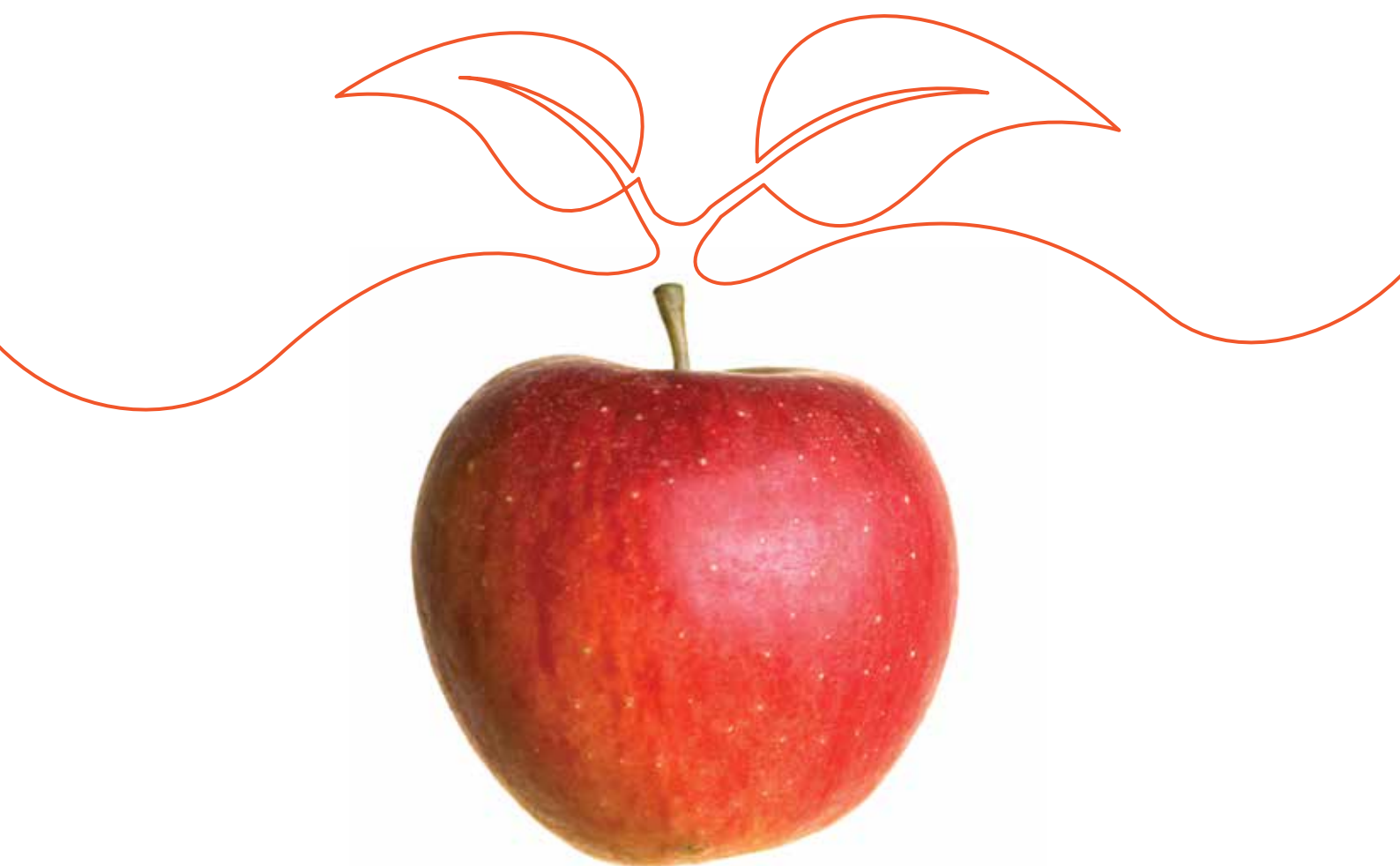


EVALUATING THE IMPACT OF THE BEHEALTHY PROGRAMME

in Russia

July 2015



Evaluation of Social Return on Investment for the Mondelēz Foundation

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Abbreviations used in this report

