls, 2017). SROI is an internationally recognized approach for assessing and communicating the financial value generated by social investments, calculating how much social value is created for every dollar invested through a blend of quantitative, qualitative, and participatory research techniques.

This study follows the guidelines outlined in *A Guide to Social Return on Investment* (UK, Social Value, 2012), a key document from The SROI Network, which ensures a consistent and standardized approach to SROI analysis. By applying the Social Value International (SVI) methodology, we aimed for a transparent and credible evaluation of our project's impact, using financial proxies to reflect the value created for our stakeholders.

The SROI process is structured around eight guiding principles from SVI:

1. Involve Stakeholders
2. Understand What Changes
3. Value the Things That Matter
4. Only Include What Is Material
5. Do Not Overclaim
6. Be Transparent
7. Verify the Result
8. Be Responsive

In this SROI analysis, stakeholders were engaged in two phases of data collection: first, qualitative data from conversations with stakeholders provided insights into key outcomes; then, quantitative data from a broader sample assessed the extent, duration, and significance of these changes to measure overall impact. Financial proxies were then assigned to outcomes, estimating the social value of non-traded goods and services. Guided by the principle of "enough precision for the decision," this analysis emphasizes both the financial and narrative aspects of impact, helping to map out a story of change for stakeholders and identifying areas for resource allocation.

Appendix A outlines how we apply the principles in this analysis to ensure a comprehensive and systematic approach to evaluating social impact.

3. Project Focus and Scope of Analysis

Clinic+O delivers a range of health services across three locations, with this analysis specifically focusing on services provided in the village of Ouré-Kaba in the Mamou Region. Services include:

- **Health Center Consultations:** In-person and virtual consultations.
- **Mass Consultations:** Large-scale screenings and consultations at community locations (mosque, market…).
- **Smart Hub Consultations:** Services provided by a solar-powered mobile health clinic that is installed in the middle of a couple of remote villages.
- **Telemedicine:** Remote consultations for those unable to visit in person.
- **Home Care Visits:** Medical care is delivered directly to patients' homes for those unable to travel.

This SROI analysis evaluates the social value of Clinic+O's services in Ouré-Kaba from January to June 2024, aiming to forecast the project's annual impact for the entire year. The analysis aims to understand, measure, and value the impact on various stakeholders, serving as a strategic tool for planning, funding requirements, and resource mobilization. The primary audience includes internal management, current and potential partners, donors, and local government. This analysis will inform key decision-makers on the project's impact, enabling the organization to align resources effectively and communicate value to supporters and stakeholders.

The Development Associate will lead this initiative, working closely with the CEO, Director of Impact, Operations Manager, and Head of Medical. The scope of the analysis was shaped through consultations with management to ensure alignment with organizational priorities and stakeholder needs. This collaborative approach ensures that the analysis addresses critical metrics and outcomes, providing actionable insights for Clinic+O's ongoing efforts in Ouré-Kaba.

Stakeholders Analysis

1. Who are the key stakeholders of the intervention?

SROI is a stakeholder-centric approach, making identifying stakeholders the crucial first step in engaging with them during an SROI analysis. Stakeholders are not limited to only the intended beneficiaries but also include any individuals, groups, or organizations significantly impacted by the intervention, whether directly or indirectly.

In consultation with management, we developed an initial list of stakeholders that helped us better understand who will most likely be affected. The management staff carefully identified key intervention stakeholders, including all groups responsible for delivering or coordinating the program. This also encompassed participants in awareness campaigns, such as community leaders who played a pivotal role in fostering awareness and trust. Religious leaders helped bridge understanding within their communities, reducing barriers to access. Additionally, we considered any other stakeholders significantly affected by the program's outcomes.

The table below outlines each stakeholder group, and the specific activities offered through the intervention.

Table 1: Stakeholders Identification

Key Stakeholder	Description	Activities offered to Stakeholders
Patients	Program beneficiaries	• CHWs enroll patients in the Clinic+O mobile app using tablets (Clinic enrolment) • CHWs screens patients for primary care, hypertension, and diabetes (Mass Consultation) • CHWs conducts telehealth calls to connect patients to virtual care (Telemedicine)
Community Health Workers	Provider of health services	• The C+O management team trains CHWs on how to use the App to collect data and conduct virtual consultations • CHWs were trained by physicians in how to conduct primary care screenings (malaria, diabetes rapid testing, screening for hypertension and malnutrition…)
Government (Ministry of Health)	Governing authority responsible for healthcare policy,	• C+O trains MOH on how to use digital tools for data collection.

	regulation, and oversight	C+O shares the data collected at the CHW level with the MOH via API (Application Programming Interface)
Community Leaders	Local religious leaders and elected officials	C+O trains community leaders on the importance of preventive and virtual care, empowering them to promote these services and ensure ongoing community engagement.
Management Staff	Local and international experts	• The staff is actively managing digital health programs and enhancing community engagement by building partnerships with local leaders and international partners. • Through a learn-by-doing approach, the staff is gaining practical experience in scaling the organization's data-driven primary care model, improving its reach and effectiveness.
Rio Tinto – a mining company	Provider of funding	They support C+O primary healthcare diagnosis and treatment options to rural low-income communities across the company's production corridor through their funding.

Figure 4: Patient Screening during Mass Consultation

2. Stakeholder Engagement Plan

We recognize that different stakeholder groups may have varying comfort levels with engagement methods. To ensure inclusivity and encourage honest feedback, we adapted our methods accordingly. For example, while some stakeholders preferred focus groups, others were more comfortable with one-on-one interviews. We also made sure to keep surveys concise and focused on essential questions to prevent respondent fatigue. Before beginning each engagement, we clearly explained the purpose of the survey, emphasized voluntary participation, and assured respondents that their feedback would remain anonymous and be used solely for program improvement.

2.1. Comprehensive Stakeholder Identification

During both the qualitative and quantitative phases, participants for focus groups, interviews, and surveys were randomly selected to minimize bias and ensure diverse representation. Our analysis found no significant differences in outcomes across gender or age groups, suggesting that the intervention had a broadly consistent impact across these demographics. This aligns with the fact that Clinic+O primarily serves adults, most of whom suffer from diabetes and/or hypertension.

To ensure a comprehensive identification of stakeholders and sub-groups potentially impacted by the intervention, participants were asked during qualitative data collection to suggest any additional groups they believed might be influenced by the program. Initially, no other stakeholders or specific subgroups were identified. However, some community health workers noted that both Reco's and youth leaders play a role in the program's success. Upon further discussion, it became evident that the role of youth leaders closely aligns with that of community leaders, so they were grouped together for analysis. Reco's, on the other hand, were excluded from the SROI analysis due to their lack of engagement in Clinic+O's work in Ouré-Kaba.

Table 2 below summarizes each stakeholder group, their relationship to the intervention, their potential outcomes, and the rationale for including or excluding them from the analysis. These potential outcomes were not to guide the conversations with stakeholders, but to prepare the interviewer and the SROI Analyst to what might come out of the conversations.

Table 2: Shareholders Inclusion or Exclusion from SROI

Key Stakeholder	Potential Outcomes	Reason for inclusion/exclusion
Patients	Improved overall health; Strengthened work-life balance; Reduced stress associated with travel time and cost for access to medical care.	Included – considered material and primary intended beneficiaries of the program

Government (MOH)	Improved reputation linked to support of innovative healthcare solutions; Integrated trained community health workers with government health workers to enhance capacity building. Digitized data collection on remote patients to better understand their conditions and offer appropriate services.	Included – considered material and a key beneficiary of the program. The MOH can improve the quality and efficiency of health services, resulting in better health outcomes overall. Furthermore, this partnership can lead to valuable data and insights, informing policy-making and resource allocation.
Community Health Workers	Increased digital health knowledge and skills; Increased income.	Included – considered material stakeholders and key beneficiaries of the program because they are frontline providers who directly interact with patients. They have also been trained through the program, equipping them with the skills and knowledge to deliver healthcare services effectively, enhancing both their capabilities and the impact of the intervention.
Community/ Religious Leaders	Strengthened leadership, Emotional reward	Included – they are trusted figures who influence community behaviors and opinions. Their support helps increase healthcare access and engagement while ensuring interventions are culturally appropriate and accepted by the local population.
Staff	Performance reward, Emotional reward	Included – Staff roles include CEO, Director of Impact, Head of Medical, Head of IT, and Operations Manager. They are key material stakeholders because they manage crucial operations like healthcare delivery, digital health initiatives, and community engagement. Their effectiveness directly impacts the program's success, scalability, and relationships with other stakeholders. Additionally, their work influences both internal processes and external

		partnerships, making their role essential for Clinic+O's growth and long-term sustainability.
Rio Tinto – a mining company	Not undergo personal change - Celebrating all the program outcomes	Excluded – because their involvement is primarily financial, with little direct engagement in operations or decision-making.
Reco	Not involved yet in this intervention	Excluded – they have not yet been engaged in Clinic+O work in Ouré-Kaba. Their role is primarily focused on outreach and connecting patients to care. Clinic+O is in the process of integrating them, but a key challenge is their low level of digital literacy. To successfully upskill them and enhance their involvement, additional funding for training is required.

In consultation with staff and self-reported outcomes from the qualitative data collection, it was concluded that the five stakeholder groups included were likely to experience more material changes in their lives as a direct result of the Clinic+O services.

2.2. Engagement Phases

To effectively explore the outcomes of Clinic+O's activities, we developed a two-phase data collection strategy. In the first phase (July-August 2024), we conducted qualitative data collection through discussions with a representative sample from each stakeholder group. This phase focused on identifying the changes experienced by stakeholders and the broader impacts on their communities. The insights gained here informed the design of our surveys for the second phase of data collection, where quantitative methods were employed from mid-September to mid-October 2024. This phase expanded the sample size to accurately assess the magnitude of change, duration, relative importance, and levels of impact associated with each outcome.

Stakeholders' outcomes were evidenced and quantified through two key stakeholder engagement methods.

2.2.1. Qualitative Data Collection

In this phase, three data collection tools were utilized to gather comprehensive insights into the program:

1. **Key Informant Interviews (KIIs)**: Three interviews were conducted with key management staff. These interviews aimed to gather in-depth insights from individuals knowledgeable about the program's goals, challenges, and impacts. By focusing on management, the interviews provided strategic perspectives crucial for understanding organizational dynamics and decision-making processes.

2. **Semi-Structured Interviews**: A team of five moderators conducted 18 semi-structured interviews with key stakeholders involved in the program. This approach allowed for a flexible conversation format where predetermined questions guided the discussion (See Appendix A: Stakeholder Interview Guide), but participants could also share their experiences and insights freely. This method helped uncover nuanced information about stakeholders' perceptions of the program and its outcomes.

3. **Focus Group Discussions (FGDs)**: Two FGDs were conducted with Community Health Workers (CHWs), alongside 15 sessions with patients and one with staff. These discussions facilitated collective dialogue, enabling participants to share their thoughts and experiences in a group setting. The FGDs provided rich qualitative data on the program's impact from the perspectives of both service providers (CHWs) and beneficiaries (patients), as well as insights into management's role.

These tools collectively contributed to a thorough understanding of the program's effectiveness, stakeholder engagement, and areas for improvement, ensuring a robust analysis for the SROI study.

In the field, several challenges were encountered: many community members, particularly older adults, were reluctant to have their photos taken. CHWs worked extended hours, from 9:00 AM to 5:00 PM on Saturdays, to meet project goals, leading to potential fatigue. Additionally, a team had to travel 7 kilometers to Bantamaya to conduct a focus group, illustrating the logistical difficulties in reaching remote areas.

2.2.2. Quantitative Data Collection

Building on the qualitative data and outcome analysis, online surveys were created to assess whether more stakeholders experienced the same outcomes. The surveys also measured the duration of the outcomes, their relative importance or value, what would have happened without the intervention (deadweight), how much of the outcomes could be attributed to the intervention (attribution), and whether the outcomes diminished over time (drop-off). Five versions of the survey were created to accurately evaluate the impact on each stakeholder group. (See Appendix C, D, F, F, and G for each stakeholder group's Survey). All surveys were conducted using Google Forms, with each version translated into French, except for the staff survey, which remained in English.

A random sample was selected for data collection, emphasizing that participation was voluntary. The team actively listened to respondents, encouraging them to share their honest thoughts and feelings without interruption or leading questions. Clear and understandable language was used to ensure all participants could engage fully. Establishing trust was a priority; the team began with friendly introductions to make respondents feel comfortable and assured them that their responses would remain confidential and solely aimed at improving services. They emphasized that even negative feedback would be welcomed and would not result in negative consequences for the services provided. This approach fostered an open and trusting environment, encouraging meaningful participation and valuable insights.

