



ICPD25
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Population and Development

THE EFFECTIVENESS OF THAILAND-UNFPA SOUTH-SOUTH AND TRILATERAL COOPERATION

SOCIAL RETURN ON INVESTMENT ANALYSIS



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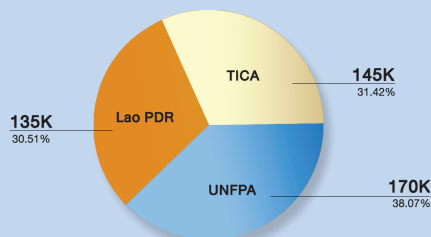
 UNFPA_Thailand



Every \$1 invested
creates \$4 social impact

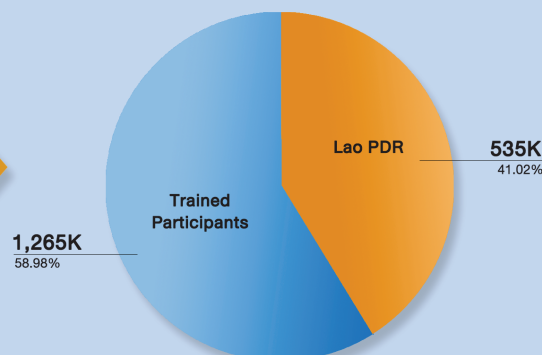


Invest Less



Total Invest = 450K

Return More



Total Return = 1,800K

Strengthened Capacity of Laos Midwifery Educators



93%
increased self-confidence
in midwifery profession



63%
increased in capacity to
contribute to their
organizations

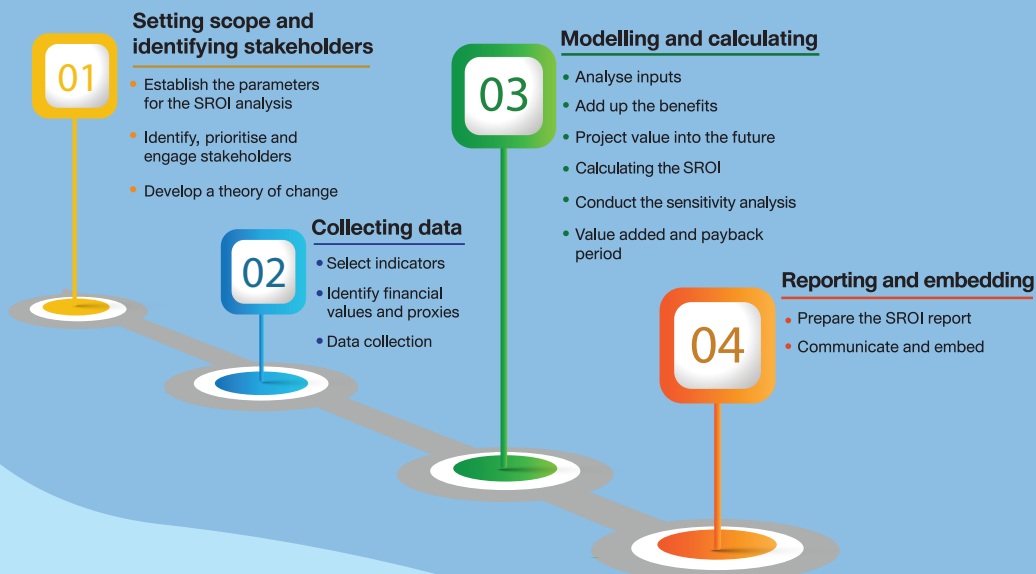


29%
increased employability
prospects



24%
increased in capacity to
contribute to their
communities

4 STAGES OF SROI ANALYSIS



Four Stages of SROI Analysis, adapted by the author from a guide to Social Return on Investment, SROI Network, 2002



SROI = $\frac{\text{Social Value Created}}{\text{Inputs}}$

$$\frac{\$1,800\text{K}}{\$450\text{K}} = 4$$

SROI Analysis towards SSTC Partners

Roles & Contributions

TICA

- Financial support on needs assessment and appointment Thai institution
- Full scholarship to 52 Laos trainees
- Regular monitoring

UNFPA

- Co-sponsorship on additional Laos trainees
- Quality assurance in alignment with ICM-WHO and in line with Laos' National Maternal Health Programme and Plan
- Monitoring quality of midwifery knowledge & skills

Lao PDR

- Financial support for 24 Laos trainees and domestic arrangements during monitoring visits
- Ensured needs and demands from Laos clearly specified and adopted

Results

- A sustainable SSC initiative that could be shared to accelerate SDG 3: Good Health and Well-Being
- Strengthened institutional capacity on midwifery education that well-matched to international requirements



THE EFFECTIVENESS OF THAILAND-UNFPA SOUTH-SOUTH AND TRILATERAL COOPERATION

SOCIAL RETURN ON INVESTMENT ANALYSIS

EXECUTIVE SUMMARY

The United Nations Population Fund (UNFPA) and the Royal Government of Thailand through Thailand International Cooperation Agency (TICA) have extensively collaborated under the South-South Cooperation (SSC) to share and exchange Thailand-based good practices on sexual and reproductive health, population, and development with other countries since 1980s. From 2012 to today, the SSC initiatives between the two partners have strategically changed to be based on demand and equal partnership with aims to make contributions towards the Sustainable Development Goals (SDGs). The initiatives include the South-South and Trilateral Cooperation with the Governments of Bhutan and Lao People's Democratic Republic (PDR) to develop their institutional capacity in maternal health programme (Bhutan) and the national midwifery education programme (Lao PDR). Positive impacts gained in terms of the improvements in the quality of the health of these two countries' workforce, specifically regarding maternal health care and services, have been highly recognized.

This report aims to analyse the **social and economic values** of resources and Thailand-based experiences stemming from its partners' initiatives under the South-South and Trilateral Cooperation (SSTC) towards the reduction of material mortality (SDG 3) in Bhutan and Lao PDR.

Two SSTC initiatives were selected for SROI analysis: 1) Institutional Capacity Development of Laos' Midwifery Education implemented during 2015-2017 by UNFPA along with the Governments of Thailand and Lao PDR and 2) Institutional Capacity Development for Improvement of Health Workers on Advanced Midwifery Skills and Referral Skills to Reduce Maternal and Newborn Deaths in Bhutan implemented during 2012-2014 by UNFPA along with the Governments of Thailand and Lao PDR. UNFPA and Thailand, with TICA as a key active partner, developed and strengthened their SSTC partnerships by co-investing and facilitating the management of the

comprehensive programme which includes needs assessment, programme design and development, planning, programme implementation, and monitoring and evaluation with their respective partner countries (Bhutan and Lao PDR).

Social Return on Investment (SROI)

To review the efficiency and effectiveness of the project's operations, the analysis adheres to the principles and methodology of the Social Return on Investment (SROI) framework, a well-structured, comprehensive, and participatory approach. It applies financial proxies to measure the socio-economic outcomes by investigating and calculating the views of multiple stakeholders into a financial ratio that is easy to understand and that sheds light on how much the project is worth.

The SROI is a ratio that provides insight into the social value that is created for each dollar invested. The ratio is calculated by estimating the total present value of costs and benefits. The timing of these costs and benefits is considered in relation to the discount rate, a percentage that represents the estimated value of depreciation per year.

For the SSTC initiatives under investigation here, the SROI method draws on the quantitative analyses of surveys and interviews with key informants. Although only the SROI for the Laos case was analysed, all necessary data was successfully collected. Regarding the initiative in Bhutan, there were difficulties in collecting sufficient and accurate survey data from beneficiaries due to time limitations as well as the dispersed locations of the respondents. The results from Bhutan, therefore, could not be analysed without the required critical information. **Thus, the only selected case used for SROI analysis here is the SSTC Initiative with the Government of Lao People's Democratic Republic (PDR).**



A Lao mother who just delivered a newborn is taking a rest with her baby in a hospital in Xiangkhouang province, Lao PDR.

UNFPA-Thailand-Laos South-South and Trilateral Cooperation

It was found that **total investment co-shared by three partners** for the SSTC initiative in Lao PDR equates to **USD445,923.51, creating a value of USD1,763,362.45**. Therefore, the SROI for this initiative is **USD1 per USD3.95**. In other words, each USD1 invested in the programme creates a social value of USD3.95. This represents an almost four-fold increase in the investment.

This study shows the cost-effectiveness of the initiative and the value provided to different interest groups and beneficiaries. Provided that the analysis contains estimations and assumptions, a sensitivity analysis was implemented. This study serves as a baseline for SROI analysis that relies on various assumptions for the stakeholders to assess the social and economic values of the SSTC initiative. As such, it will be useful as a benchmark for the planning of future SSTC projects and the

subsequent monitoring and evaluation procedures.

The reviewed SSTC initiatives made a number of judgments in terms of outcomes achieved during 2015-2017. Through further research on the institutional capacity building services by SSTC, it is likely that the Social Return on Investment may be found to be substantially higher over the years. It is also important to note that the SROI ratios of different studies should not be merely compared without an understanding of their objectives and comparable data. Furthermore, other factors should also be taken into consideration, such as organization strategies, characteristics of the project, the location, and the stage of the project development.

ACKNOWLEDGEMENT

UNFPA and Thailand International Cooperation Agency (TICA) under Ministry of Foreign Affairs of Thailand appointed Mr. Adhipat Warangkanand, an independent consultant, who is a member of Social Value International. He undertook the internal and external investigation, as well as primary and secondary data collection and analysis.

This report has been submitted for peer review to ascertain whether it reflects a fair summary of the SROI process and complies with SROI principles. Sinzer software is employed to capture the information required to complete a social value analysis. This is in line with the framework to account for value which is used to facilitate the application of the Principles of Social Value. However, it does not include verification of stakeholder engagement, data, and calculations.

Gratitude is highly deserved for the comprehensive supports from officers of Thailand International Cooperation Agency (TICA), UNFPA Country Offices in Bhutan, Laos and Thailand, with supplying different data and in the data collection process. A special appreciation goes to all involved stakeholders, key informants, survey respondents and all those who have engaged in the South-South and Trilateral Cooperation under this assessment.

The report of Social Return on Investment Analysis: Social and Economic values of SSTC shared by Thailand, as a Middle-Income Country, could prove that South-South Cooperation is the strategy that **“invest less, impact more”** towards achievement of Sustainable Development Goals.



A newborn is taking a rest in a hospital in Xiangkhouang province, Lao PDR.

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INTRODUCTION

This section describes the background of the South-South and Trilateral Cooperation (SSTC) initiatives and the details of the Social Return on Investment (SROI) methodology which is used for analysis, especially its value, project costs, and effectiveness over the period of the programmes both in Bhutan and Lao PDR. In addition, details will be provided on the roles of UNFPA and its SSTC partners as well as the limitations of the methodology.

Background

UNFPA and the Royal Thai Government have collaborated under the South-South Cooperation since 1974 on various issues from maternal health, family planning and reproductive health, to population development-related policies. Thailand International Cooperation Agency (TICA) has been appointed as the

government focal point for South-South Cooperation.

Thailand's international development cooperation efforts have progressed considerably over time, as the country advanced from a recipient of assistance to an emerging development partner during the past decades. UNFPA has supported the Government to assume a leading role in sub-regional, regional cooperation, and global initiatives to share Thailand's experience and technical knowledge, especially on maternal health care and services. The Thailand Maternal Health Programme is highly recognized by other countries as an example of a good practice as Thailand was able to reduce its maternal mortality rate (MMR) to below the rate set out in the Sustainable Development Goal (SDG 3) to fewer than 70:100,000 live births. Thailand's ratio is 24.6:100,000 live births.

Figure 1 Viewpoints from TICA CONNECT-August 2018 on South-South and Trilateral Cooperation (SSTC) Initiatives

TICA CONNECT-August 2018 at Vithes Samosorn Hall, MoFA

Mr. Virasakdi Futrakul, Deputy Minister of Foreign Affairs: Quote

"Together, with Thailand's support, we must continue working towards the rights based advocacy; the strategic media engagement; and the private sector partnerships to advance the development work not only in Thailand, but also in other developing countries through the South-South Cooperation network. In this manner, Thailand and other global development partners including UNFPA are to achieve the 2030 agenda for the Sustainable Development, agreed by all the countries in the world."

Ms. Suphattra Srimitripithak, former, TICA Director-General: Quote

"...Thailand also values the work done by the UNFPA in providing policy advocacy, enhancing the capacity of our institutions and scaling up of South-South and triangular cooperation initiatives to promote the SDGs and population and development agenda over the past five decades."

Limitations on the institutional capacity of health workforces and maternal health system are key factors that have contributed to Bhutan and Lao PDR's high rate of MMR. With similarity in terms of country contexts and cultures, these two countries chose to learn from Thailand's experiences with maternal health.

UNFPA-Thailand South-South and Trilateral Cooperation Initiative

In the phase preceding the selected cases in this study, Thailand-UNFPA South-South Cooperation consisted of many prominent activities along with training and pilot projects. These focused on promoting universal access to reproductive health services, population and development issues, and gender equity and empowerment.

The South-South and Trilateral Cooperation initiatives, or SSTC, originated in 2008 when UNFPA and TICA reviewed its existing South-South Cooperation strategy and mapped out Thailand's resources and knowledge on reproductive health and population development. The aim was to develop a sustainable strategy for South-South Cooperation ensuring that Thailand-based technical knowledge and good experience are utilized by countries facing difficulties in achieving the SDGs. Subsequently, the new modality of the South-South and Trilateral Cooperation (SSTC) was then developed with three key approaches: demand-based, true partnership, and results-based.

The first SSTC Needs Assessment Survey was conducted in November 2009 in order to shed light on partner countries' demands and review Thailand's technical resources to identify ways they best match these demands. Based on results from needs assessment surveys, Thailand's priority countries as well as those counties facing MMR and limitations on the implementation of population and development policies were invited to validate Thailand's supply capacity against their own needs and demands. The countries which joined this validation

consultative workshop included Cambodia, the Philippines, Afghanistan, Timor-Leste, Maldives, Bhutan, and Lao PDR.

In 2010, a workshop on knowledge management entitled "Strengthening the Institutional Capacity on Safe Motherhood Programmes" provided the opportunity for a consultation process with relevant and potential partners. On that occasion, the institutional capacity development model was chosen. Subsequently in 2011, TICA and UNFPA organized an official visit to Bhutan to conduct a situation analysis and a needs assessment regarding health workforce development for mother and child health care. As part of the delegation, public health experts from Thailand visited health centers, hospitals, health workforce development institutions, and policy-making agencies in Bhutan.

In 2012, a Memorandum of Understanding and a Framework of Actions were developed for the SSC Trilateral Partnership among UNFPA-Bhutan-Thailand. Then, the first training programme on demand-based institutional capacity development began. This study considers the activities for the two main projects which were carried out following this agreement.

Previous publications and evaluations have provided strong evidence on the success stories of the SSTC projects for Bhutan and Lao PDR. The SSTC in partnership with Bhutan for safer motherhood was a pioneer and a remarkable participatory learning process that was experienced by all SSTC partners. As for the SSTC initiative for Lao PDR, it followed Bhutan's successful practices and tailored additional strategies based on the local contexts in Lao PDR. Therefore, the demand-based SSTC programme was implemented to ensure the applicability and relevance of the knowledge transfer to the recipient countries. It demonstrated sustainable outcomes and ownership through active participation and cost sharing among all stakeholders. In addition, the results of the SSTC programme showed that it could be replicated in other developing countries with similar contexts and backgrounds.

SCOPE OF WORK

This analysis aims to evaluate the effectiveness of the Thailand-UNFPA South-South Cooperation using the Social Return on Investment (SROI) approach by ensuring that all necessary information is captured. This analysis is based on project documents, reports, publications, records, and data from multiple sources, together with relevant stakeholders' consultations and interviews with key informants.

The evaluation was initially divided into two cases: 1) the SSTC Bhutan case from January 2012-December 2014 and 2) the SSTC Laos case from 2015-2017. Due to limitations in time and low responses from the survey questionnaires in Bhutan, the SROI could not be calculated for this case. Nevertheless, there is a summary and some feedback from the trained participants which are shared in the following section. Consequently, to carry out a critical SROI assessment of the social and economic values that plausibly resulted from investments in SSTC, only the SSTC initiative for Lao PDR is described.

A Lao pregnant woman is going for a regular maternal care check-up in a hospital in Xiangkhouang province, Lao PDR. The midwives in the hospital are taught of the WHO-ICM standards under the South-South and Trilateral Cooperation (SSTC) by Thailand-Lao PDR and UNFPA on safe motherhood.



I. SSTC Safe Motherhood focused on Institutional Capacity Development for Health Workforce and Referral Service initiative or the Reduction in Maternal and Child Deaths in Bhutan

The initiative was implemented during 2012-2014 and was designed to improve the capacity of Bhutan's health institutions and personnel to deal with emergency obstetric care and referral services along with prenatal and postnatal care and services. A total of three capacity development activities were implemented: two comprehensive courses on Advanced Midwifery and Emergency Obstetric Care for 41 nurse assistants and health assistants organized by the Thailand

Health Workforce Development-Phraboromarajchanok Institute under the Ministry of Public Health and one study visit on community participation in maternal health care for nine health supervisors and coordinators.

Although some of the data relating to the SSTC initiative in Bhutan was reviewed, data was not comprehensively collected as part of this project. Thus, no SROI was calculated for this report. Due to time constraints and difficulties in locating past participants in Bhutan, with additional resources and time in the future, a new study should provide additional insights into how the SSTC project in Bhutan can be further developed and streamlined.

Figure 2 Viewpoints on South-South and Trilateral Cooperation (SSTC) Initiatives from Some Trained Participants

"...The skills and motivation of the health workers who had undergone the training improved, and I was committed to extending the project beyond 2014.

The project was very useful to the Ministry of Health as it enabled health workers working in very remote areas to upgrade their skills, gain valuable exposure, and interact with their counterparts in Thailand. The Ministry of Health would not have been able to provide such training due to the cost involved.

There were lots of things that were learned from this training. Whatever was learned from the training has been put into practice, that is in teaching and demonstrating. Some of the things like Thai massage and childbirth ball were not used as they are not available here.

What was learned was incorporated into teaching after the training, such as new-born massage and breastfeeding issues. We concentrated more on the practical issues. There were lots of learning that took place from any of the training we attended. Putting [it] into practice may be a little difficult due to unavoidable reasons.

So many new things were learned from this training although this training was for a short period. I learned about how maternal and child health services are delivered in Thailand. The training also showed how health care services are delivered in the communities..."

II. The SSTC Midwifery Capacity Development Focused on Strengthening Midwifery Educators in Lao PDR

This study focuses on activities that were organized during 2015-2017 with the objectives of sharing Thailand-based good practice for institutional capacity and human resources development in Lao PDR, especially the improvement of midwifery education in alignment with ICM-WHO midwifery education requirements.

The initiative started from developing the needs-based prospectus and tailoring the programme to the needs of Lao PDR's midwifery schools/colleges as well as the needs of Lao participants. Subsequently, a high-level study visit of Lao officials was organized. In addition, the Faculty of Nursing, Khon Kaen University was selected as the training institution and became a major technical provider for the whole programme. A demand-based and participatory curriculum was developed for three batches of Lao human resources; this included a four-month course for managers of midwifery schools and colleges and a six-month training for two batches of midwifery educators from all 11 midwifery educational institutions. Eleven high-level policy makers were involved in Lao PDR's Midwifery Education. There was a total of 52 beneficiaries consisting of midwifery preceptors, teachers, and education administrators from Lao PDR. Participatory monitoring and evaluation were periodically carried out on relevance, effectiveness, efficiency, and sustainability. Activities were then adjusted and revised to best match contexts, needs, and demands. Apart from that, midwifery education manuals, teacher's guidelines, evaluation, and monitoring reports were developed throughout the whole programme.

A Lao mother who just delivered a newborn is taking a rest with her baby in a hospital in Xiangkhouang province, Lao PDR.

Audience

The report is primarily for UNFPA, TICA, and the Government of Lao PDR along with their key partners. The aims are to share examples of good practices and effective evaluation of outcomes and establish an SROI analysis. It provides evidence for policy advocacy and resource mobilization with a full testimony highlighting the results. The report also provides analytical recommendations, striking a balance among qualitative, quantitative, and financial data. It explains the baseline SROI ratios resulting from the undertaking of SSTC initiatives.