The surveys were developed in French, the language spoken by Clinic+O staff and Community Health Workers. Staff members who participated in the data collection interpreted the information in the local language, making the process more accessible for participants and allowing them to engage comfortably. This approach enhances inclusivity and improves the quality of the data collected.

The following table summarizes the key stakeholders reached during the two data collection phases.

Table 3: Key Stakeholders Reached

Stakeholder Group	Population Size	Number of participants in Focus Group or Interview (Qualitative Phase)	Number of Respondents to the Survey
Patients	1140	48	101
Community Health Workers	25[1]	7	10
Community Leaders	11	4	7
Staff	5	3	5
MOH	1	1	1

We aimed to engage as many participants as possible during both phases of the study. However, due to resource constraints, we could only connect with a limited number of individuals, especially patients. Despite these challenges, we focused on optimizing our outreach efforts to collect meaningful data and insights until we reached a point of saturation, where feedback began to repeat itself. This approach allowed us to ensure that we gathered comprehensive information while working within our available resources.

[1] A total of 25 CHWs have been trained since the beginning, but likely only about 10 have remained actively engaged throughout the period. This is why conducting the survey with just those 10 active workers was feasible.

2.3 Stakeholders Engagement in Pictures

Figure 5: Patient Interview

Figure 6: Patients Focus Group

Figure 7: Patients Focus Group

Figure 8: Patients Focus Group

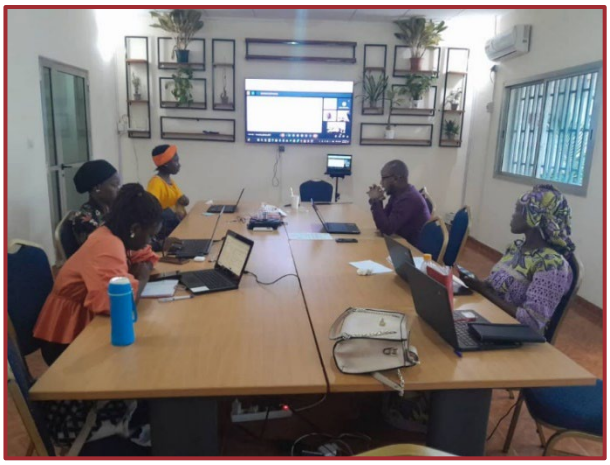


Figure 9: CHWs Focus Group

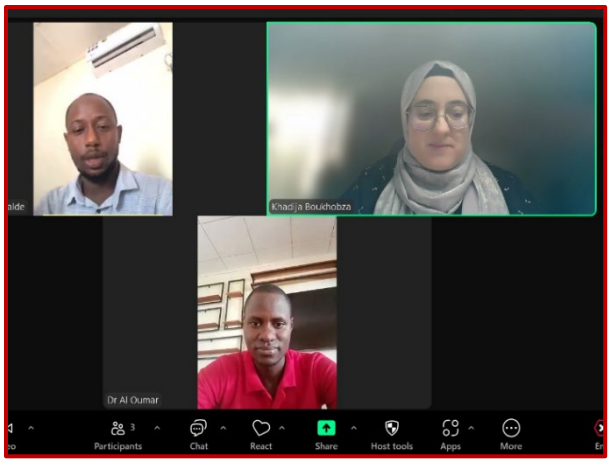


Figure 10: Staff Focus Group

Mapping Outcomes

From the data collection we were able to identify a chain of events that lead to well defined outcomes that we consider relevant to include and value.

1. From Inputs to Outcomes

1.1. Patients

Our work in Ouré-Kaba immediately enables affordable primary care where people live and need care most. Clinic+O greatly improves their experience of accessing primary care in some of the following ways:

- They save money due to avoiding transport to the capital city ($22USD) and hospital fees ($50USD), as well as saving travel time to and from the capital;
- They avoid visiting a hospital that is in disrepair and unsanitary, with the chance of getting sicker;
- They have immediate access to rapid diagnostic tests, telemedicine, and basic medication depending on their condition;
- Their patient data is recorded and stored securely in case they get sick again, to avoid unnecessary tests, treatment, and referrals.

To access Clinic+O services, some patients incur transportation fees from nearby villages (still way less than going to the capital), reflecting their commitment to improving their health. These inputs enable them to engage in our activities: clinic enrollment, mass consultations, and telemedicine consultations, which directly enhance their access to healthcare. Additionally, these services improve patients' access to critical health information, fostering increased awareness and enhanced health literacy. These intermediate outcomes alleviate the financial burden associated with accessing healthcare services, empowering patients to make informed health decisions. Consequently, this progression leads to significant improvements in their lives, such as reduced stress levels due to financial relief and increased convenience. Moreover, better health literacy enables patients to manage their health more effectively, resulting in improved physical health and emotional well-being.

1.2. Community Health Workers (CHWs)

Although CHWs do not report specific inputs, their participation in three medical and telemedicine training sessions highlights their dedication to professional development. These training sessions provide CHWs with hands-on experience in the field, enabling them to build confidence in delivering healthcare services using technology. Furthermore, the collaborative nature of the training fosters a supportive work environment, enhancing teamwork and a sense of belonging. Through these activities, CHWs gain a greater sense of accomplishment in serving their communities, reinforcing their motivation and commitment. These intermediate outcomes lead to increased productivity and improved job performance, which directly translate into higher levels

of knowledge and skills. This progression ultimately results in increased job satisfaction, as CHWs feel more effective and valued in their roles.

1.3. Community Leaders

Community leaders contribute their time to activities such as engagement meetings on telemedicine and preventive healthcare, as well as mass consultations. These efforts highlight their dedication to fostering community participation in health initiatives. Through these engagements, they help open spaces such as mosques for mass consultations, increasing the number of prescreened worshippers and enabling broader community involvement in healthcare. Moreover, by collaborating with local authorities and organizations, community leaders enhance the coordination and impact of health-related efforts. These intermediate outcomes lead to increased awareness and mobilization within the community, while also strengthening the leadership capacity of community leaders to guide and influence their constituents toward improved health outcomes.

1.4. Ministry of Health (MOH)

The Ministry of Health (MOH) provides critical inputs such as health center resources and medications, complemented by their active participation in digital data collection, telemedicine training, and data protection training. These activities are instrumental in increasing the number of skilled health professionals, enhancing their ability to deliver better healthcare services. Additionally, improved monitoring and evaluation capabilities, facilitated by digitalization, support more effective decision-making processes. Feedback from patients and community members builds trust and reinforces the reputation of MOH-led programs. These efforts culminate in significant outcomes, including strengthening healthcare system performance and population health through early disease detection and better management of chronic conditions. Furthermore, the MOH achieves enhanced efficiency and cost savings while gaining increased stakeholder support as trust in its programs grows.

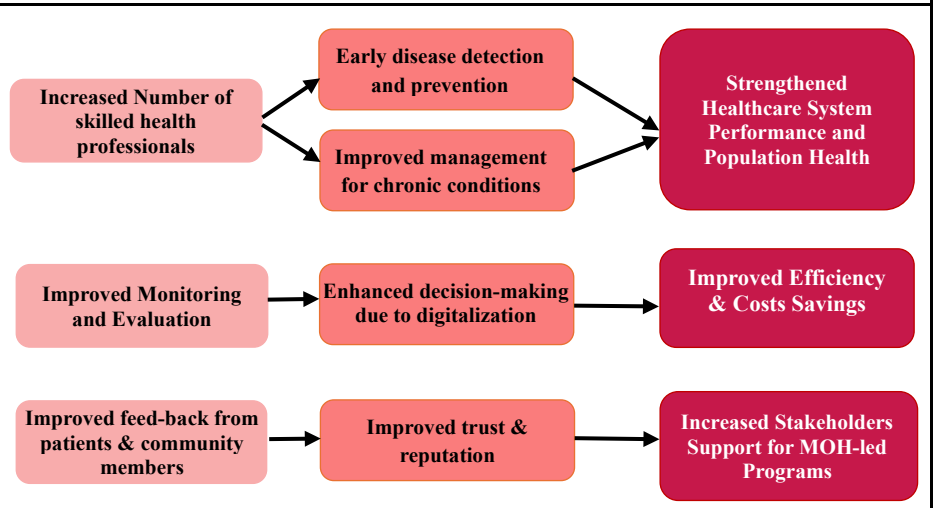
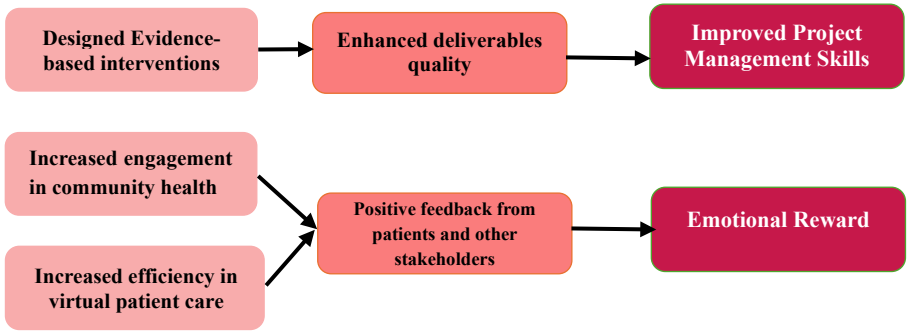
1.5. Staff

Staff make substantial contributions through their overtime work, transportation efforts, and personal donations, reflecting their strong commitment to healthcare initiatives. Their involvement in training sessions on data co-regulation with the MOH, data protection, and community outreach events enhances their capabilities. These activities enable staff to design evidence-based interventions, leading to higher-quality deliverables. Increased engagement in community health fosters stronger relationships with patients and stakeholders, while improved efficiency in virtual patient care demonstrates their adaptability to modern healthcare practices. These intermediate outcomes result in improved project management skills, empowering staff to handle complex healthcare tasks more effectively. Additionally, the positive feedback they receive from patients and stakeholders provides an emotional reward, further motivating them in their roles.

Table 4 outlines key elements of our impact pathway, following Social Value International's Principle 4: including only what is material to provide a true and fair representation of impact. For each stakeholder group, the pathway traces the progression from inputs and outputs through a chain of events, ultimately reaching the material outcomes. These outcomes were initially identified during the qualitative phase by asking stakeholders about the changes most relevant to them, and their significance was confirmed during the quantitative phase.

Table 4: Theory of Change Verification

Stakeholder Group	Inputs	Outputs	Intermediate Outcomes	Outcomes
Patients	➢ Transportation fees ➢ Time	➢ 605 Clinic enrolment ➢ 2 Mass Consultation ➢ 39 Telemedicine consultations	Reduced travel time → Reduced financial burden Increase Access to health information → Increased Awareness and improved health literacy	Reduced Stress Increased physical health & emotional well-being
CHWs	➢ No input reported	➢ 3 Medical and Telemedicine trainings	Hands-on experience in the field → Confidence in using technology to deliver health care services Supportive collaborative work environment Increased sense of accomplishment in their community → Improved Productivity	Increased knowledge and skills Increased Job Satisfaction
Community Leaders	➢ Time	➢ 2 Engagement meetings on Telemedicine and Preventive Healthcare	Open the mosque for mass consultation → Increased number of prescreened worshippers Increased collaboration with local authority & local organizations	Increased Awareness & Mobilization Increased Leadership

		➢ 2 Mass consultation	
MOH	➢ Health Center ➢ Medications	➢ Digital data for over 1100 patients in Ouré-Kaba ➢ Telemedicine training to equip the Ministry to effectively receive and manage digital data. ➢ Data Protection Authority Training	
Staff	➢ Overtime work ➢ Transportation ➢ Donations	➢ Training in Data coregulation with MOH ➢ Training in data protection ➢ 4 Community Outreach Events	

2. Validating Outcomes

To ensure consistency in data collection, all team members were thoroughly trained using interview guides and standardized tools, minimizing variability in how questions were asked and interpreted. These tools were carefully designed to capture all outcomes experienced by stakeholders while allowing space for reporting unexpected changes, whether positive or negative. Recognizing potential reluctance to share honest feedback due to perceived power imbalances (e.g., between patients and program implementers), we created safe and confidential environments for data collection, with most sessions conducted at patients' homes. Additionally, focus groups were moderated by trained facilitators, and surveys were anonymized to encourage truthful responses.

After listing all the outcomes defined by stakeholders during the qualitative phase, we included a 5-point scale in the survey, ranging from "Much Better" to "Much Worse" or "Significantly increased" to "Significantly reduced". Stakeholders were asked to confirm the outcomes they previously identified. Below are the questions addressing each outcome.

Outcome 1: How did your **behavioral change (physical health and emotional well-being)** change after you started using the services of Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Increased level of walking			1	2	98
Improved diet (eating less salt & sugar, eating enough fruits and vegetables…)			1	2	98
Stopped Smoking or/and drinking			10	2	89
Self-monitoring of health conditions			1	3	97

To determine the number of people experiencing this outcome, we will use the highest number of respondents, which is 98 in this case. This approach provides a conservative estimate, avoiding double-counting and ensuring we capture the largest group that benefited from at least one area of behavioral change without overestimating the total impact.

Even if someone did not experience improvements in "stopping smoking" or "improved diet," they might still have experienced a "much better" outcome in "increased level of walking" or "self-monitoring of health conditions." Thus, while not everyone experienced improvements across all indicators, everyone benefited in at least one area related to the positive outcome.

Outcome 2: How has the change in **cost and travel time impacted your stress levels**?

Significantly reduced stress	Slightly reduced stress	No impact on stress	Slightly increased stress	Significantly increased stress
95	4	2	0	0

To determine the number of people experiencing reduced stress, we sum up the respondents who reported: "Significantly reduced stress" (95) and "Slightly reduced stress" (4). A total of 99 people experienced stress reduction due to cost savings.The two stakeholders who reported no impact on stress likely did so due to their financial stability. While they didn't experience stress reduction, they have still benefited from other aspects of the program

Outcome 3: How did your **knowledge and skills** change after you started working with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Skills in telemedicine and data collection	1			1	8
Skills in pre-screening and medical testing	1			1	8
Confidence in task completion and problem-solving abilities				3	7
Communication skills				1	9

A total of 10 individuals reported experiencing a positive change in their knowledge and skills after working with Clinic+O, with everyone experiencing at least one positive outcome.

Outcome 4: How did your **productivity & job satisfaction** change after you started working with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Efficiency and quality in task completion				4	6
Recognition and sense of achievement.				3	7
Work Relationships					10
Balanced workload					10

A total of 10 people experienced positive changes in productivity and job satisfaction after working with Clinic+O, as indicated by their responses across various areas

Outcome 5: How did **community awareness and mobilization change** after you started collaborating with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Participation in health education programs				3	4
Greater demand for healthcare services				4	3
Communication skills			2	3	2

A total of 7 community leaders reported experiencing a positive change in at least one aspect of the community awareness and mobilization outcome.

Outcome 6: How did your **leadership change** after you started working with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
More community members seeking my guidance				5	2
Successful coordination of initiatives				5	2
Recognition from peers and community members				5	2

A total of 7 community leaders reported experiencing a positive change in at least one aspect of leadership change outcome.

Outcome 7: How did **healthcare system performance and population health** change following the training of Community Health Workers by Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
CHWs demonstrate a better understanding of health practices, treatments, and protocols, as seen in their day-to-day tasks.					✓
Reductions in the occurrence of diseases, such as malaria, respiratory infections, or chronic illnesses.					✓
Increase in Vaccination and Immunization Rates					✓

Outcome 8: How did **efficiency and cost savings** change after you started cooperating with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Reduced workload for healthcare staff and minimized errors associated with manual data entry					✓
Leverage advanced analytics to identify trends in patient health, track disease outbreaks, and assess the effectiveness of interventions.					✓
Reduction in Unnecessary Referrals					✓

Outcome 9: How did **the stakeholders support for MOH-led programs** change after you started cooperating with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Active participation in health programs					✓
Feedback from healthcare professionals, patients, and community members					✓
Positive mentions in the media and social media					✓
Partnerships or collaborations with NGOs, private sector organizations, or community groups					✓

The National Director of Community Health., Dr. Mamady Kourouma, validated the positive changes achieved in Outcomes 7, 8, and 9, confirming improvements across all aspects of these outcomes.

Outcome 10: How did your **capacity building in telemedicine** change after you started working with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Ability to deliver healthcare remotely			1		4
Adoption and integration of telemedicine in daily work			1		4
Partnerships with telemedicine specialists or external consultants for knowledge transfer			2	1	2
Regular feedback loops and performance monitoring of telemedicine services			2	1	2

Four staff members reported positive changes in at least one aspect of capacity building in telemedicine, while only one staff member reported no change across all aspects. This staff member wasn't directly involved in any of the telemedicine operations, so there was no change for him. After careful consideration and to avoid double counting, we concluded that capacity building in telemedicine is not a material outcome but rather an intermediate outcome that contributes to improved management skills.

Outcome 11: How did your **project management skills** change after you started working with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Confidence in managing projects				3	2
Adherence to project timelines and milestones				3	2
Satisfaction among stakeholders with project outcomes			1	2	2
Project planning and execution (realistic plans, clear assignment of roles…)					5
Team coordination and communication				4	1
Effective problem-solving				2	3

All the 5 staff members reported experiencing a positive change in at least one aspect of project management skills outcome.

Outcome 12: How did your sense of **fulfillment or emotional satisfaction** change after you started working with Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Connection to the mission and values of the organization				1	4
Measurable change in the lives of our patients, contributing to long-term positive impacts in the community				1	4
Positive mindset and reduced stress from fulfilling impactful work				1	4

All the 5 staff members reported experiencing a positive change in at least one aspect of the emotional reward outcome.

Measuring Outcomes

After identifying key outcomes through qualitative analysis, the next step involves quantifying these changes to assess their significance and overall impact. This allows us to understand the scale and duration of the outcomes experienced by stakeholders, and the value they contribute to the intervention. Understanding and measuring outcomes that matter to the stakeholders are integral to defining outcome materiality.

1. Valuation Approaches

To assess the value of the 11 material outcomes identified by stakeholders in this SROI analysis, we employed the following valuation approaches:

1.1. Cost-based Valuation

This approach estimates the monetary costs saved or incurred by achieving each outcome. It provides a baseline for understanding the financial impact of the intervention by comparing the costs avoided due to improved health or services provided by Clinic+O. We used it when we had market prices available.

1.2. Stated Preference Valuation

This approach is used to value non-market outcomes by asking stakeholders to express their preferences for a service through surveys (Scholten, 2019). We applied two versions based on the characteristics of the stakeholder groups:

- Contingent Valuation: Stakeholders were directly asked how much they would be willing to pay or accept for specific outcomes, providing a monetary measure of value.
- Value Game: A more interactive method, where stakeholders compare different outcomes in a gamified format, revealing the relative value they placed on each. It is a participatory method that helps stakeholders value outcomes by comparing them to everyday items or services they are familiar with In collaboration with the local field team and informed by literature and best practices in similar contexts, we developed a tailored list of items (see Table 5) relevant to our stakeholders These items, such as impregnated mosquito nets, solar panels, agricultural equipment, and educational materials for children, were carefully selected to reflect a broad range of community needs and priorities. The selection of these items was made by the field team, who are integral members of the community and possess a deep understanding of its unique circumstances and challenges. Refer to Appendix H for the list used with CHWs and patients for valuation purposes.

1.3. Anchoring Technique

The Anchoring technique in SROI assigns values to outcomes using existing benchmarks or reference points. It involves determining an initial value (the "anchor") through methods like stated preference or cost-based approaches and then adjusting it based on the relative importance of the

outcome. This ensures the valuation is consistent and grounded in established data, providing a reliable basis for evaluating outcomes.

Table 5: List of Items and Their Matching Values

	Stated Preference Valuation Items	Value in Guinea franc (GNF)	Value in United States Dollar (SUD)
1	Insecticide-treated mosquito nets	90 000 GNF	$10
2	Cooking utensils	200 000 GNF	$24
3	Manual water pumps	500 000 GNF	$60
4	Solar panels	1 200 000 GNF	$140
5	Livestock (cow)	1 500 000 GNF	$180
6	Agricultural equipment	2 000 000 GNF	$240
7	Irrigation kit for farming	4 200 000 GNF	$500
8	Off-road motorcycle	8 600 000 GNF	$1000
9	Educational materials for children (books, school supplies)	12 900 000 GNF	$1500
10	Small retail business (food, clothing)	17 200 000 GNF	$2000
11	Modern living room furniture set for home comfort	26 000 000 GNF	$3000
12	Cold storage room for fruit and vegetable preservation	43 300 000 GNF	$5000
13	Off-road vehicle	60 000 000 GNF	$7000
14	Small processing plant for local producers	78 000 000 GNF	$9000
15	Handicraft skills training center	88 000 000 GNF	$10000

2. Outcomes Monetization

The forecasted quantity of change is based on data from the initial 6-month pilot project, which we expect to continue at the same rate over the following 6 months. Therefore, we have multiplied the results by 2 to provide an annual forecast. See Appendix I for detailed calculations of all specific outcomes for each stakeholder.

Table 6: Outcomes Monetization

Stakeholder Group	Outcomes	Financial Proxy	Rationale
Patients	Increased physical health & emotional well-being	$202,288.00	The **Value Game** is particularly suitable for patients as an easy-to-use method. It allows them to express the personal significance of these non-market outcomes in a relatable, tangible way. For patients, increased physical health & emotional well-being, and stress reduction may not have direct market values but hold substantial personal value, which can be better captured by comparing these outcomes to familiar items or services.
	Reduced Stress related to travel time and cost of access to medical care	$11,880.00	Given the high poverty rates in this rural area and the strong emphasis patients placed on money savings, we chose **a cost-based approach** for its straightforwardness. We used the number of patients reporting money savings as the primary indicator, allowing us to assign a direct monetary value to the outcome, which enhances the credibility of our findings.
CHWs	Increased Knowledge and Skills	$36,260.00	The **Value Game** is also highly effective for Community Health Workers. During training, we demonstrated its use with patients, and when tested with them, we found that it resonated with them. It helps express the personal and professional significance of outcomes in a familiar, intuitive way, enabling them to better relate to and value these outcomes.
	Improved Productivity & Job Satisfaction	$36,260.00	

Community Leaders	Increased Awareness and Mobilization	$2,100.00	**Contingent Valuation** is effective because it directly asks the community leaders to state how much they would be willing to accept for these outcomes. This method provides a clear monetary measure of the perceived value of these outcomes, which is crucial for understanding the tangible impact they have on
	Strengthened Leadership	$2,100.00	
MOH	**Strengthened health care system performance and population health**	$20,000.00	The outcomes experienced by MOH may not have direct market values, making **contingent valuation** particularly well-suited for assessing these types of outcomes. The ministry emphasized that the impact of these improvements is substantial, and we are confident that contingent valuation is conservative in this context. For example, improved efficiency and cost savings resulting from the implementation of digital records can enhance continuity of care, leading to fewer complications, reduced hospital readmissions, and lower long-term healthcare costs. Additionally, the time and labor savings from reducing manual paperwork and record-keeping processes contribute to overall efficiency. Digitization also minimizes errors associated with manual record-keeping, reducing the need for costly corrections or follow-up actions. However, it was challenging to find accurate statistics to quantify these outcomes.
	Improved Efficiency & Costs Savings	$20,000.00	
	Increased Stakeholders Support for MOH-led Programs	$20,000.00	
Staff	Emotional Reward	$86,000.00	**Contingent Valuation** is effective for measuring intangible outcomes, like emotional rewards, which don't have a direct market price. It can estimate their value by asking individuals how much they would be willing to accept to achieve these rewards. In the survey, we asked participants: *"Imagine you are offered another job with the same responsibilities but no emotional reward, and it pays more. How much higher would the salary need to be for you to*

			take that job instead of the one you have now?" This helps quantify the emotional value of their current role.
	Improved Project Management Skills	$1,050,060.00	**Anchoring** is a good choice for measuring improvements in project management skills as it helps compare participants' current abilities with a reference point, providing insight into their perceived progress and development in a structured manner.

Establishing Impact

To minimize the risk of overclaiming and ensure that only the portion of outcomes reasonably linked to Clinic+O activities is attributed, we will consider the following factors: deadweight, attribution, displacement, and drop-off. Building on this approach, we also reviewed our impact calculation methods to ensure they align with best practices. We mitigated this risk by applying conservative assumptions, validating stakeholder-reported data with expert opinions, and conducting sensitivity analysis to test the robustness of our findings.

1. Deadweight proportions and rationale

Deadweight refers to the portion of outcomes that would have occurred even without the Clinic+O intervention or services. To calculate deadweight from the responses, we assigned specific weights to each response category. For the "Increased physical health & emotional well-being" outcome, the responses and weights were as follows:

- **None of the outcomes would have occurred without Clinic+O's services**: 90 respondents (weight = 0, as no deadweight is attributed here)
- **A small part of the outcomes would have occurred without Clinic+O's services)**: 10 respondents (weight = 0.25, assuming "a small part" means 25%)
- **About half of the outcomes would have occurred without Clinic+O's services)**: 1 respondent (weight = 0.50)

So, the weighted deadweight is calculated as follows:

$$\frac{(91 \times 0) + (6 \times 0.25) + (4 \times 0.50)}{101} = 0.0347 \text{ or } 3.47\%$$

We applied the same approach to calculate deadweight for the remaining outcomes, ensuring consistency across the analysis.