SROI METHODOLOGY

Social Return on Investment (SROI), based on *A Guide to Social Return on Investment* (SROI Network, 2002), is a framework to measure and account for the much broader concept of value. It seeks to reduce inequality and environmental degradation and improve well-being by incorporating social, ecological, and economic costs and benefits. SROI is a process to understand, measure, and report the social, economic, and environmental values created by an intervention, programme, policy, or organization. SROI can retrospectively measure outcomes that

have already occurred or can prospectively predict how much value will be generated if the response meets its intended results.

There are some differences between Cost-Benefit Analysis and the Social Return on Investment analysis as summarized by Banke-Thomas et al. (2015) and outlined in the table below. It is found that SROI offers a more comprehensive analysis based on the objectives of this study.

Figure 3 Comparisons between SROI and Cost-Benefit Analysis

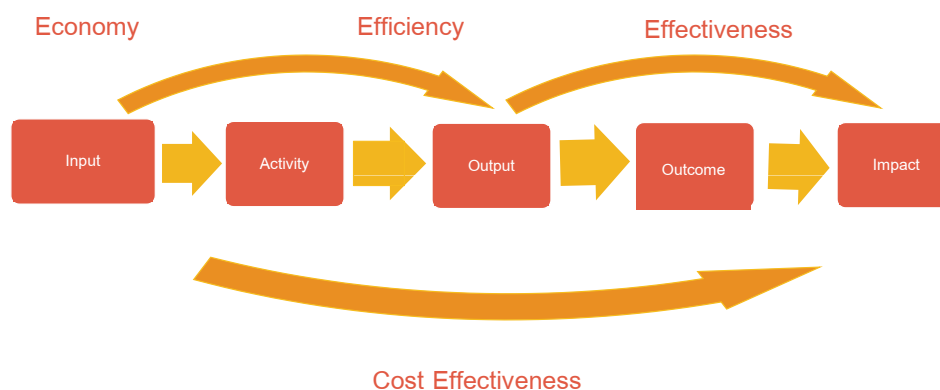
No.	Description	Cost Benefit Analysis (CBA)	Social Return on Investment (SROI)
1	Interpretation of analysis	BCR > 1 is a worthwhile investment	SROI > 1 is a worthwhile investment
2	Benefits linked to interventions	Capture impacts directly linked to interventions and non-interventions	Comprehensive social, economic, and environmental effects, both positive and negative impacts
3	Level of intervention	Intervention level	Comprehensive views of intervention, project, programme, and policy levels
4	Relevance	Priority setting and resource allocation	Priority setting and resource allocation, involvement of stakeholders, accountability of framework and tool

Source: Adopted by the author from Banke-Thomas A, et al. (2017)

Banke-Thomas A. et al. (2017) discussed the value of money, stating that it comprises four components: economy, efficiency, effectiveness, and cost-effectiveness. Both economy and efficiency can be assessed with detailed cost analysis utilizing costs obtained from programme accounting data. Case-control

studies can be used to determine effectiveness before and after the reviews as well as to assess cost-effectiveness, cost-effectiveness analysis, cost-utility analysis, cost-benefit analysis, or social return on investment (SROI) analysis.

Figure 4 Cost-Effectiveness Diagram



Source: Adopted by the author from Banke-Thomas A, et al. (2017)

SROI provides the means to articulate the outcomes by translating the social policy projects into a financial ratio that is easy to understand and to elaborate how much the investment projects are worth. This study serves as a baseline SROI analysis that relies on various judgments which will enable stakeholders to assess the SSTC project's social and economic values.

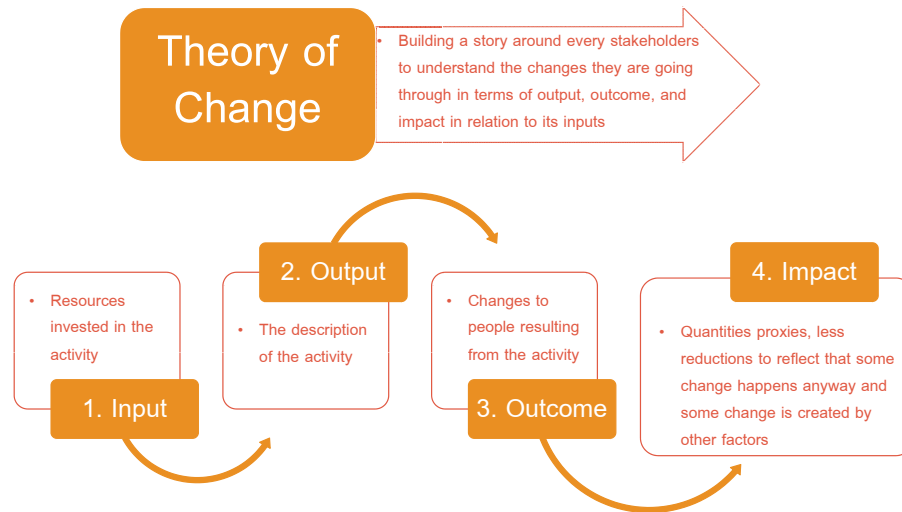
This study is a principles-based assessment rather than a comprehensive evaluative SROI analysis. It is important to note that relevant data was not systematically collected purposely for SROI assessment from the start of the two project cases under this study, and some of the information available might not be based on accurate evidence. As for a comprehensive SROI analysis, Chandoevvit et al. (2014) suggested that it is crucial to collect information on outcome indicators from the beginning and throughout the project to evaluate the changes

that have occurred. In addition, the outcome indicators at the national level should also be systematically collected.

Consequently, this report provides a useful snapshot of the impacts from all relevant stakeholders. Moreover, the report could be helpful as a benchmark or serve as a starting point for the SSTC project planning and its monitoring and evaluation procedures in the future.

As the listed activities under the SSTC initiatives were already implemented, this assessment retrospectively evaluates their outcomes through the theory of change or how inputs lead to outputs and outcomes. All stakeholders, their activities, objectives, inputs, outputs, and results, be them positive or negative as well as intended or unintended, would be represented and linked on the impact map. This map shows the relationships among inputs, outputs, and outcomes.

Figure 5 Theory of Change Diagram



Source: Adopted by the author from a guide to Social Return on Investment, SROI Network, 2002

SROI Principles

The analysis is built upon the seven principles of SROI based on the SROI Network (2002) which are summarized as follows:

- 1. Involve stakeholders** - stakeholders were identified and then involved in consultation throughout the analysis so that the value and the way that it is measured are informed by those affected by or who influenced the activity.
- 2. Understand what changes** - articulate how change is created and evaluate this through evidence gathered, recognizing positive and negative changes as well as those that are intended and unintended.
- 3. Value the things that matter** - use financial proxies so that the value of the outcomes can be recognized to give a voice to those excluded from markets but who are affected by such activities. This will influence the existing balance of power between different stakeholders.
- 4. Include only what is material** - determine what information and evidence must be included in the accounts to give an

accurate and fair picture such that stakeholders can draw reasonable conclusions about the impact.

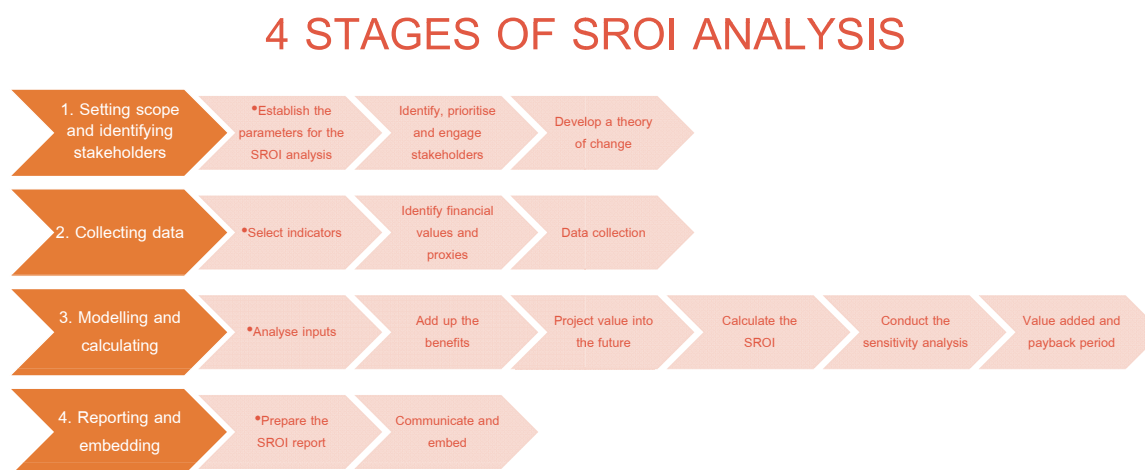
- 5. Do not over-claim** - only claim the value that organizations are responsible for creating. This principle requires that reference be made to trends and benchmarks to help assess the change caused by the activity as opposed to other factors, and to take account of what would have happened.
- 6. Be transparent** - demonstrate the basis on which the analysis may be considered accurate and honest while also showing that it will be reported to and discussed with stakeholders.
- 7. Verify the results** - ensure appropriate independent assurance to help stakeholders assess whether the decisions made by those responsible for the analysis were reasonable.

For the seven principles mentioned above, there are four stages of SROI analysis. Firstly, the scope and critical stakeholders need to be established, clearly specifying with clear boundaries what the SROI analysis will cover, who will be involved in

the process, and how they will contribute. Secondly, data is collected, and an impact map is developed, with the help of the theory of change, to demonstrate the relationships among inputs, outputs, and outcomes by relevant stakeholders and beneficiaries. Thirdly, the impact is established by monetizing collected evidence on outcomes. However, those aspects of change that would have happened regardless or are a result of

other factors, i.e. deadweight and displacement, attribution, and/or drop-off, are eliminated from consideration. Finally, the last stage involves the computation of the SROI by capturing all intended and unintended outcomes, adding up benefits, subtracting any negatives, and comparing the results to the investment.

Figure 6 Four Stages of SROI Analysis



The SROI approach goes further than just numbers. It is a holistic, participatory framework to analyse the effectiveness in terms of budget contributions and the returns in the form of changes

Source: Adopted by the author from a guide to Social Return on Investment, SROI Network, 2002

Limitations of SROI

Despite many advantages of the SROI as an approach for this assessment, there are some weaknesses as appraised by Banke-Thomas et al. (2015). For instance, there are complications when it comes to assigning a monetary value to weak outcomes and to determining what would happen without the intervention. Another drawback is that SROI ratios across interventions cannot be readily compared. However, Banke-Thomas et al. (2015) suggested that to reduce bias and improve the validity of the assessment, multiple sources of

data can be used, counterfactual evidence can be objectively estimated, transparency throughout the process can be observed, and the Purchasing Power Parity can be applied.