Deadweight proportions were reviewed with the field management team, who confirmed the approach and found it fully logical.

Table 7: Deadweight Proportions

Stakeholder Group	Outcomes	Deadweight
Patients	Increased physical health & emotional well-being	3.47%
	Reduced Stress with travel time and cost of access to medical care	2.97%
CHWs	Increased Knowledge and Skills	42.5%
	Improved Productivity & Job Satisfaction	42.5%
Community Leaders	Increased Awareness and Mobilization	21.43%
	Strengthened Leadership	21.43%
MOH	Strengthened health care system performance and population health	25%
	Improved Efficiency & Costs Savings	25%
	Increased Stakeholders Support for MOH-led Programs	25%
Staff	Emotional Reward	20%
	Improved Project Management Skills	25%

2. Attribution proportions and rationale

Attribution measures how much of the outcome can be credited to other organizations, institutions, or people, accounting for the influence of external factors that may have contributed to the observed change.

Attribution was calculated as a weighted average based on survey responses. The percentages below reflect stakeholder responses collected during the quantitative phase.

Table 8: Attribution Proportions

Stakeholder Group	Outcomes	Attribution
Patients	Increased physical health & emotional well-being	2.52%
	Reduced Stress with travel time and cost of access to medical care	3.76%
CHWs	Increased Knowledge and Skills	27.5%
	Improved Productivity & Job Satisfaction	27.5%
Community Leaders	Increased Awareness and Mobilization	21.25%
	Strengthened Leadership	28.75%
MOH	Improved Health Outcomes Across the Community	25%
	Improved Efficiency & Costs Savings	0%
	Increased Stakeholders Support for MOH-led Programs	25%
Staff	Emotional Reward	15%
	Improved Project Management Skills	44%

3. Displacement

In SROI analysis, displacement is a key factor to account for when assessing the true net value of a social program, ensuring that the positive outcomes are not overstated. Displacement refers to the unintended negative effect where the positive outcomes or benefits created by a program or intervention in one area are offset by negative outcomes elsewhere. In other words, displacement occurs when an intervention's impact causes a shift in behavior, resources, or outcomes, but rather than creating a net positive effect, it merely moves the issue from one group, location, or time to another.

We included a question on displacement in the general section of the survey to assess whether the overall Clinic+O services led to any potential negative impacts, rather than focusing on each specific outcome. We chose this approach because it's challenging to isolate displacement effects for individual outcomes, and we believe that evaluating potential negative impacts at the program level provides a more comprehensive understanding of any unintended consequences.

Table 9: Displacement Proportions

Stakeholder Group	Outcomes	Displacement
Patients	Increased physical health & emotional well-being	2.00%
	Reduced Stress with travel time and cost of access to medical care	2.00%
CHWs	Increased Knowledge and Skills	10.00%
	Improved Productivity & Job Satisfaction	10.00%
Community Leaders	Increased Awareness and Mobilization	0.00%
	Strengthened Leadership	0.00%
MOH	Strengthened health care system performance and population health	0.00%
	Improved Efficiency & Costs Savings	0.00%
	Increased Stakeholders Support for MOH-led Programs	0.00%
Staff	Emotional Reward	8.30%
	Improved Project Management Skills	8.30%

4. Duration and Drop-off

From the surveys, we calculated the duration of each outcome by first determining the weighted average duration based on responses. For those who indicated they would benefit from this change over their lifetime, we assigned a 20-year duration as a reasonable estimate. However, even when the weighted averages exceeded 12 years, we capped the duration at a maximum of 6 years to take a more conservative approach. The table below illustrates the expected duration of change or benefit as anticipated by stakeholders as a result of Clinic+O intervention.

Drop-off refers to the decline in an outcome's impact over time. It accounts for the fact that the benefits of a program or intervention may decrease in future years as factors such as the influence of the program fade, participants lose interest, or external conditions change. Drop-off ratios were determined with the perception of each year's outcomes' value were depreciated equally. So, drop-off rates are directly related to duration.

To ensure the robustness of these estimates, the management team reviewed the duration and drop-off numbers and confirmed that they are reasonable and conservative, aligning with their field experience.

Table 10: Duration and Drop-off values

Stakeholder Group	Outcomes	Duration	Drop-off
Patients	Increased physical health & emotional well-being	3 years	33%
	Reduced Stress with travel time and cost of access to medical care	2 years	50%
CHWs	Increased Knowledge and Skills	6 years	17%
	Improved Productivity & Job Satisfaction	6 years	17%
Community Leaders	Increased Awareness and Mobilization	2 years	50%
	Strengthened Leadership	2 years	50%
MOH	Strengthened health care system performance and population health	3 years	33%
	Improved Efficiency & Costs Savings	3 years	33%

	Increased Stakeholders Support for MOH-led Programs	2 years	50%
Staff	Emotional Reward	4 years	50%
	Improved Project Management Skills	2 years	25%

5. Inputs

Inputs are all the resources used by all the stakeholders to the creation of the outcomes. Inputs are both financial and non-financial including money, time, medical supplies, etc. Most inputs have a clear market price, and all estimations were conducted in consultation with stakeholders. The time of CHWs was not valued separately because they only worked their pre-agreed contractual hours for which they were already compensated. As their time was part of their paid employment, it does not represent an additional input or resource contributed beyond their normal duties.

The value map provides detailed descriptions of each stakeholder's contributions, with a summary presented in the table below.

Table 11: Stakeholders' Inputs

Stakeholders	Total value of input
Patients	$33,951.00
Community Health Workers	$0
Community Leaders	$157.14
Ministry of Health	$24,900.00
Staff	$113,000.00
Donors	$50,000.00
Total value of all inputs:	**$222,008.83**

The total value of inputs for a 1-year period based on the **6-month historical data of $222,008.83**, assuming the inputs remain consistent over the 12 months, the total value of inputs used for the forecasted **1-year period** would be **$444,017.66.**

6. Calculating the SROI

SROI reflects the present value of future social impacts (**total benefits: $5,602,443.38**) relative to the total investment (**input: $444,017.66**), showing the social value created per dollar spent. For every $1 invested, Clinic+O generated **$12.62** in social value. The SROI ratio was calculated by monetizing each outcome, adjusting for stakeholder reach, deadweight, attribution, drop-off, and discounting to present value. The total impact was summed up, then divided by the total investment to yield the SROI ratio.

SROI Summary Calculation	
Total Investments	$444,017.66
Total Present Value of Impact	$ 5,602,443.38
Social Return Ratio	**$12.62**

The highest impact (79.7%) was generated for patients (primary stakeholders), the lowest (014%) for community leaders as you can see in Figure 10.

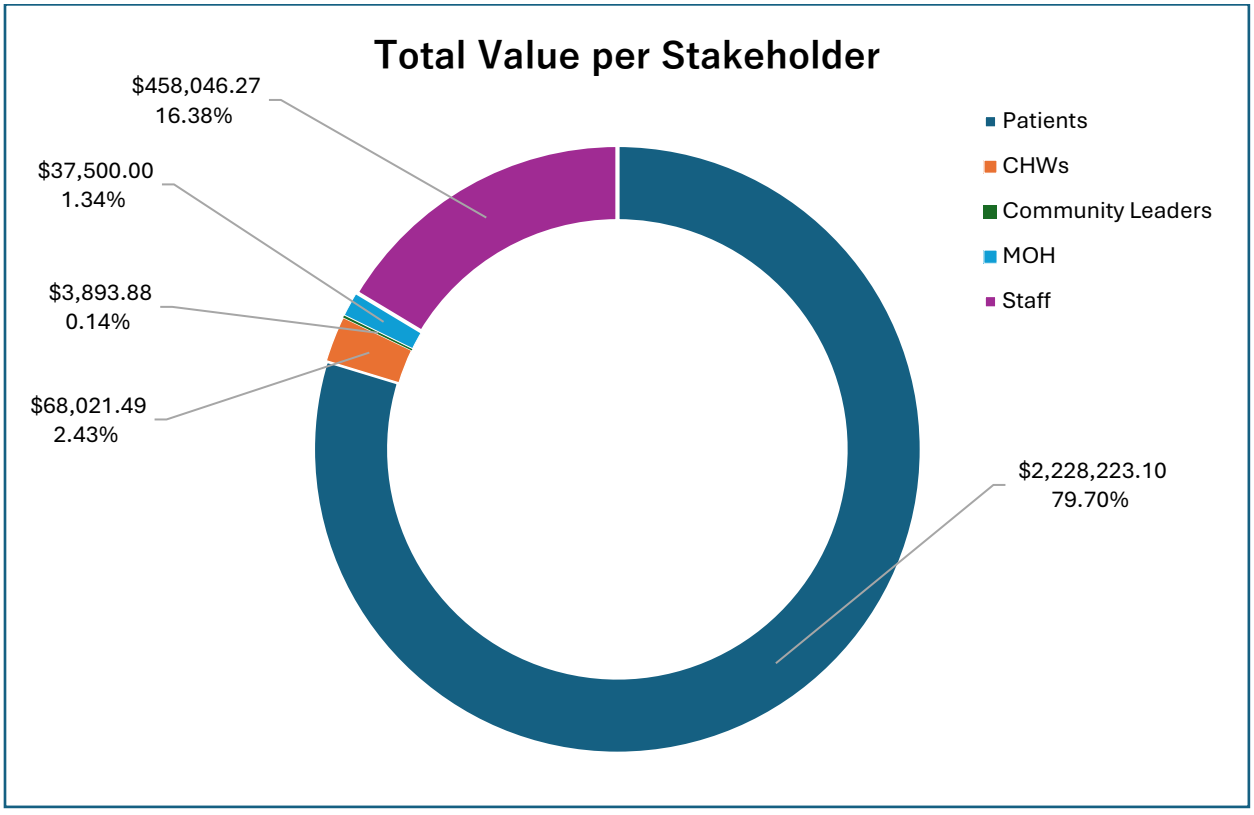


Figure 11: Share of Social Value per Stakeholder Group

7. Sensitivity Analysis

We conduct a sensitivity analysis to evaluate how changes in key variables (especially the hypotheses related to establishing impact) affect the final SROI ratio. This analysis aims to clarify the range of potential impacts and enhance the robustness of our findings. The output of the sensitivity analysis is included in table 11.

Table 12: Sensitivity Analysis

Scenario	Sensitivity Test	New Value	Baseline SROI	New SROI	Difference
1	Increase deadweights estimations for all stakeholders	+ 50%	$12.62	$11.93	-$0.69
2	Increase displacements for all stakeholders	+50%	$12.62	$12.41	-$0.21
3	Increase attribution for all stakeholders	+50%	$12.62	$11.8	-$0.82
4	Decrease duration by 1 year and drop-off accordingly	- 1 year	$12.62	$9.04	-$3.58
5	Reduce the valuation proxy for the highest value generated outcome (Increased physical health & emotional well-being) which accounts for %75 of total generated impact.	-50%	$12.62	$7.72	-$4.9
6	Increase the proxy of "Reduced Stress with travel time and cost of access to medical care" outcome by utilizing the value game valuation from the survey instead of the cost-based approach used in the baseline Ratio.	$199,968.00	$12.62	$19.11	+6.49

The sensitivity analysis demonstrates that using different assumptions in the SROI calculation affects the social return ratio to varying degrees. The social value calculation was estimated to be between **$7.72** and **$19.11** for every $1 invested in services. The analysis demonstrates that the changes in financial proxies would impact the value the most. The lowest ratio was observed when reducing the proxy value of the highest-impact outcome (valued using the value game), while the highest ratio resulted from increasing the proxy value of another key outcome. Therefore, it is recommended to conduct additional research or refine value assessments for these critical outcomes. Collecting longitudinal data in future analyses could also enhance the accuracy and reliability of the SROI estimates over time.

8. Verifying the Results

The verification was conducted with the CEO, Director of Impact, Operations Manager, and Head of Medical to review and confirm the results. We discussed key findings, recommendations, and the involvement of stakeholders in reviewing and verifying the analysis. Emphasis was placed on linking proposed actions to stakeholder feedback. For example, patients highlighted the importance of educational sessions for their well-being, leading to the suggestion of designing innovative information campaigns promoting healthy behaviors for lasting impact. These updates and changes will lay the groundwork for continuous communication, showcasing how stakeholder input directly shapes program decisions and drives ongoing improvements.