The writer conservatively interpreted the SROI ratio based on the existing evidence that would improve the creditability and minimize these limitations. Furthermore, this study includes some limitations, which is a shared challenge for both cases. For example, the choice of proxy indicators or outcomes based on some assumptions and judgements can be improved if more time and resources are available.

SROI ASSESSMENT

The assessment is to review significant changes based on initiatives under SSTC for Lao PDR during the project period 2015-2017. Another aim is to measure the effectiveness in terms of both the cost and the changes made as well as the relevancy and sustainability of the initiatives illustrated by the Impact Map and narrative.

The results are derived from the survey results (38 out of 52 respondents) and interviews with key informants (10 past trained participants and 15 policy makers). The results were captured and mapped in the impact map.

Even though there might be both positive or negative impacts from the project following this project period, further studies would be required to examine and calculate the effects that occurred to the quality of services provisions and services received valued in monetary terms by the beneficiaries due to the outcomes or changes from the project.

Hence, for this study, the impacts were conservatively reviewed only for the project period of 2015-2017.

SROI Ratio

It was found that a ratio of 3.95 creates a social value of USD 3.95 from an investment of USD1. The ratio is calculated by estimating the total present value of costs and benefits. The timing of these costs and benefits are taken into account when calculating the present value because future benefits are less valuable than present benefits. How much less valuable depends on the discount rate, a percentage that represents the estimated value of depreciation per year.

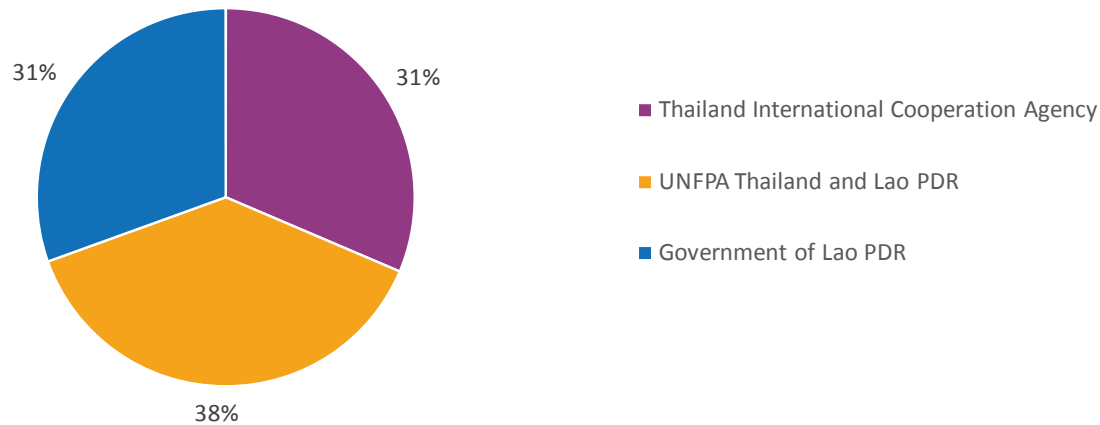


A Lao mother who just delivered a newborn is taking a rest with her baby in a hospital in Xiangkhouang province, Lao PDR.

SROI: USD3.95
Discount Rate: 3.00%

Total Input: USD445,923.51

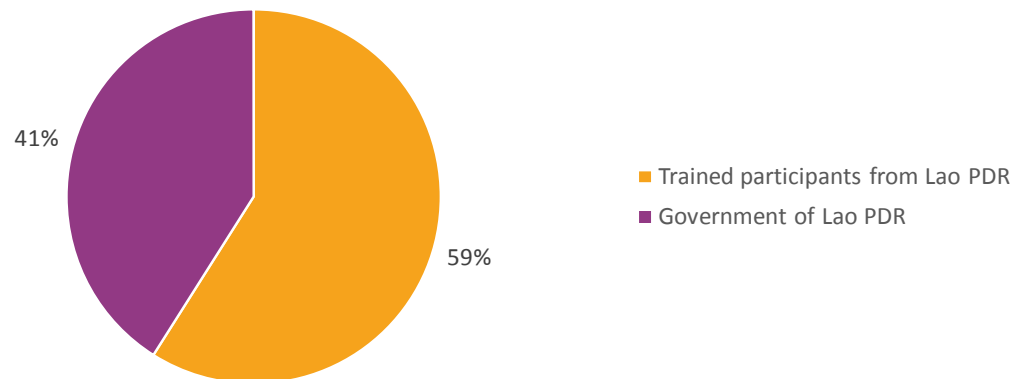
Figure 7 Total Input Value



Source: Author's calculation based on data from relevant documents

Output Total Value: USD1,763,362.45

Figure 8 Total Output Value



Source: Author's calculation based on data from relevant documents

Impact Map

The impact map gives an overview of all the information that has been collected in this SROI analysis. This impact map has been split into two parts. The first table shows the investment of the stakeholders, what their activities are, and what output (products and services) they provide. The second table shows the results (outcomes) that they realize, what part can be attributed to them (impact claim), and how this is measured (with indicators) and values.

Impact Map on Input

Input: the investment of the stakeholders, activities and output

Stakeholder	Input	Activities	Output
Thailand International Cooperation Agency	USD140,110.37	<p>Three needs assessments in Lao PDR</p> <p>Presentation of the results from the need assessments and validation of needs with Laos officers</p> <p>Study visit by 12 Lao policy makers on midwifery structure and programmes to Thailand</p> <p>Strengthening of midwifery educators in Lao PDR, training for midwifery and clinical teachers</p> <ul style="list-style-type: none"> • First batch (in June-December 2016) <p>18 participants for six months</p> <p>10 participants for four months</p> <p>Monitoring and follow-up (two times)</p> <ul style="list-style-type: none"> • Second batch (June-November 2017, KhonKaen) <p>24 participants for sixmonths</p> <p>Monitoring the progress of training course (two times)</p>	Jointly delivered activities under the Trilateral Cooperation on Safe Motherhood for Lao PDR's Institutional Midwifery Capacity Development
Trained participants from Lao PDR	USD0.00	<p>Attendance and active participation in the four-month training of 10 senior midwifery teachers</p> <p>Attendance and active participation in the six-month training of nine midwifery teachers and nine preceptors (18 participants)</p> <p>Attendance and active participation in the six-month training of 24 midwifery and clinical teachers (24 participants)</p>	Certificate of completion for the training course

Stakeholder	Input	Activities	Output
		Attended and provided inputs during the organizer's monitoring and follow-up processes	
Faculty of Nursing, Khon Kaen University	USD0.00	Production of teaching manuals, guidelines, and other materials Review of the revised midwifery curriculum for Lao PDR and analysis of its application Organization of training for participants Initiation of the monitoring and evaluation of the process for the Lao PDR's Institutional Capacity on Midwifery Education	Teaching manuals, guidelines, and other materials Review of the revised midwifery curriculum for Lao PDR and analysis of its application
Nursing students in Lao PDR			
Lao Local Nursing Schools/ Hospitals			
UNFPA Thailand and Lao PDR	USD169,763.85	Joint organization and funding of all activities under the Trilateral Cooperation on Safe Motherhood for Lao PDR's Institutional Midwifery Capacity Development Workshop on ICM-WHO Core Competency for Midwifery Standards for International Short Courses on Midwifery and Maternal Health Joint support of Strengthening Midwifery Educators in Lao PDR, the first batch of a six-month training for nine midwifery and clinical teachers	Joint delivery of all activities under the Trilateral Cooperation on Safe Motherhood for Lao PDR's Institutional Midwifery Capacity Development
The Government of Lao PDR	USD132,811.67	Support and facilitation during all processes from needs assessment to M&E	Joint delivery of all activities under the Trilateral Cooperation on Safe Motherhood for Lao PDR's Institutional Midwifery Education

Impact Map on Outcomes

Outcomes: the results, impact claim, indicators, and valued

Stakeholder	Outcome	Indicator	Impact Claim	Valuation
Thailand International Cooperation Agency	Obtained success in the Trilateral Cooperation programme		100%	
Trained participants from Lao PDR	Enhanced competencies and knowledge in midwifery education	Percent of participants who answered that they have increased their knowledge about midwifery education	66%	USD172,000.54
Trained participants from Lao PDR	Increased motivation and integrated expertise with their employment within the nursing/midwifery schools and hospitals	Percent of participants who answered that they have increased their motivation and ability to integrate knowledge with their employment	66%	USD810,467.43
Trained participants from Lao PDR	Acquired positive feelings and improved self-confidence and self-esteem in carrying out their work	Percent of participants who answered that they experienced an increase in positive feelings and confidence	66%	USD3,333.68
Trained participants from Lao PDR	Increased communication skills with stakeholders and contributed to social capital	Percent of participants who answered that they have increased their contribution to society	66%	USD4,911.92
Faculty of Nursing, Khon Kaen University	Enhanced institutional competencies and knowledge in WHO-ICM standards on midwifery education			

Stakeholder	Outcome	Indicator	Impact Claim	Valuation
Nursing students in Lao PDR	<p>Institutionalized knowledge on ICM and WHO standards for midwifery knowledge from the trained participants.</p> <p>Shared knowledge among teachers</p> <p>Developed guidelines and teaching manuals.</p> <p>Reviewed examination and evaluation system.</p>	<p>Number of students taught by the participants trained</p> <p>Number of co-teachers trained</p> <p>Number of manuals produced by the participants trained</p> <p>Number of examinations and evaluations developed</p>	25%	
Lao Local Nursing Schools/Hospitals	Improved organizational knowledge	<p>Additional contents added to the course 'Higher Diploma of Midwifery Programme'.</p> <p>Transferred knowledge and skills to colleagues by conducting a workshop on how to search for lessons and how to deliver a Power Point presentation for a total of 23 participants</p>	25%	
Lao Local Nursing Schools/Hospitals	Gained skills on knowledge production and experimental research		25%	
UNFPA Thailand and Lao PDR	Improved Lao PDR's midwifery teaching and training along with transfer of knowledge and experiences from Thailand		100%	
The Government of Lao PDR	Enhanced national competencies and knowledge in midwifery education		64%	
The Government of Lao PDR	Increased the clinical skills and knowledge of current midwifery teachers		64%	USD534,566.09

Stakeholders

Interested individuals who or organizations that are affected by the activity or involving organization, for example the target group, groups, funders, institutions, investors, volunteers, etc.

1. Thailand International Cooperation Agency -Thailand International Cooperation Agency (TICA) under the Ministry of Foreign Affairs of Thailand is principally responsible for the implementation of Thailand's development cooperation programmes in neighboring countries as well as other regions of the world.

2. Trained participants from Lao PDR-Lao midwifery preceptors, teachers, and school administrators for the first batches in 2016 (a four-month course for 10 participants and a six-month course for 18 participants), and the second batch in 2017 (a six-month course for 24 participants)

3. Faculty of Nursing, Khon Kaen University- the primary implementer of the projects for SSTC for Lao PDR

4. UNFPA Thailand and Lao PDR- The United Nations Population Fund (UNFPA) is the lead UN agency for delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

5. The Government of Lao PDR- The Ministry of Health of Lao PDR is the main counterpart that facilitated all relevant activities.

Some other main stakeholders who benefited from the projects in the short terms are also included in this study:

1. Nursing students in Lao PDR: Nursing students who have been trained or lectured by the teachers who have participated in the SSTC course

2. Lao Local Nursing Schools/Hospitals: Organizations that sent their staff to the training courses

However, other stakeholders who should also benefit from the projects are not included in the study as the effects might occur in the medium to long terms. These people include:

1. Mothers and children who will benefit from the treatments and care by the trained participants and their students: we need precise tracking measures to observe the changes.

2. The families of the trained participants and their students who benefit from better employment and higher salary by the trained participants: we need to monitor them to observe the changes.

3. Lao PDR's reduction of maternal mortality: we need to monitor the change and impact from this programme in comparison with other initiatives.



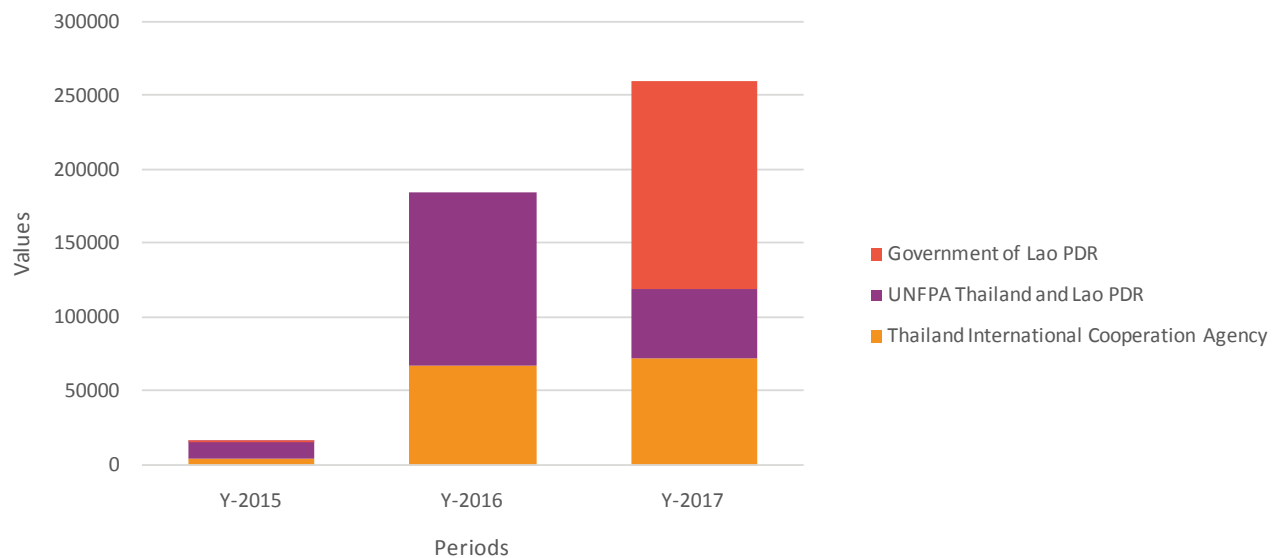
A Lao pregnant woman is going for a regular maternal care check-up in a hospital in Xiangkhouang province, Lao PDR. The midwives at the hospital are taught of the WHO-ICM standards under the South-South and Trilateral Cooperation (SSTC) by Thailand-Lao PDR and UNFPA \ on safe motherhood.

Input

The inputs from stakeholders provide an overview of the total investment in the intervention. The investment, in SROI, refers to the financial value of the data. Inputs comprise stakeholders' contributions which make the intervention possible. These can be financial and non-financial.

Total input overview

Figure 9 Total Input Overview

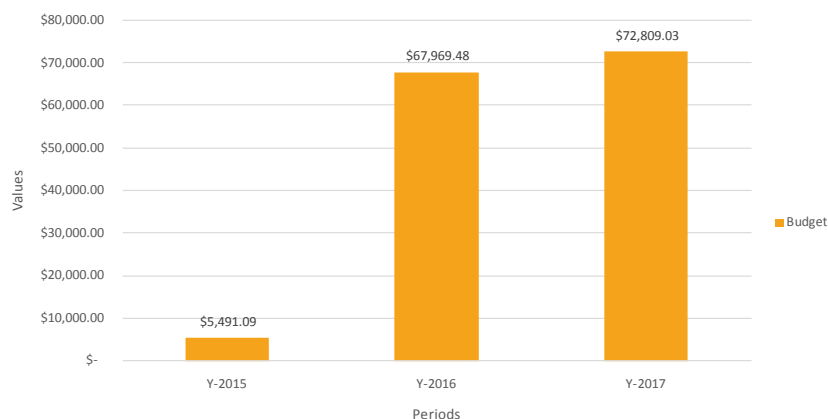


Source: Author's calculation based on data from relevant documents

- **Specification input stakeholder: Thailand International Cooperation Agency**

Project Budget (Financial): The budget for SSC projects. Only the project's expenses are counted and exclude the staff's time and salaries.

Figure 10 Input by Thailand International Cooperation Agency

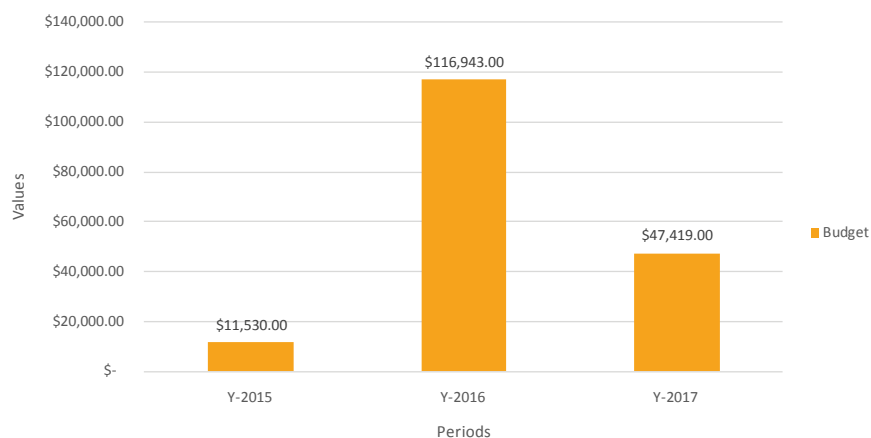


Source: Author's calculation based on data from relevant documents

- **Specification input stakeholder: UNFPA Thailand and Lao PDR**

Budget (Financial): The budget that UNFPA Thailand and Lao PDR contributed. Only the project's expenses are counted and exclude the staff's time and salaries.

Figure 11 Input by UNFPA Thailand and Lao PDR



Source: Author's calculation based on data from relevant documents

- **Specification input stakeholder: Government of Lao PDR**

Financial Support (Financial): Funding for the projects in 2015 and 2017. Only the project's expenses are counted and exclude the staff's time and salaries.

Figure 12 Input by Government of Lao PDR



Source: Author's calculation based on data from relevant documents

Activities

Activities describe what the stakeholders have undertaken to carry out the project.

Thailand International Cooperation Agency

- Three needs assessment visits to Lao PDR: 1) Vientiane, 19-21 October 2015; 2) Champasak, 10-14 November 2015; and 3) Luang Prabang 7-11 December 2015
- Presentation of the results of the needs assessment and validation of needs with Lao officers in Vientiane, 23-25 March 2016
- Study visit on midwifery structure and programme for 12 Lao policymakers to Bangkok, 3-17 June 2016
- First of the Strengthening Midwifery Educators training programme in Lao PDR, six months of training for 18 midwifery and clinical teachers from 19 June - 20 December 2016

- Monitoring and following-up on the Strengthening Midwifery Educators in Lao PDR: Vientiane, Kammuen, Savannakhet, and Champasak, 12-17 March 2017 and 12-15 December 2017
- Second batch of the Strengthening Midwifery Educators in Lao PDR training programme in Khon Kaen, six months of training for 24 midwifery and clinical teachers from 4 June-24 November 2017
- Monitoring of the progress of the training course for the second batch: 1) 19-21 July 2017 and 2) 21-24 November 2017

Trained participants from Lao PDR

- Attendance and active participation in the four-month training by 10 senior midwifery teachers
- Attendance and active participation in the six-month training by nine midwifery teachers and nine preceptors (18 participants): 19 June-20 December 2016
- Attendance and active participation in the six-month



A Lao pregnant woman is going for a regular maternal care check-up in a hospital in Xiangkhouang province, Lao PDR. The midwives at the hospital are taught of the WHO-ICM standards under the South-South and Trilateral Cooperation (SSTC) by Thailand-Lao PDR and UNFPA on safe motherhood.

training by 24 midwifery and clinical teachers (24 participants): 4 June-24 November 2017

- Attendance and inputs during the organizer's monitoring and follow-up processes

Faculty of Nursing, Khon Kaen University

- Produced teaching manuals, guidelines, and other materials
- Reviewed the revised midwifery curriculum for Lao PDR and analysed its application
- Organized and provided training to the participants: 10-18 participants in the first batch and 24 participants in the second batch
- Led the monitoring and evaluating process for the Lao PDR's Institutional Capacity on Midwifery Education: FON/ KKU is the main implementing agency and coordinator for the process