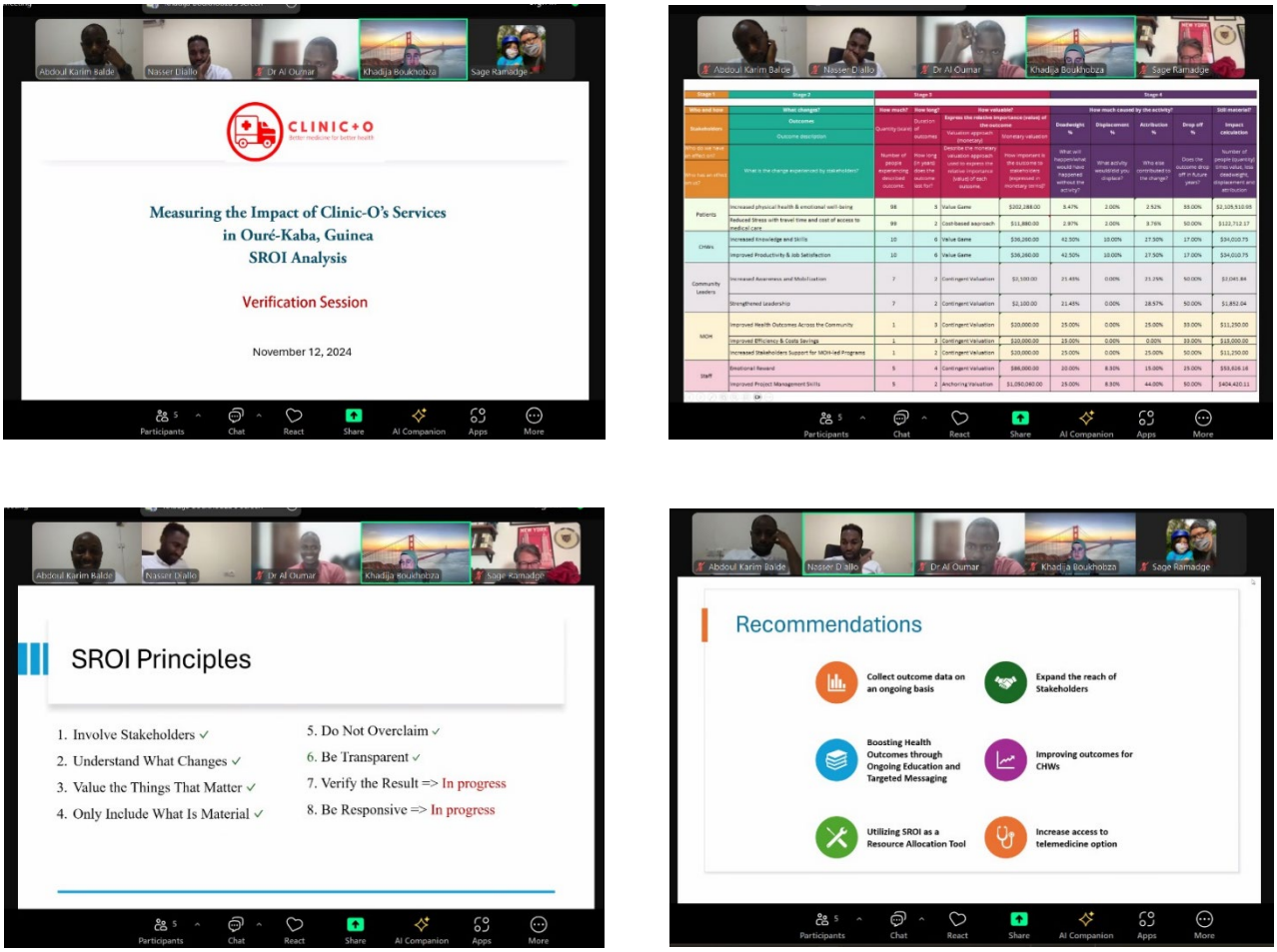


Figure 12: Verification Session Pictures

9. Analysis Limitations

Like any evaluation, this SROI analysis has inherent limitations that should be considered when interpreting its findings. While every effort has been made to ensure the accuracy and robustness of the analysis, certain constraints such as data availability, stakeholder-reported estimates, and the complexity of measuring long-term impact present challenges. To address these, we have applied mitigation strategies wherever possible and conducted sensitivity analyses to test the resilience of key assumptions. The following section outlines the primary limitations of this SROI study, along with the steps taken to minimize their impact on the results.

- **Reliance on Stakeholder-Reported Data**: A key limitation of this SROI analysis is its reliance on stakeholder-reported data. While SROI is inherently stakeholder-informed, meaning that the valuation of outcomes is derived from those who experience them, this reliance introduces potential biases such as recall bias, social desirability bias, and positive responder bias. Stakeholders may unintentionally overestimate or underestimate the significance of certain changes, either due to gratitude for the services received or challenges in recalling precise details.
  To mitigate this limitation, data collection was designed to be as objective as possible, with trained facilitators conducting surveys and interviews to encourage honest and reflective responses. Anonymity and confidentiality were emphasized to reduce potential response bias. Additionally, findings were validated through discussions with Clinic+O's management team to ensure a balanced and realistic assessment of outcomes.
- **Sampling for quantitative data collection**: Surveys were primarily conducted with patients attending follow-up visits, most of whom reside within 3–7 kilometers of the Clinic+O smart hub. As a result, the sample may not fully represent the entire participant population, potentially leading to selection bias by focusing on those coming for follow-ups.
- **Duration and Financial Proxies Not Correlated**: The duration of outcomes in this SROI analysis is determined based on stakeholder perspectives. It is important to consider and explain the relationship between the duration of financial proxies and the expected longevity of outcomes. However, upon calculating the correlation between duration and financial proxies, no significant relationship was found. This suggests that stakeholders' valuation of an outcome does not necessarily align with the duration for which they expect to experience its benefits. To mitigate this limitation, we compare stakeholder-reported durations with expert opinions, as there are no industry benchmarks, historical trends, or similar studies available in this context.

Findings & Recommendations

The process of developing this analysis has been invaluable in confirming the positive impact of this pilot program. Based on the findings of this SROI analysis, we have identified six key recommendations to further enhance outcomes for Clinic+O stakeholders and strengthen the impact on the local community.

1. Collect outcome data on an ongoing basis

This SROI analysis establishes both a benchmark and a comprehensive framework for assessing future performance and impact. To sustain and improve this evaluation, Clinic+O should regularly measure social value by strengthening its internal impact measurement system. We recommend integrating the indicators used in this analysis into the service's regular evaluations, allowing for more rigorous data collection in future SROI studies. This approach will also provide baseline and endline data, enabling a comparison of social value created over time. Actual results can then be compared to the projections in this forecast analysis, offering a clearer view of the program's true impact.

2. Expand the reach of Stakeholders

During the quantitative data collection phase, surveys were mostly conducted with patients attending follow-up visits, most of whom live within 3-7 kilometers of the Clinic+O smart hub. For future data collection, it is recommended to expand the reach to include patients from more remote villages, located 8-22 kilometers away.

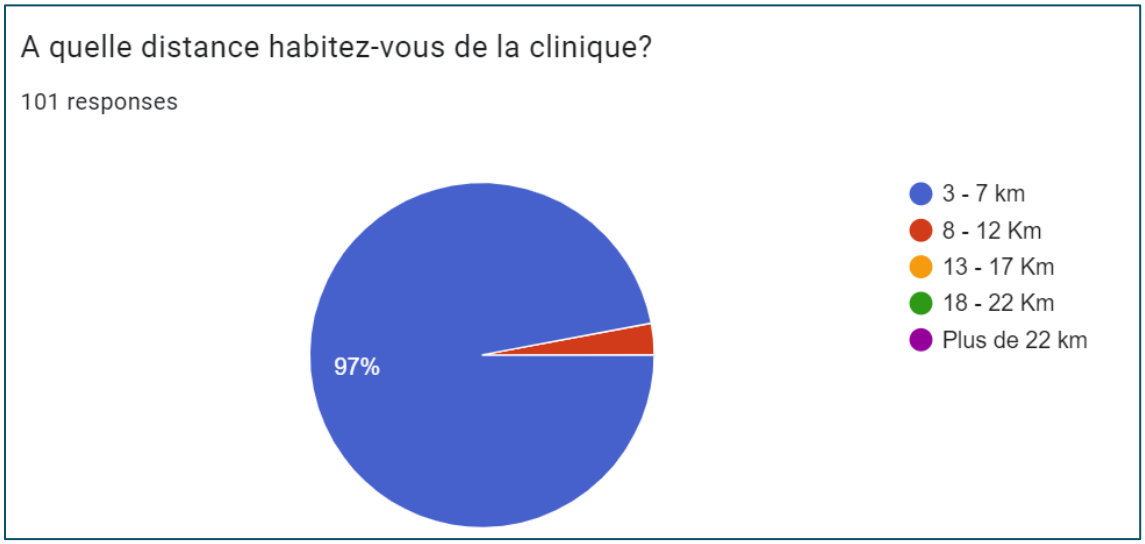


Figure 13: Distance from Clinic

While no distinct subgroups were identified at this stage, likely due to the short duration of the intervention, a more comprehensive analysis during the program's scale-up phase may reveal

clearer subgroup distinctions. This will enable a deeper understanding of the diverse roles and contributions of different stakeholders, enhancing the program's effectiveness and inclusivity.

3. Boosting Health Outcomes through Ongoing Education and Targeted Messaging

To maximize the program's impact in the future, we recommend implementing continuous educational sessions for patients to extend the duration of positive outcomes. These sessions can focus on health management, wellness practices, and resources available to support physical and emotional well-being. To enhance the effectiveness of these sessions, Clinic+O could adopt key insights from the *Abdul Latif Jameel Poverty Action Lab (J-PAL)*'s findings ((J-PAL), August 2021) on designing information campaigns that promote healthy behaviors. Specifically, information should be presented in a specific and actionable way, delivered through trusted messengers (such as healthcare professionals or peers), and spread via accessible technology platforms when possible. By fostering ongoing engagement, empowering patients with relevant knowledge, and potentially incorporating small incentives for engagement, Clinic+O can reinforce the benefits experienced, reduce stress related to accessing care, and encourage healthier behaviors, ultimately leading to sustained improvements in overall health and well-being.

4. Improving outcomes for CHWs

The program's impact has largely focused on patients and staff, but we recommend a stronger focus on capacity-building programs for Community Health Workers to improve their outcomes. CHWs play an essential role in the program's success and sustainability, especially in low-income country like Guinea, where they often serve as the main point of contact for healthcare. By equipping CHWs with the skills, knowledge, resources, and support they need, we can improve the reach and effectiveness of the program, ensuring lasting impact in the communities served. Additionally, effective supervision is crucial; well-supported supervisors can ensure CHWs be motivated, have clear roles, and have adequate tools and supplies (Westgate, 2021). By focusing on adaptable and resource-backed supervision, Clinic+O can amplify CHW impact to better meet community needs.

5. Utilizing SROI as a Resource Allocation Tool

Clinic+O can leverage Social Return on Investment analysis across various locations as a strategic resource allocation tool. By conducting SROI assessments in each area it serves, Clinic+O can gain a clearer understanding of the impact and effectiveness of its programs in different contexts.

SROI helps identify the interventions that are the most impactful, cost-effective, and culturally sensitive. However, it's evident that greater collaboration between SROI practitioners and public health researchers would strengthen the methodology, allowing for a more comprehensive assessment of the true and wide-ranging impact of interventions.

Furthermore, SROI analysis can support local governments by providing replicable "best practice" examples, with a high SROI ratio indicating programs worth replicating. In light of funding

constraints and political priorities, tools like SROI are invaluable for helping local governments allocate resources more strategically and effectively (Purwohedi, 2019).

6. Increase access to telemedicine option

By offering virtual consultations and follow-up services, Clinic+O can enhance convenience and flexibility for patients, while also ensuring they receive timely medical support. Expanding telemedicine will not only improve physical health outcomes but also alleviate stress and enhance emotional well-being, fostering a more accessible and responsive healthcare environment.

Conclusion

The SROI analysis has demonstrated that the Clinic+O program in Ouré-Kaba generates significant positive impact for people in rural Guinea, creating substantial social value that extends beyond the initial financial contributions from stakeholders. This analysis not only highlights the benefits to individual health outcomes but also showcases the broader value to society, including improved community well-being, increased access to essential health services, and empowerment of local populations.

A high ratio from an SROI analysis is often taken as a signal that the activity should be replicated (Arvidson, 2010). To maximize these outcomes, we recommend continuing and scaling up the program. Expanding Clinic+O reach could amplify its impact, bringing essential healthcare services to more remote communities and enhancing sustainable health benefits across the region.

References

(J-PAL), A. L. (August 2021). *Designing information campaigns to increase adoption of healthy behaviors.* Abdul Latif Jameel Poverty Action Lab. doi: https://doi.org/10.31485/pi.0805.2021

Arvidson, M. L. (2010). *The ambitions and challenges of SROI.* Third Sector Research Centre. Retrieved from https://bigpushforward.net/wp-content/uploads/2011/09/the_ambitions_and_challenges_of_sroi.pdf

Banke-Thomas, A. M. (2015). Social Return on Investment (SROI) methodology to account for value for money of public health interventions: a systematic review. . *BMC Public Health* . doi:https://doi.org/10.1186/s12889-015-1935-

Nicholls, J. (2017). Social return on investment – Development and convergence. *Evaluation and Program Planning, 64*, 127-135.

Purwohedi, U. &. (2019). Using Social Return on Investment (SROI) to measure project impact in local government. *Public Money & Management*, 39(1), 56–63. doi:https://doi.org/10.1080/09540962.2019.1537706

Scholten, P. (2019). *Value Game - A method for involving customers in valuing outcomes.* Retrieved from https://www.socialvalueuk.org/wp-content/uploads/2019/03/ValueGame-Document-FINAL.pdf

UK, Social Value. (2012). *A guide to social return on investment.* Retrieved from https://socialvalueuk.org/resources/a-guide-to-social-return-on-investment-2012/

Westgate, C. M. (2021). Community health workers at the dawn of a new era: 7. Recent advances in supervision. *Springer Nature*. Retrieved from https://doi.org/10.1186/s12961-021-00754-6

WFP. (July 2024). *Guinea Country Brief.* World Food Programme. Retrieved from https://www.wfp.org/countries/guinea#:~:text=Photo:%20WFP/Aurelie%20Lecrivain,is%20often%20unpaid%20and%20undervalued.

Appendices

Appendix A: SROI Principles Application

SROI Principle	Application of Principle
Involve Stakeholders	To ensure the accuracy and relevance of information in this report, extensive stakeholder engagement was conducted, including informant interviews, focus groups, individual interviews, and surveys. This approach provided a comprehensive understanding of stakeholder perspectives and contributed to the reliability of the findings.
Understand What Changes	All changes in the report are based solely on stakeholder input, with no additional assumptions made by the report's author.
Value the Things That Matter	Financial proxies were used to recognize the value of all the outcomes that matters to the stakeholders.
Only Include What Is Material	Through stakeholder involvement, we track the progression from inputs and outputs through a chain of events, ultimately leading to the material outcomes.
Do Not Overclaim	The program has greatly improved conditions in this remote village, but we only claim the impact directly created by the organization.
Be Transparent	The report clearly outlines all methodologies, assumptions, and limitations involved in the evaluation process.
Verify the Result	We conducted a sensitivity analysis to assess the robustness of the results under varying assumptions. Additionally, a review session was held with staff (management and operations) to verify the findings. The report will also be submitted to SVI for an independent review and assurance.
Be Responsive	Management team is highly committed to implement the SROI recommendations to optimize the positive impact of Clinic+O activities.

Appendix B: Stakeholder Interview Guide

Interviewee:	
Date:	
Method of involvement in the data collection	☐ Focus Group ☐ One-to-One Interview
Inputs	✓ How are you involved in the activity we are analyzing? ✓ What did you contribute to the activity?
Activities	✓ What activity/activities did you experience?
Outcomes	✓ What Happened? ✓ What changes did you experience? ✓ What were you hoping for? ✓ Did anything else happen? ✓ What happened then? ✓ What happened later? ✓ Were all the changes positive? If not, what were the negative changes? Were all the changes expected, or was there anything that you didn't expect that changed? ✓ What is the most important change for you? **NB:** Be ready to probe for various answers, asking: What happened next? / Tell me more / Why is that important to you?
Other Stakeholders	✓ Do you think anyone else has experienced any changes (positive or negative) because of our services?

Appendix C: Patients Survey

Thank you for taking the time to complete this survey, which should take no more than 20 minutes. Please answer honestly. Your responses are confidential and will be used solely to improve future programs and services. We want to know whether you've experienced similar changes to those reported by other Clinic-O patients.

1. Age
   a. 0 -18
   b. 19 - 30
   c. 31- 40
   d. 41- 50
   e. 51- 60
   f. > 60
2. Gender
   a. Female
   b. Male
   c. Prefer not to say
3. What types of services have you received from Clinic-O?
   a. Health Center Consultation
   b. Mass Consultation
   c. Smart Hub Consultation
   d. Telemedicine
   e. Home Care Visit
4. How far do you live from the clinic?
   a. 3 - 7 km
   b. 8 - 12 Km
   c. 13 - 17 Km
   d. 18 - 22 Km
   e. More than 22 Km
5. How many times have they received care from Clinic-O?
   a. 1 time
   b. 2 times
   c. 3 times
   d. 4 times
   e. More than 4 times

6. Did participating in our activities require you to sacrifice or invest any personal resources (e.g., time, money, effort)?" Input

a. Yes

b. No

7. If you answered 'Yes' to the previous question, please provide details about the specific personal resources you sacrificed or invested (money for transportation, giving up your daily paid work…), if possible provide the monetary value of these resources.

……
……

8. Did our services lead to any negative effects or reduce benefits for other people? Displacement

a. No negative effects

b. Minimal negative effects

c. Some negative effects

d. Significant negative effects

e. Negative effects offset all positive effects

9. If you experienced or observed any negative effects, please describe the nature of these effects. Who was impacted, and how did this affect their overall experience or well-being?
……
……
……

Outcome #1 - Health Knowledge

1. How did your **health knowledge change** after you started using the services of Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Understanding the risks of hypertension & diabetes					
Dietary knowledge (eating less salt and sugar….)					
Understanding the risks of smoking & drinking					
Understanding the importance of physical exercise					

2. To what extent do you think the **health knowledge change is** directly attributable to our services?

a. Completely attributable to your services (100%)
b. Mostly attributable to your services (75%)
c. Partly attributable to your services (50%)
d. Slightly attributable to your services (25%)
e. Not attributable to your services (0%)

3. How long do you think the change in **health knowledge** created by Clinic-O will last? (Duration)

a. At least 6 months
b. At least 1 year
c. At least 2 years
d. At least 3 years
e. Other (please specify)

4. How much do you think the **health knowledge outcome** you experienced would have happened without our services?

a. None of the outcomes would have occurred without the Clinic-O services
b. A small portion of the outcomes would have occurred without the Clinic-O services
c. About half of the outcomes would have occurred without the Clinic-O services
d. Most of the outcomes would have occurred without the Clinic-O services
e. All of the outcomes would have occurred without the Clinic-O services

Outcome #2 - Increased physical health & emotional well-being

1. How did your **physical health and emotional well-being** change after you started using the services of Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Increased level of walking					
Improved diet (eating less salt & sugar, eating enough fruits and vegetables…)					
Stopped Smoking or/and drinking					
Self-monitoring of health conditions					

2. Related to the previous question, have you noticed any financial savings, such as reduced medication expenses or reduced spending on smoking and/or drinking costs, after improving your **physical health and emotional well-being** through Clinic-O's services? If possible provide monetary value of these cost savings.

—----------

---

3. To what extent do you think the change in **physical health and emotional well-being** outcome is directly attributable to our services?

a. Completely attributable to Clinic-O services

b. Mostly attributable to Clinic-O services

c. Partly attributable to Clinic-O services

d. Slightly attributable to Clinic-O services

e. Not attributable to Clinic-O services

4. How long do you think the change in **physical health and emotional well-being** created by Clinic-O will last?

a. At least 6 months

b. At least 1 year

c. At least 2 years

d. At least 3 years

e. Other (please specify)

5. How much do you think the change in **physical health and emotional well-being** you experienced would have happened without our services?

a. None of the outcomes would have occurred without Clinic-O services

b. A small portion of the outcomes would have occurred without Clinic-O services

c. About half of the outcomes would have occurred without Clinic-O services

d. Most of the outcomes would have occurred without Clinic-O services

e. All of the outcomes would have occurred without Clinic-O services

Outcome #3- Reduced stress associated with travel time and cost of access to medical care

1. How has the cost and the travel time to access medical care changed since using our services?

Significantly decreased	Slightly decreased	No Change	Slightly increased	Significantly increased
1	2	2	4	5

2. How has the change in cost and travel time impacted your stress levels?

a. Significantly reduced stress
b. Slightly reduced stress
c. No impact on stress
d. Slightly increased stress
e. Significantly increased stress

3. To what extent do you think the change in **reduced stress associated with travel time and cost of access to medical care** is directly attributable to our services?

a. Completely attributable to Clinic-O services
b. Mostly attributable to Clinic-O services
c. Partly attributable to Clinic-O services
d. Slightly attributable to Clinic-O services
e. Not attributable to Clinic-O services

4. How long do you think the change in **reduced stress associated with travel time and the cost of access to medical care** by Clinic-O will last?

a. < 3 months
b. 6 months
c. At least 1 year
d. 2 years
e. Other (please specify)

5. To what extent do you believe the outcome **reduced stress associated with travel time and the cost of access to medical care** you experienced would have happened without the support of our services?

a. None of the outcomes would have occurred without Clinic-O services
b. A small portion of the outcomes would have occurred without Clinic-O servicess
c. About half of the outcomes would have occurred without Clinic-O services
d. Most of the outcomes would have occurred without Clinic-O services
e. All of the outcomes would have occurred without Clinic-O services

Valuation:

1. Can you compare the **health knowledge change** to something else just as important to you? (Choose the option that best reflects your opinion on the question)

	Items for Stakeholders Stated Preference Valuation
1	Impregnated mosquito nets
2	Kitchen utensils
3	Hand water pumps
4	Solar panels
5	Livestock (Cow)
6	Agricultural equipment
7	An irrigation kit for agriculture
8	A dirt bike
9	Educational materials for children
10	Small retail business (food, clothing)
11	Modern living room furniture
12	Cold room for storing fruits and vegetables
13	All-terrain vehicle
14	Mini processing plant for local producers
15	Training center for craft skills

2. Can you compare the **physical health and emotional well-being outcome** to something else just as important to you? (Choose the option that best reflects your opinion on the question)

	Items for Stakeholders Stated Preference Valuation
1	Impregnated mosquito nets
2	Kitchen utensils
3	Hand water pumps
4	Solar panels
5	Livestock (Cow)
6	Agricultural equipment
7	An irrigation kit for agriculture
8	A dirt bike
9	Educational materials for children
10	Small retail business (food, clothing)
11	Modern living room furniture
12	Cold room for storing fruits and vegetables
13	All-terrain vehicle
14	Mini processing plant for local producers
15	Training center for craft skills

3. Can you compare the **health knowledge change** to something else just as important to you? (Choose the option that best reflects your opinion on the question)

	Items for Stakeholders Stated Preference Valuation
1	Impregnated mosquito nets
2	Kitchen utensils
3	Hand water pumps
4	Solar panels
5	Livestock (Cow)
6	Agricultural equipment
7	An irrigation kit for agriculture
8	A dirt bike
9	Educational materials for children
10	Small retail business (food, clothing)
11	Modern living room furniture
12	Cold room for storing fruits and vegetables
13	All-terrain vehicle
14	Mini processing plant for local producers
15	Training center for craft skills

Thank you for taking the time to complete this survey! Your feedback is valuable and will help us improve our services and better meet your needs.

Appendix D: CHWs Survey

Thank you for taking the time to complete this survey, which should take no more than 20 minutes. Please answer honestly. Your responses are confidential and will be used solely to improve future programs and services. We want to know whether you've experienced similar changes to those reported by other Clinic-O Community Health Workers.

1. Age
    a. 20 - 25
    b. 26 - 30
    c. 31 - 35
    d. Other
2. Gender
    a. Female
    b. Male
3. How far do you live from the clinic?
    a. 1 - 5 km
    b. 6 - 10 Km
    c. 11 - 15 Km
    d. More than 16 Km
4. Did working with Clinic-O in this program require additional time or effort beyond your usual responsibilities? Input
    a. Yes
    b. No
5. If you answered 'Yes' to the previous question, what specific additional resources (ex: extra work, donation, personnel materials…) were required for your involvement in this program? Please describe them.