UNFPA Thailand and Lao PDR

- Jointly organized and funded all activities under the Trilateral Cooperation on Safe Motherhood for Lao PDR's Institutional Midwifery Capacity Development, joint efforts with TICA and Laos Government
- TICA and UNFPA organized a workshop on ICM-WHO Core Competency for Midwifery Standard for International Short Courses on Midwifery and Maternal Health: 15 December 2015, with the participation of 50 relevant partners
- Jointly supported Strengthening Midwifery Educators in Lao PDR, the first batch of six-month training for 18 midwifery and clinical teachers

The Government of Lao PDR

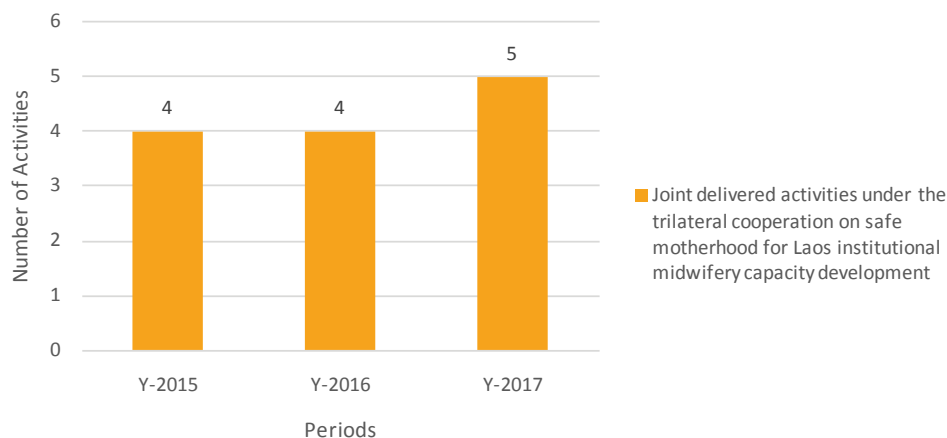
- The Government of Lao PDR by the Ministry of Health provided support from the beginning to the end of the process.

Output

Outputs are a quantitative summary of the activities. Some outputs are repeated for several stakeholders if more than one stakeholder was involved. They are all included in the SROI.

- **Specification output stakeholder: Thailand International Cooperation Agency**

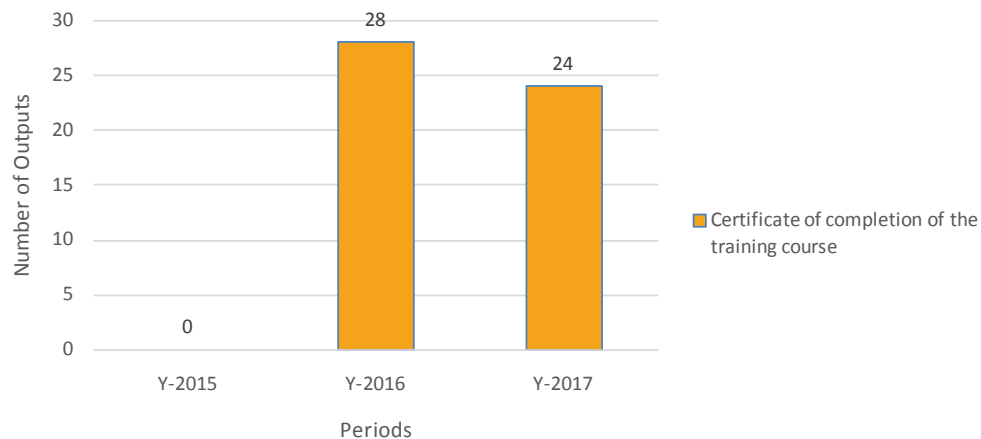
Figure 13 Output by Thailand International Cooperation Agency



Source: Author's calculation based on data from relevant documents

- **Specification output stakeholder: Trained participants from Lao PDR**

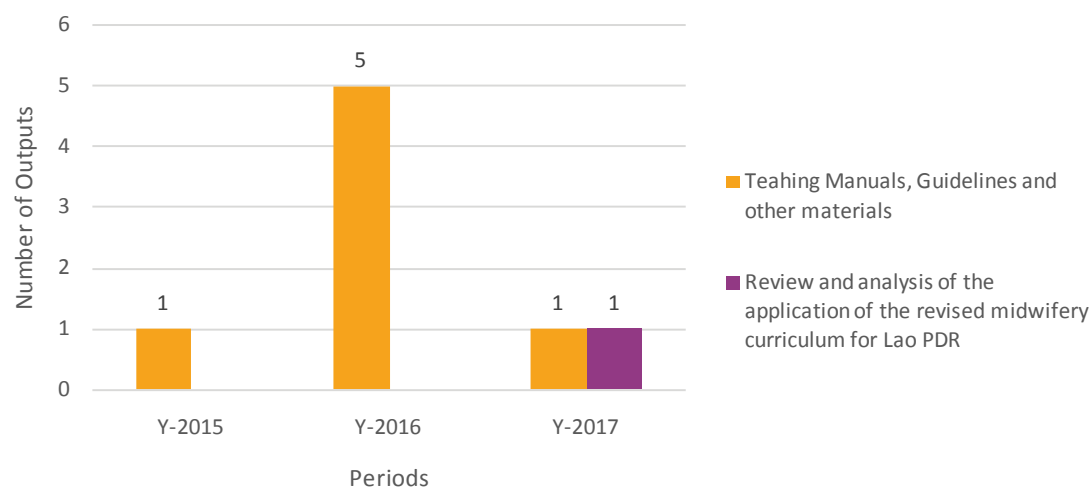
Figure 14 Output by Trained participants from Lao PDR



Source: Author's calculation based on data from relevant documents

- **Specification output stakeholder: Faculty of Nursing, Khon Kaen University**

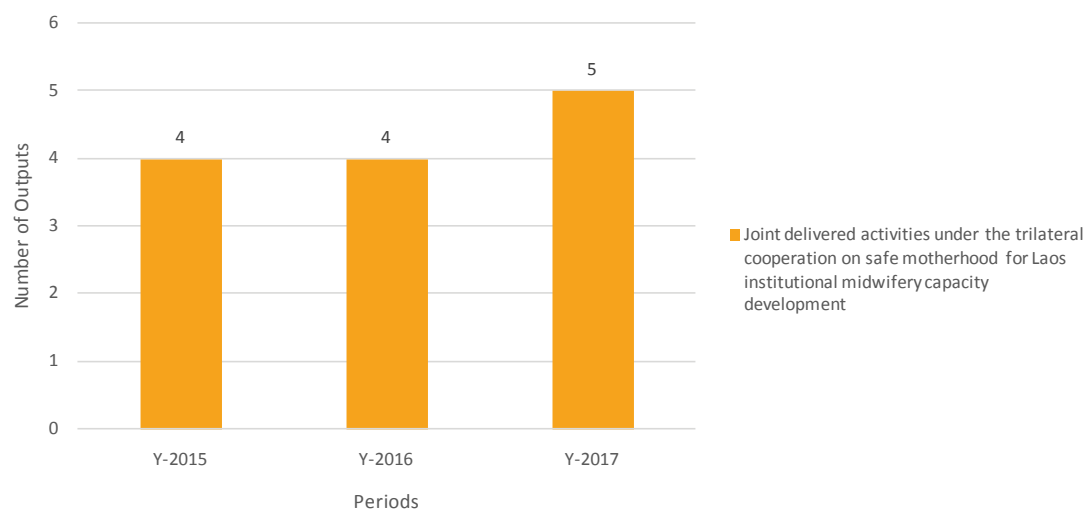
Figure 15 Output by Faculty of Nursing, Khon Kaen University



Source: Author's calculation based on data from relevant documents

- **Specification output stakeholder: UNFPA Thailand and Lao PDR**

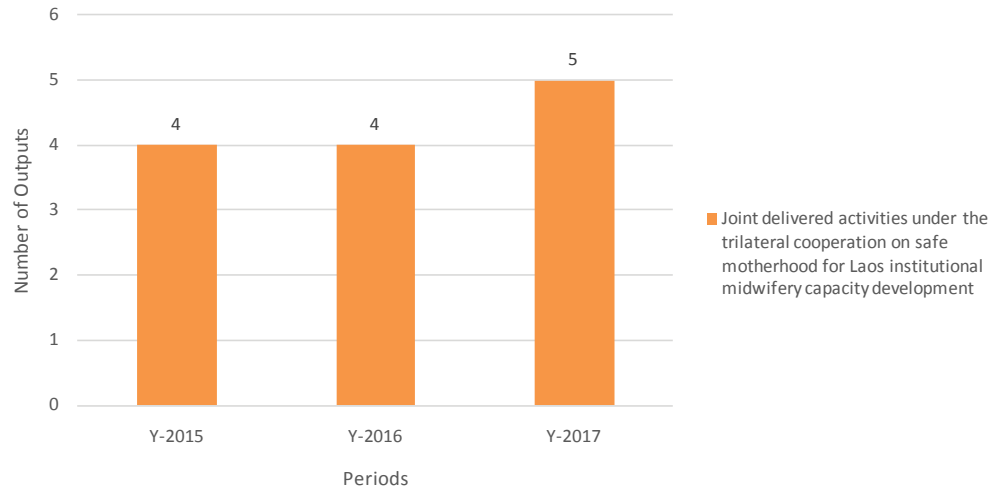
Figure 16 Output by UNFPA Thailand and Lao PDR



Source: Author's calculation based on data from relevant documents

• **Specification output stakeholder: Government of Lao PDR**

Figure 17 Output by Government of Lao PDR



Source: Author's calculation based on data from relevant documents

A Lao pregnant woman is going for a regular maternal care check-up in a hospital in Xiangkhouang province, Lao PDR. The midwives at the hospital are taught of the WHO-ICM standards under the South-South and Trilateral Cooperation (SSTC) by Thailand-Lao PDR and UNFPA on safe motherhood.



Outcomes

Outcomes are to be understood as the (long-term) changes for the stakeholders *resulting from the activities*.