—----------
---
6. Did our services lead to any negative effects or reduce benefits for other people? Displacement
    a. No negative effects
    b. Minimal negative effects
    c. Some negative effects
    d. Significant negative effects
    e. Negative effects offset all positive effects
7. If you experienced or observed any negative effects, please describe the nature of these effects. Who was impacted, and how did this affect their overall experience or well-being?
……
……

Outcome # 1: Increased Knowledge and skills

1. How did your knowledge and skills **change** after you started working with Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Skills in telemedicine and data collection					
Skills in pre-screening and medical testing					
Confidence in task completion and problem-solving abilities					
Communication skills					

2. To what extent do you think the change in knowledge and skills is directly attributable to Clinic-O?

a. Completely attributable to your services (100%)

b. Mostly attributable to your services (75%)

c. Partly attributable to your services (50%)

d. Slightly attributable to your services (25%)

e. Not attributable to your services (0%)

3. How long do you think the change in your knowledge and skills created by Clinic-O will last?

a. At least 6 months

b. At least 1 year

c. At least 2 years

d. At least 3 years

e. Other (please specify)

4. To what extent do you believe the change in knowledge and skills you experienced would have happened without your work with Clini-O?

a. None of the outcomes would have happened without Clinic-O

b. A small portion of the outcomes would have happened without Clinic-O

c. About half of the outcomes would have happened without Clinic-O

d. Most of the outcomes would have happened without Clinic-O

e. All of the outcomes would have happened without Clinic-O

Outcome # 2: Improved Productivity & Job Satisfaction

1. How did your **productivity & job satisfaction** change after you started working with Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Efficiency and quality in task completion					
Recognition and sense of achievement.					
Work Relationships					
Balanced workload					

2. To what extent the **productivity & job satisfaction** change is directly attributable to our services?

a. Completely attributable to your services (100%)

b. Mostly attributable to your services (75%)

c. Partly attributable to your services (50%)

d. Slightly attributable to your services (25%)

e. Not attributable to your services (0%)

3. How long do you think the change in your **productivity & Job satisfaction** created by Clinic-O will last?

a. At least 6 months

b. At least 1 year

c. At least 2 years

d. At least 3 years

e. Other (please specify)

4. To what extent do you believe the change in **productivity & job satisfaction** you experienced would have happened without your work with Clini-O?

a. None of the outcomes would have happened without Clinic-O

b. A small portion of the outcomes would have happened without Clinic-O

c. About half of the outcomes would have happened without Clinic-O

d. Most of the outcomes would have happened without Clinic-O

e. All of the outcomes would have happened without Clinic-O

Valuation:

1. Can you compare the **change in knowledge and skills** to something else just as important to you? (Choose the option that best reflects your opinion on the question)

	Items for Stakeholders Stated Preference Valuation
1	Impregnated mosquito nets
2	Kitchen utensils
3	Hand water pumps
4	Solar panels
5	Livestock (Cow)
6	Agricultural equipment
7	An irrigation kit for agriculture
8	A dirt bike
9	Educational materials for children
10	Small retail business (food, clothing)
11	Modern living room furniture
12	Cold room for storing fruits and vegetables
13	All-terrain vehicle
14	Mini processing plant for local producers
15	Training center for craft skills

2. Can you compare the **change in productivity & job satisfaction** to something else just as important to you? (Choose the option that best reflects your opinion on the question)

	Items for Stakeholders Stated Preference Valuation
1	Impregnated mosquito nets
2	Kitchen utensils
3	Hand water pumps
4	Solar panels
5	Livestock (Cow)
6	Agricultural equipment
7	An irrigation kit for agriculture
8	A dirt bike
9	Educational materials for children
10	Small retail business (food, clothing)
11	Modern living room furniture
12	Cold room for storing fruits and vegetables
13	All-terrain vehicle
14	Mini processing plant for local producers
15	Training center for craft skills

Thank you for taking the time to complete this survey! Your feedback is valuable and will help us improve our services and better meet your needs.

Appendix E: Community Leaders Survey

Thank you for taking the time to complete this survey, which should take no more than 15 minutes. Please answer honestly. Your responses are confidential and will be used solely to improve future programs and services.

1. What is your role in the community?
    a. Religious leader
    b. Local government leader
    c. Youth leader
    d. Other
2. Age
    a. 30 - 40
    b. 41 - 50
    c. 51 - 60
    d. 61 - 70
    e. 71 - 80
    f. > 80
3. Gender
    a. Female
    b. Male
4. How far do you live from the clinic?
    a. 3 - 7 km
    b. 8 - 12 Km
    c. 13 - 17 Km
    d. 18 - 22 Km
    e. More than 22 Km
5. Did your involvement in this program require you to sacrifice or invest personal resources (e.g., time, money)?" Input
    a. Yes, significant resources
    b. Yes, some resources
    c. No, minimal resources
    d. No, no resources are required

6. If you answered 'Yes' to the previous question, what specific additional resources (ex: time, transportation, donation, personnel materials…) were required for your involvement in this program? Please describe them.

—----------
---

7. Did our services lead to any negative effects or reduce benefits for other people? Displacement

   a. No negative effects

   b. Minimal negative effects

   c. Some negative effects

   d. Significant negative effects

   e. Negative effects offset all positive effects

8. If you experienced or observed any negative effects, please describe the nature of these effects. Who was impacted, and how did this affect their overall experience or well-being? ……
……

<u>Outcome # 1: Increased Awareness and Mobilization</u>

1. How did Community awareness and mobilization **change** after you started collaborating with Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Participation in health education programs					
Greater demand for healthcare services					
Communication skills					

2. To what extent do you think the outcomes are directly attributable to our services?

   a. Completely attributable to your services (100%)

   b. Mostly attributable to your services (75%)

   c. Partly attributable to your services (50%)

   d. Slightly attributable to your services (25%)

   e. Not attributable to your services (0%)

3. How long do you think the change in awareness and mobilization created by Clinic-O will last?

a. At least 6 months

b. At least 1 year

c. At least 2 years

d. At least 3 years

e. Other (please specify)

4. To what extent do you believe the change you experienced in awareness and mobilization would have happened without the support of our services?

a. None of the outcomes would have occurred without the services

b. A small portion of the outcomes would have occurred without the services

c. About half of the outcomes would have occurred without the services

d. Most of the outcomes would have occurred without the services

e. All of the outcomes would have occurred without the services

Outcome #2 - Strengthened Leadership

1. How did your leadership **change** after you started working with Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
More community members seeking my guidance					
Successful coordination of initiatives					
Recognition from peers and community members					

2. To what extent are the outcomes directly attributable to our services?

a. Completely attributable to your services

b. Mostly attributable to your services

c. Partly attributable to your services

d. Slightly attributable to your services

e. Not attributable to your services

3. How long do you think the change in leadership created by Clinic-O will last?

a. At least 6 months
b. At least 1 year
c. At least 2 years
d. At least 3 years
e. Other (please specify)

4. To what extent do you believe the positive outcomes you experienced would have happened without the support of our services?

a. None of the outcomes would have happened without the services
b. A small portion of the outcomes would have happened without the services
c. About half of the outcomes would have happened without the services
d. Most of the outcomes would have happened without the services
e. All of the outcomes would have happened without the services

Valuation:

1. How much compensation would you need to accept to give up **the change in awareness and mobilization outcome** you've experienced due to your involvement with Clinic-O?" (Choose the option that best reflects your opinion on the question)

a. Less than $50
b. $50 to $100
c. $100 to $500
d. $500 to $1,000
e. $1,000 to $5,000
f. More than $5,000
g. Other (please specify)

2. How much compensation would you need to accept to give up **the change in Strengthened Leadership** you've experienced due to your involvement with Clinic-O?" (Choose the option that best reflects your opinion on the question)

a. Less than $50
b. $50 to $100
c. $100 to $500
d. $500 to $1,000
e. $1,000 to $5,000
f. More than $5,000
g. Other (please specify)

Thank you for taking the time to complete this survey! Your feedback is valuable and will help us improve our services and better meet your needs.

Appendix F: MOH Survey

Thank you for taking the time to complete this survey, which should take no more than 15 minutes. Please answer honestly. Your responses are confidential and will be used solely to improve future programs and services.

1. What specific resources, support, or contributions did the Ministry of Health provide to the Clinic-O activities?

   a. Yes

   b. No

2. If you answered 'Yes' to the previous question, please specify any financial, material, or advisory inputs.

---

3. Did our services lead to any negative effects or reduce benefits for other people? Displacement

   a. No negative effects

   b. Minimal negative effects

   c. Some negative effects

   d. Significant negative effects

   e. Negative effects offset all positive effects

4. If you experienced or observed any negative effects, please describe the nature of these effects. Who was impacted, and how did this affect their overall experience or well-being?
……
……
……

Outcome # 1: Strengthened health care system performance and population health **across the community**

1. How did community health outcomes change following the training of Community Health Workers by Clinic+O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
CHWs demonstrate a better understanding of health practices, treatments, and protocols, as seen in their day-to-day tasks.					
Reductions in the occurrence of diseases, such as malaria, respiratory infections, or chronic illnesses.					
Increase in Vaccination and Immunization Rates					

2. To what extent do you think the Strengthened performance of the health care system and improvements in population health are directly attributable to our services?

a. Completely attributable to your services (100%)

b. Mostly attributable to your services (75%)

c. Partly attributable to your services (50%)

d. Slightly attributable to your services (25%)

e. Not attributable to your services (0%)

3. How long do you think the change in health outcomes created by Clinic-O will last?

a. At least 6 months

b. At least 1 year

c. At least 2 years

d. At least 3 years

e. Other (please specify)

4. To what extent do you believe the change in health outcomes you experienced would have happened without the support of our services?

a. None of the outcomes would have occurred without the services

b. A small portion of the outcomes would have occurred without the services

c. About half of the outcomes would have occurred without the services

d. Most of the outcomes would have occurred without the services

e. All of the outcomes would have occurred without the services

Outcome #2 - Improved Efficiency and cost savings

1. How did efficiency and cost savings change after you started cooperating with Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Reduced workload for healthcare staff and minimized errors associated with manual data entry					
Leverage advanced analytics to identify trends in patient health, track disease outbreaks, and assess the effectiveness of interventions.					
Reduction in Unnecessary Referrals					

2. How much of your efficiency and cost savings can be attributed to Clinic-O services?

   a. Completely attributable to your services

   b. Mostly attributable to your services

   c. Partly attributable to your services

   d. Slightly attributable to your services

   e. Not attributable to your services

3. How long do you think the change in efficiency and cost savings created by Clinic-O will last?

   a. At least 6 months

   b. At least 1 year

   c. At least 2 years

   d. At least 3 years

   e. Other (please specify)

4. To what extent do you believe the positive outcomes you experienced would have happened without the support of our services?

   a. None of the outcomes would have happened without the services

   b. A small portion of the outcomes would have happened without the services

   c. About half of the outcomes would have happened without the services

   d. Most of the outcomes would have happened without the services

   e. All of the outcomes would have happened without the services

Outcome #3 - Stakeholder's Support for MOH-led Initiatives

1. How did the stakeholders support MOH-led programs after you started cooperating with Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Active participation in health programs					
Feedback from healthcare professionals, patients, and community members					
Positive mentions in the media and social media					
Partnerships or collaborations with NGOs, private sector organizations, or community groups					

2. To what extent can the stakeholder support for MOH-led programs be attributed to Clinic-O's services?

a. Completely attributable to your services
b. Mostly attributable to your services
c. Partly attributable to your services
d. Slightly attributable to your services
e. Not attributable to your services

3. How long do you think the change in stakeholder support for MOH-led programs created by Clinic-O will last?

a. At least 6 months
b. At least 1 year
c. At least 2 years
d. At least 3 years
e. Other (please specify)

4. To what extent do you believe the stakeholder support for the MOH-led programs you experienced would have happened without the support of our services?

a. None of the outcomes would have happened without the services
b. A small portion of the outcomes would have happened without the services
c. About half of the outcomes would have happened without the services
d. Most of the outcomes would have happened without the services
e. All of the outcomes would have happened without the services

Valuation

1. How much compensation would you need to accept to give up the Strengthened Healthcare System Performance and Population Health you've experienced as a result of your involvement with Clinic-O?" (Choose the option that best reflects your opinion on the question)

   a. Less than $100
   b. $100 to $500
   c. $500 to $1,000
   d. $1,000 to $5,000
   e. $5,000 to $10,000
   f. More than $10,000
   g. Other (please specify)

2. How much compensation would you need to accept to give up the **Improved Efficiency and Cost Savings** you've experienced as a result of your involvement with Clinic-O?" (Choose the option that best reflects your opinion on the question)

   a. Less than $100
   b. $100 to $500
   c. $500 to $1,000
   d. $1,000 to $5,000
   e. $5,000 to $10,000
   f. More than $10,000
   g. Other (please specify)

3. How much compensation would you need to accept to give up the **Stakeholder's Support for MOH-led Programs** you've experienced as a result of your involvement with Clinic-O?" (Choose the option that best reflects your opinion on the question)

   a. Less than $100
   b. $100 to $500
   c. $500 to $1,000
   d. $1,000 to $5,000
   e. $5,000 to $10,000
   f. More than $10,000
   g. Other (please specify)

Your Preference: On a scale of 1 to 10, how important is each outcome to you?

1 = This change was insignificant to me

10 = This change was highly important to me

- ✓ **Strengthened Healthcare System Performance and Population Health**
- ✓ **Improved Efficiency and Cost Savings**
- ✓ **Stakeholder's Support for MOH-led Programs**

Thank you for taking the time to complete this survey! Your feedback is valuable and will help us improve our services and better meet your needs.

Appendix G: Staff Survey

Thank you for taking the time to complete this survey, which should take no more than 15 minutes. Please answer honestly. Your responses are confidential and will be used solely to improve future programs and services.

1. Age
    a. 20 - 30
    b. 31 - 40
    c. 41 - 50
    d. 51 - 60
    e. > 60
2. Gender
    a. Female
    b. Male
3. Did your involvement in this program require you to sacrifice or invest personal resources (e.g., time, and money)? Input
    a. Yes
    b. No
4. If you answered 'Yes' to the previous question, what specific additional resources (ex: overtime work, transportation, donation, personnel materials…) were required for your involvement in this program? Please describe them.

---

5. Did our services lead to any negative effects or reduce benefits for other people? Displacement
    a. No negative effects
    b. Minimal negative effects
    c. Some negative effects
    d. Significant negative effects
    e. Negative effects offset all positive effects
6. If you experienced or observed any negative effects, please describe the nature of these effects. Who was impacted, and how did this affect their overall experience or well-being?

Outcome #1 - Improved project management skills

1. How did your **project management skills** change after you started working with Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Confidence in managing projects					
Adherence to project timelines and milestones					
Satisfaction among stakeholders with project outcomes					
Project planning and execution (realistic plans, clear assignment of roles…)					
Team coordination and communication					
Effective problem-solving					

2. To what extent is the outcome of **project management skills** directly attributable to Clinic-O?

a. Completely attributable to your services
b. Mostly attributable to your services
c. Partly attributable to your services
d. Slightly attributable to your services
e. Not attributable to your services

3. How long do you think the change in **project management skills** created by Clinic-O will last?

a. At least 6 months
b. At least 1 year
c. At least 2 years
d. At least 3 years
e. Other (please specify)

4. To what extent do you believe the change in **project management skills** you experienced would have happened without the support of Clinic-O?

a. None of the outcomes would have happened without Clinic-O
b. A small portion of the outcomes would have happened without Clinic-O
c. About half of the outcomes would have happened without Clinic-O
d. Most of the outcomes would have happened without Clinic-O
e. All of the outcomes would have happened without Clinic-O

Outcome #2 - Emotional reward

1. How did your sense of **fulfillment or emotional satisfaction** change after you started working with Clinic-O? Please indicate for all that apply

	Much worse (-50%)	Worse (-25%)	No change (0%)	Better (25%)	Much better (50%)
Connection to the mission and values of the organization					
Measurable change in the lives of our patients, contributing to long-term positive impacts in the community					
Positive mindset and reduced stress from fulfilling impactful work					

2. To what extent the **emotional reward** outcome is directly attributable to Clinic-O?

a. Completely attributable to your services
b. Mostly attributable to your services
c. Partly attributable to your services
d. Slightly attributable to your services
e. Not attributable to your services

3. How long do you think the change in **emotional reward** created by Clinic-O will last?

a. At least 6 months
b. At least 1 year
c. At least 2 years
d. At least 3 years
e. Other (please specify)

4. To what extent do you believe the change in **emotional reward** you experienced would have happened without your involvement with Clinic-O?

a. None of the outcomes would have happened without Clinic-O
b. A small portion of the outcomes would have happened without Clinic-O
c. About half of the outcomes would have happened without Clinic-O
d. Most of the outcomes would have happened without Clinic-O
e. All of the outcomes would have happened without Clinic-O

Valuation:
Imagine you are offered another job with the same responsibilities you have now, but there is no emotional reward. However, the job pays more. How much higher (every year) would they have to pay for you to take up that job instead of the one you have now?

a. More than $1000

b. More than $3000

c. More than $5000

d. More than $8000

f. More than $10000

f. Other, ...

Your Preference:

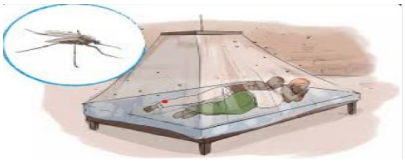
How does the importance of change in **emotional reward** compare to change in **project management skills**?

_____ times more important

_____ times less important

Thank you for taking the time to complete this survey!

Appendix H: List of Items Shared with Stakeholders to Determine Their Value

	Stated Preference Valuation Items	Picture
1	Insecticide-treated mosquito nets	
2	Cooking utensils	
3	Manual water pumps	
4	Solar panels	
5	Livestock (cow)	

6	Agricultural equipment	
7	Irrigation kit for farming	
8	Off-road motorcycle	
9	Educational materials for children (books, school supplies)	
10	Small retail business (food, clothing)	

11	Modern living room furniture set for home comfort	
12	Cold storage room for fruit and vegetable preservation	
13	Off-road vehicle	
14	Small processing plant for local producers	
15	Handicraft skills training center	

Appendix I: Valuing the Outcomes

Patients

Increased physical health and emotional well-being			
Items chosen by patients	Number of People	Price	Total valuation per item
Bétail (Vache)	6	$ 180.00	$ 1,080.00
Centre de formation aux métiers artisanaux	1	$ 10,000.00	$ 10,000.00
Chambre froide pour stocker les fruits et légumes	1	$ 5,000.00	$ 5,000.00
Équipements agricoles	14	$ 240.00	$ 3,360.00
Kit d'irrigation pour l'agriculture	8	$ 500.00	$ 4,000.00
Matériel éducatif pour enfants	20	$ 1,500.00	$ 30,000.00
Moto tout-terrain	6	$ 1,000.00	$ 6,000.00
Moustiquaires imprégnées	14	$ 10.00	$ 140.00
Panneaux solaires	8	$ 140.00	$ 1,120.00
Petit commerce de détail (alimentation, vêtements)	13	$ 2,000.00	$ 26,000.00
Pompes à eau manuelles	7	$ 60.00	$ 420.00
Ustensiles de cuisine	1	$ 24.00	$ 24.00
Véhicule tout-terrain	2	$ 7,000.00	$ 14,000.00
(blank)			
Grand Total	**$ 101.00**		**$ 101,144.00**

Patients reporting money savings			
Average Money saved		Number of people	Total valuation per item
$	60.00	99	$ 5,940.00

CHWs

Knowledge and Skills			
Items chosen by CHWs	Number of people	Price	Total valuation per item
Moustiquaires imprégnées	7	$10.00	$70.00
Mini-usine de transformation pour les producteurs locaux	2	$9,000.00	$18,000.00
Pompes à eau manuelles	1	$60.00	$60.00
Grand Total	**10**		**$18,130.00**

Productivity and Job Satisfaction			
Items chosen by CHWs	Number of people	Price	Total valuation per item
Moustiquaires imprégnées	7	$10.00	$70.00
Mini-usine de transformation pour les producteurs locaux	2	$9,000.00	$18,000.00
Pompes à eau manuelles	1	$60.00	$60.00
Grand Total	**10**		**$18,130.00**

Community Leaders

Awareness and Mobilization			
Range chosen by C. Leaders	Number of people	Price	Total valuation per item
Aucune Compensation	5	$0.00	$0.00
100 $ à 500 $	1	$300.00	$300.00
500 $ à 1 000 $	1	$750.00	$750.00
Grand Total	**7**		**$1,050.00**

Leadership			
Range chosen by C. Leaders	Number of people	Price	Total valuation per item
Aucune Compensation	5	$0.00	$0.00
100 $ à 500 $	1	$300.00	$300.00
500 $ à 1 000 $	1	$750.00	$750.00
Grand Total	**7**		**$1,050.00**

Staff

Emotional Reward			
Range chosen by Staff	**Number of people**	**Price**	**Total valuation per item**
More than $10000	4	$10,000.00	$40,000.00
More than $3000	1	$3,000.00	$3,000.00
Grand Total	**5**		**$43,000.00**

Capacity Building in Telemedicine			
Range chosen by Staff	**Number of people**	**Price**	**Total valuation per item**
Project management skills 50 times more	1	$500,000.00	$500,000.00
Project management skills 100 times less	1	$30.00	$30.00
Project Management is 2 time more important than	1	$20,000.00	$20,000.00
projext management < 2x emotional reward	1	$5,000.00	$5,000.00
Project management skills 100 more than	1	$1,000,000.00	$1,000,000.00
Grand Total	**5**		**$525,030.00**

Capacity Building in Telemedicine			
Range chosen by Staff	**Number of people**	**Price**	**Total valuation per item**
Telemedicine's capacity building 50 times more	1	$ 500,000.00	$ 500,000.00
Telemedicine's capacity building 100 times less	1	$ 300.00	$ 300.00
Telemedecine capacity 2 time more important than	1	$ 20,000.00	$ 20,000.00
N/A	1	$ -	$ -
Telemedecine capacity 100 time more important	1	$ 1,000,000.00	$ 1,000,000.00
Grand Total	**5**		**$ 520,300.00**

Appendix J: Impact Map

Stage 1		Stage 2			
Who and how many?		**At what cost?**		**Outputs**	**What changes?**
Stakeholders		**Inputs**			**Outcomes**
					Outcome description
Who do we have an effect on? / Who has an effect on us?	Total Populatio bn	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)	Summary of activity in numbers.	What is the change experienced by stakeholders?
Patients	*1140*	Money and time	$33,951.68	605 Clinic enrolment 2 Mass Consultation 39 Telemedicine	Increased physical health & emotional well-being Reduced Stress with travel time and cost of access to medical care
CHWs	25	Time	$0.00	3 Medical and Telemedicine training	Increased Knowledge and Skills Improved Productivity & Job Satisfaction
Community Leaders	10	Time	$157.14	2 Engagement meetings on Telemedicine and Preventive Healthcare 2 Mass consultation	Increased Awareness and Mobilization Strengthened Leadership
MOH	1	Health Center & Medications	$24,900.00	Digital data for over 1100 patients in Ouré-Kaba; Telemedicine training to equip the Ministry to effectively receive & manage digital data; Data Protection Authority Training.	Improved Health Outcomes Across the Community Improved Efficiency & Costs Savings Increased Stakeholders Support for MOH-led Programs
Staff	5	Time	$113,000.00	Training in Data coregulation with MOH; Training in data protection; 4 Community Outreach Events	Emotional Reward Improved Project Management Skills
Partner	1	Money	$50,000.00	Grant	They celebrate all the changes experienced by all the material stakeholders
		Total	**$444,017.65**		

Stage 3					Stage 4				
How much?		How long?	How valuable?		How much caused by the activity?				Still material?
Indicator and source	Quantity (scale)	Duration of outcomes	Express the relative importance (value) of the outcome		Deadweight %	Displacement %	Attribution %	Drop off %	Impact calculation
			Valuation approach (monetary)	Monetary valuation					
Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	How long (in years) does the outcome last for?	Describe the monetary valuation approach used to express the relative importance (value) of each outcome.	How important is the outcome to stakeholders (expressed in monetary terms)?	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
# of patients reporting increased physical health and emotional well-being	98	3	Value Game	$202,288.00	3.47%	2.00%	2.52%	33.00%	$2,105,510.93
# of patients reporting reduced stress # of patients reporting savings money	99	2	Cost-based aaproach	$11,880.00	2.97%	2.00%	3.76%	50.00%	$122,712.17
# of CHWs reporting increased knowledge and skills	10	6	Value Game	$36,260.00	42.50%	10.00%	27.50%	17.00%	$34,010.75
# of CHWs reporting improved productivity and job satistaction	10	6	Value Game	$36,260.00	42.50%	10.00%	27.50%	17.00%	$34,010.75
# of leaders reporting increased awareness and mobilization	7	2	Contingent Valuation	$2,100.00	21.43%	0.00%	21.25%	50.00%	$2,041.84
# of leaders reporting strengthened leadership	7	2	Contingent Valuation	$2,100.00	21.43%	0.00%	28.57%	50.00%	$1,852.04
# of improved health metrics in the served community	1	3	Contingent Valuation	$20,000.00	25.00%	0.00%	25.00%	33.00%	$11,250.00
The amount of cost savings	1	3	Contingent Valuation	$20,000.00	25.00%	0.00%	0.00%	33.00%	$15,000.00
The % of increase in participation in health programs	1	2	Contingent Valuation	$20,000.00	25.00%	0.00%	25.00%	50.00%	$11,250.00
# of staff reporting emotional reward	5	4	Contingent Valuation	$86,000.00	20.00%	8.30%	15.00%	25.00%	$53,626.16
# of staff reporting improved project management skills	5	2	Anchoring Valuation	$1,050,060.00	25.00%	8.30%	44.00%	50.00%	$404,420.11

Total	2,795,684.75

Appendix K: Present Value Calculations

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
Present value of each year	2,795,684.75	1,735,357.84	965,224.12	55,485.12	28,131.77	22,559.78
Total Present Value (PV)						5,602,443.38
Net Present Value (PV minus the investment)						5,158,425.73
Social Return (Value per amount invested)						**$ 12.62**