- Stakeholder: Thailand International Cooperation Agency

Outcomes	Description
Successful Trilateral Cooperation programme	TICA achieved its objective in developing and implementing the South-South and Trilateral Cooperation programme for its neighboring countries

- Stakeholder: Trained participants from Lao PDR

Outcomes	Description
Enhanced competencies and knowledge of midwifery education	Increased knowledge of and expertise on midwifery education before and after the training
Higher motivation and integration of expertise with their employment within the nursing/midwifery schools and hospitals	The involvement in the midwifery education training affected the participants' capacity to contribute to the organization by integrating the knowledge gained with their employment within the nursing/midwifery schools and hospitals. Involvement in midwifery education training has enhanced the participants' motivation to excel in their careers.
Positive feeling and improved self-confidence and self-esteem in performing their work	The participants felt that they have more confidence in teaching midwifery subjects. The participants have a positive attitude about their prospects.
Increased communication skills with stakeholders and contribution to social capital	With increased knowledge of and competencies in midwifery, the trained participants increased their social contribution. The trained participants showed better communication between stakeholders to fulfill their tasks.

- **Stakeholder: Faculty of Nursing, Khon Kaen University**

Outcomes	Description
Enhanced institutional competencies in and knowledge of WHO-ICM standards on midwifery education	Enhanced institutional skills and knowledge of WHO-ICM standards and integration with the faculty's midwifery education

- **Stakeholder: Nursing students in Lao PDR**

Outcomes	Description
Gained knowledge of ICM and WHO standards for midwifery from the trained participants	Nursing students gained additional knowledge of ICM and WHO standards for midwifery from the trained participants

- **Stakeholder: Lao Local Nursing Schools/Hospitals**

Outcomes	Description
Improved organizational knowledge	The institutions have developed their shared experience within the organizations.
Gained skills in knowledge production and experimental research	The trained participants displayed their skills in the production of knowledge and empirical research in their workplaces.

• **Stakeholder: UNFPA Thailand and Lao PDR**

Outcomes	Description
Improvement of Lao PDR's midwifery teaching and training along with the transfer of knowledge and experiences from Thailand	Supported institutional capacity and human resources development for Lao PDR

• **Stakeholder: Government of Lao PDR**

Outcomes	Description
Enhanced national competencies in and knowledge of midwifery education	Increased the Ministry of Health's capacity to adopt the International Confederation of Midwifery (ICM) standards, recognized by the World Health Organization (WHO) and adopted by UNFPA as an international requirement of midwifery core competencies towards the reduction of maternal and newborn deaths in Laos.
Increased the clinical skills and knowledge of current midwifery teachers	Urgent tasks of the Government to strengthen the overall capacity of midwifery teachers in Lao PDR

Indicators

Indicators help reveal that change has taken place. In SROI, they are applied to outcomes as these are the measures of change that we are interested in. These indicators can shed light on the outcomes and how much change has taken place.

Valuation

The purpose of valuation is to reveal the value of outcomes and show how important they are relative to the value of other outcomes. As well as revealing missing value, it will help determine how significant an outcome is.

Financial Proxy

The estimation of financial proxies is the most debatable part of this study. It was difficult to assign direct proxies, so the values representing the outcome indicators are derived from the results of interviews with key informant about their substitute values of the similar level of utility satisfaction as well as other secondary sources of financial proxy references.

Financial Assumption

The discount rate, or the rate of interest used in order to express future costs and benefits as a current value, reflects the

time value of money. In this calculation, we use a discount rate of 3%.

Impact Claim

The impact is an estimation of the proportion of the outcome that has been correct. Establishing an impact is essential as it reduces the risk of over-claiming and means that the story will be more credible. Four components should be considered when establishing the impact:

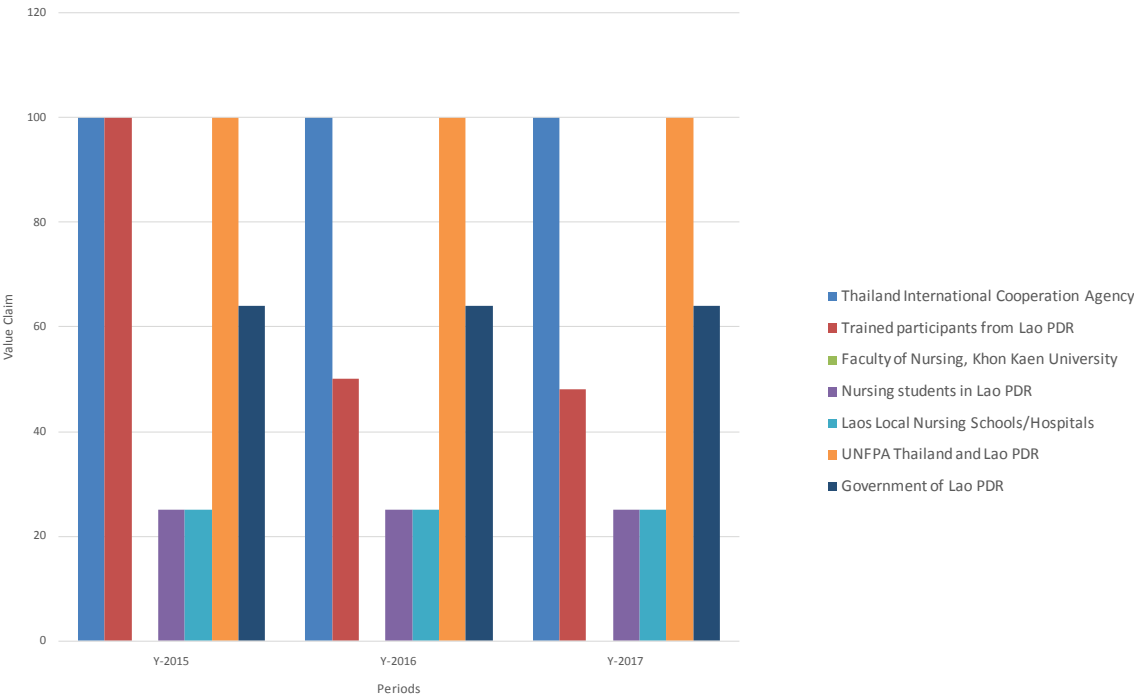
a) **Deadweight**-a measure of the amount of outcome that would have happened even if the activity had not taken place.

- b) **Displacement** -an assessment of how much of the outcome displaced other outcomes.
- c) **Attribution**- an assessment of how much of the outcome was caused by the contribution of other organizations or people.
- d) **Drop-off**-the amount of outcome that will be influenced by other factors in future years, so attribution to the organization is lower.

These four components were included in the survey questionnaires, and the percentage of each component is counted for the proportion of the outcomes that have been derived from the SSTC programme.

Total impact claims overview

Figure 18 Total impact claims overview



Source: Author's calculation based on data from relevant documents

- **Total valuation overview**

Figure 19 Total valuation overview



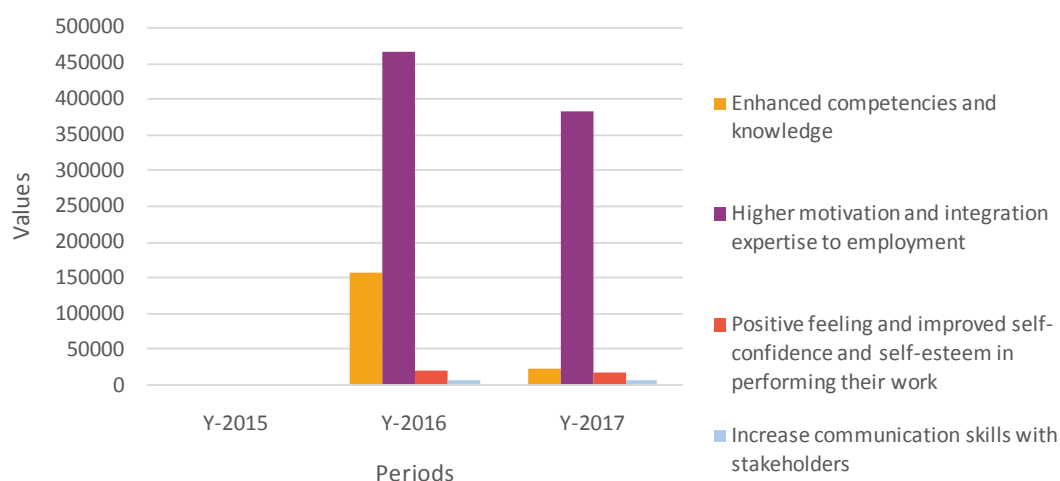
Source: Author's calculation based on data from relevant documents

- **Specification valuation: Trained participants from Lao PDR**

Outcome	Drop-off	Impact Claim	Total Value (PV)
1. Enhanced competencies in and knowledge of midwifery education	16.67%	66%	USD182,377.50
Clarification: Increased knowledge of and expertise in midwifery education before and after the training. Costs savings for improved competencies and knowledge of midwifery education amounted to USD10 per hour for 750x(18+24) hours for a six-month course per person and 500x10 hours for a four-month-course. Valuation method: Potential costs savings or value of resources reallocated Source: Survey			
2. Higher motivation and integration of expertise with employment within the nursing/midwifery schools and hospitals	16.67%	66%	USD845,895.60
Clarification: The involvement in the midwifery education training affected the capacity to contribute to the organization by integrating knowledge with employment within the nursing/midwifery schools and hospitals. Participation in midwifery education training has enhanced the participants' motivation to excel in their careers. The experience from the training was a			

Outcome	Drop-off	Impact Claim	Total Value (PV)
life-changing experience, and the participants compared it to getting a new car which allows them to go forward through their lives and careers more efficiently Valuation method: Stated Preference - Choice modeling Source: Interview surveys			
3. Positive feeling and improved self-confidence and self-esteem in performing their work	16.67%	66%	USD40,495.44
Clarification: The participants felt that they have more confidence in teaching midwifery subjects. The participants have a positive feeling about their prospects. Around USD45 is the monthly cost of a fitness club membership to help uplift participants' feelings and improve their self-confidence. Valuation method: Potential costs savings or value of resources reallocated Source: www.numbeo.com/cost-of-living/country=laos			
4. Increased communication skills with stakeholders and contributed to social capital	33.33%	66%	USD14,998.32
Clarification: With increased knowledge and competencies, the midwifery teachers increased their social contributions. The trained participants enhanced their communication skills with stakeholders to fulfill their tasks. Cost of communications workshop per person for one day is around USD40 for five days (one-week course). Valuation method: Stated Preference - Choice modeling Source: Interview surveys			

Figure 20 Values claimed by Laos trained participants

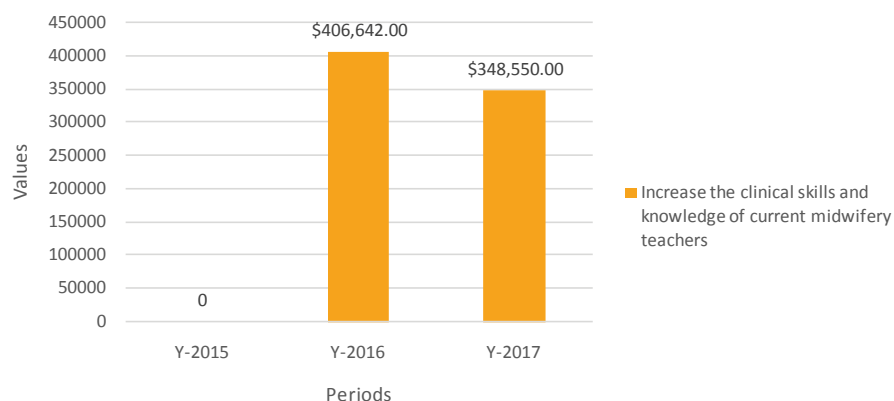


Source: Author's calculation based on data from relevant documents

- **Specification valuation: Government of Lao PDR**

Outcome	Drop-off	Impact Claim	Total Value (PV)
1. Enhanced national competencies in and knowledge of midwifery education	50%	64%	USD0.00
Clarification: Enhanced capacity of the Ministry of Health in adopting the International Confederation of Midwifery (ICM) standards, recognized by the World Health Organization (WHO) and adopted by UNFPA as international requirements of midwifery core competencies towards the reduction of maternal and infant deaths in Lao PDR.			
2. Increased the clinical skills and knowledge of current midwifery teachers	50%	64%	USD755,192
Clarification: Urgent tasks of the Government to strengthen the overall capacity of midwifery teachers in Lao PDR. The savings on training for the midwife education in Lao PDR, on average, was equivalent to USD1,200 per person.			
Valuation method: Potential cost savings or value of resources reallocated			
Source: WHO 2013 Human resources for health country profiles			

Figure 21 Values claimed by Government of Laos



Source: Author's calculation based on data from relevant documents

RESULTS AND SUMMARY

This section provides recommendations on the best alternative activities, processes, or interventions that minimize the use of resources that are required to achieve the desired results and implement the actionable recommendations for UNFPA and Thailand when it comes to the future of SSTC.

Reflections of SROI Analysis on Value of SSTC Initiative, the studies on Social Return on Investment (SROI) show that investing in SSTC provides high returns to the public (~1:4 times). Through several meetings and interviews, relevant stakeholders have agreed on the SROI results. The values of SROI depend on many factors such as the period of analysis, the size of the project invested, the number of beneficiaries, the discount factors used, and the views of stakeholders of deadweight rate, attribution ratio, and drop-off rate.

The results from these studies can be used to follow up on the project invested for improvements in its implementation and the forecast of the new plan to be invested following the investment decision. However, it is good to note that if the SROI was planned to include in the monitoring and evaluation part from the design and develop phases, more information and data then could be gathered deeper to reflect real value of the investment of the project. Since it was not included in the monitoring and evaluation from the beginning, there are a number of challenges and difficulties in applying SROI during the last phase of the project. This SROI analysis should be more comprehensive if there were similar studies conducted in Lao PDR before so that there would be reliable references to validate the financial proxies.

This SROI analysis could only explicit the effectiveness of the project based on applications of knowledge and skills of trained midwifery educators to their colleagues and midwife students. It is too early to value impact of the benefits in terms of end users such as the services delivered by midwife students to patients, lives saved by midwife students, and

quality of maternal health care and services. In this relation, in order to measure the long-term impact of the project, it is recommended to conduct the SROI analysis and/or similar analysis after 2 to 3 years of the project.

In terms of relevancy, this SSTC is a demand-driven initiative; thus, the curriculum and all activities were designed, developed, and implemented based on Laos contexts. The evaluation shows that SSTC has enabled the Lao midwifery educators to be equipped with teaching skills along with knowledge and expertise in alignment with international requirements, namely, ICM and WHO standards, as well as teaching skills. The level of acceptance of these educators among Laos midwifery educators and administrators of midwifery schools is high with good recognitions which reflects the quality of knowledge and skills shared and coached by Thai training institute. Trained midwifery educators under this SSTC initiative demonstrated their confidence and abilities to transfer high standard of midwifery skills and knowledge to their co-teachers and students. It is evident that the knowledge and skills of the trained midwifery educators are improved and aligned with international requirements. Also, they are confident to work collaboratively with other health personnel to improve maternal health care and services at national, and sub-national levels.

The Lao's nursing and midwifery institutions also benefited greatly from improved skills and quality of their staff in many aspects. For example, there have been improvements in organizational knowledge, and staff gained skills in knowledge production and experimental research as the trained participants showed their skills in the production of knowledge and empirical research in their respective workplaces.

For sustainability, as knowledge of and skills in midwifery education are dynamic and require updates overtime, trained midwifery educators suggested that there should be additional midwifery training opportunities for them on some advanced

subjects, research, and case study development. This would particularly be useful for those who can upgrade their specialization and expertise to a higher level. It was found that what the institutions provide complimented the trained midwifery educators who then each received a certificate of appreciation. Apart from this, the participants expected some other post-training career advancement as well after having devoted their time and energy to their efforts.

There is evidence from the interviews with key informants and Laos policy makers that many innovations from the SSTC in Lao PDR have been created. For example, the trained educators have implemented and created a number of initiatives: 1) worked with medical doctors to train midwives at health centers and district hospitals; 2) started an exchange of teachers project; 3) introduced an exclusive breastfeeding project; 4) launched educational videos or micro teaching projects; and 5) established a network of competent teachers.

Nevertheless, there are some challenges that have been mentioned and extracted from the surveys and interviews. For instance, there are still some issues with the educational quality assurance, and the trained participants are not yet able to produce quality critical thinking-based examinations and tests. Therefore, further technical advice on this topic should be provided. Besides, there are many factors which contribute to maternal deaths. Many measures and efforts should be implemented collaboratively and repeatedly. It is still too soon to evaluate whether the SSTC project has improved the maternal death figures in Laos. Further evaluation over a longer span of time should be implemented at a later stage.

Positive Impact of the Thailand International Cooperation Agency through SSTC Initiative and Strategy, given the positive outcomes of the programme, it is recommended that TICA/UNFPA Thailand/UNFPA Lao PDR continue investing in the SSTC on midwifery educators or Institutional Capacity Development. This is due to the fact that the SSTC model is very effective and makes efficient use of Thailand's existing infrastructure of expertise as well as financial resources. There is potential over time to deliver long-term and sustainable results for third parties across significant areas in an effective manner.

This analysis provides a compelling story of the impacts that SSTC has on its stakeholders. It shows what SSTC has already achieved and indicates its future potential for success. Donors can access valuable information and insights. Thus, disseminating and communicating the results from this study to potential audience would be useful in helping to attract additional support and enable greater mobilization of resources.

Due to the changes in the funding structure of the UNFPA country programmes, and Thailand in the context of Upper Middle-Income Country, it is likely to be the case that more multilateral partnerships or co-financing projects will be required to increase the proportion of support from other funding sources. Therefore, the programme should focus on expanding its partnerships and budget mobilization activities for SSTC projects within the country and with civil society network and the private sector in Thailand and other countries.

It is recommended that resources be invested to develop SROI data collection tools and strategies to improve the reporting quality of the outcomes of the data and to better develop a measurement and evaluation framework to assess the future value of SSTC initiatives. This analysis is a starting point that utilized the theory of change for SSTC initiatives and the material changes that matter to stakeholders.

Nevertheless, with aims to measure these changes more precisely, the organizers of SSTC initiatives could identify appropriate indicators of change from the start of the projects and track them into the future. Further analysis of the long-term outcomes of the project could identify more value by monitoring the experiences of participants and the attribution of SSTC project. It is also advisable to report the outcomes and impact data on an annual basis and use these data to make decisions.

An ethnic pregnant woman with her first child is spending her day time chatting with her neighbour. She is one of the beneficiaries receiving regular maternal care check-up in a community health centre in Xiangkhouang province, Lao PDR. The midwives at the health centre are taught of the WHO-ICM standards under the South-South and Trilateral Cooperation (SSTC) by Thailand-Lao PDR and UNFPA on safe motherhood.

Under the Cooperation, 42 midwifery educators and 10 midwifery education administrators in Lao PDR are trained so as to strengthen the midwifery system to be in line with the WHO-ICM (the International Confederation of Midwives) standards. This three-year cooperation is mainly supported by the Ministry of Foreign Affairs of Thailand via Thailand International Cooperation Agency (TICA).

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ANNEX

This part provides a list of reference documents, glossary, interview guides, key informant interviews, focus group notes, an outline of questionnaires, and information on the stakeholder consultation process.

Financial Proxies estimation:

https://www.numbeo.com/cost-of-living/country_result.jsp?country=Laos

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Glossary

Attribution	An assessment of how much of the outcome was caused by the contribution of other organizations or people
Cost allocation	The allocation of costs or expenditure to activities related to a given programme, product, or business
Deadweight	A measure of the results that would have occurred even if the project had not taken place
Discount rate	The rate of interest used in order to express future costs and benefits as a current value
Displacement	A measure of the part of the outcome that was affected by outcomes that occurred in other locations.
Drop-off	The extent to which the effects of a project lessen over time.
Impact	The final outcome for the participants, taking into account what would have happened anyway, the contribution of others, and the duration of the results.
Indicator	Information that can be measured and which helps to determine the changes that have occurred. The SROI methodology is primarily concerned with the outcomes rather than the outputs.
Proxy	An approximate value, used when it is not possible to obtain an exact measurement
Scope	The activities, timescale, boundaries, and type of SROI analysis
Sensitivity analysis	The process of measuring the sensitivity of an SROI model to alterations in different variables
Social Return on Investment (SROI)	Total present value of impact divided by the total present value of the investment
Stakeholders	People, organizations, or entities that experience change, whether positive or negative, as a result of the project.
Theory of change	Representation of how the project will change the situation and achieve its long-term goal
Value assignment	An evaluation of the extent to which the outcome of a project was caused by the contribution of other organizations or people