BHP	BeHealthy Programme
CAF	Charities Aid Foundation
CCP	Critical Quality Control Point
CSR	Corporate Social Responsibility
MIF	Mondelēz International Foundation
nef	new economics foundation
NS18	Novgorod school 18
PE	Physical Education (school subject)
PIP	Programme Impact Pathways
RS	Ropsha school
RUB	Russian rouble (national currency of the Russian Federation)
SROI	Social Return on Investment
SS2	Sobinka school 2
ToC	Theory of Change
WG	Working group

Report Summary

This report presents an evaluation of social return for the BeHealthy Programme (BHP) implemented by the Charities Aid Foundation (CAF) in Russia with the financial support of the Mondelēz International Foundation (MIF). The programme is part of the Mondelēz Global Community Partnership Initiative to promote active, healthy lifestyles – a critical component of the company’s wellbeing mission.

The evaluation measures the impact of the BHP over a seven-year period (2008-2014) in three schools located in three different Russian regions where the programme was implemented: school no. 18 in Novgorod, Ropsha school (Leningrad region) and school no. 2 in Sobinka (Vladimir region).

The objectives of this evaluation are:

- To understand the impact of the BHP through an evaluative study demonstrating the effectiveness of the investment undertaken by Mondelēz;
- To support strategic planning and decision-making processes within the BHP with regard to its funding approaches and expansion to new regions;
- To assist Mondelēz and CAF in identifying aspects of the programme that could be improved and the key drivers of the programme’s success.

The SROI (Social Return on Investment) methodology was used for this evaluation.

Be Healthy Programme

The BHP is the Russian component of the Mondelēz International Foundation’s US\$ 50 million, multi-year commitment to promote healthy lifestyles in 13 key markets: Australia, Brazil, China, France, Germany, India, Italy, Mexico, Russia, South Africa, Spain, UK and the US. As part of this commitment, the MIF is working with its partners to empower communities to embrace active and healthier lifestyles.

In 2014, eight programmes were running in markets that have some of the highest rates of childhood obesity.

The programme’s three main objectives are:

- To offer nutrition education;
- To promote active play;
- To provide access to fresh foods.

Theory of change of the BHP

The overall goal of the BHP is to contribute to the development of healthy nutrition skills and to an increase in physical activity on the part of schoolchildren aged 8-12.

The theory of change (ToC) of the BHP describes the principal changes the programme delivered for the stakeholders who are most affected: the teachers in the schools involved in the programme, the parents¹ of children involved in the programme, and the schoolchildren themselves (both those involved and those not involved in the programme).

¹ In this SROI evaluation, parents and other carers will be referred to simply as ‘parents’.

The changes, identified through a qualitative approach (focus groups and stakeholder interviews conducted in the three schools: Novgorod school no. 18, Ropsha School and Sobinka school no. 2), are as follows:

Stakeholders	Outcomes measured by SROI
Children involved in the programme	<ul style="list-style-type: none"> ■ Increased vitality ■ Increased autonomy ■ Better social development ■ Increased self-esteem
Children not involved in the programme	<ul style="list-style-type: none"> ■ Increased vitality ■ Better social development ■ Increased self-esteem
Parents of children involved in the programme	<ul style="list-style-type: none"> ■ Increased vitality ■ More supportive relationships ■ Increased self-esteem
Teachers involved in the programme	<ul style="list-style-type: none"> ■ Increased vitality ■ More supportive relationships ■ Increased self-esteem ■ Increased competence ■ Increased sense of meaning and purpose
Teachers not directly involved in the programme	<ul style="list-style-type: none"> ■ Increased vitality ■ More supportive relationships ■ Increased self-esteem ■ Increased sense of meaning and purpose

Table 1: Outcomes measured by SROI

Data collection

After the outcomes achieved were identified by the stakeholders, indicators were selected and questionnaires were developed to measure the quantitative data on the extent and intensity of the changes experienced by the stakeholders during the programme. Questionnaires were given to children, teachers and parents in February 2015 at the three schools included in the scope of this SROI.

Besides measuring change, data were also collected on other variables that influence the impact of the programme: financial proxies (valuation), counterfactual (the changes that would have happened anyway), attribution (the degree to which the programme itself can be considered responsible for each outcome), benefit period and annual drop-off.

Results and conclusions

Overall, we found that at the three schools included in this SROI, stakeholders report a positive change across all outcomes considered in this analysis. This change, however, is not uniform across outcomes and also differs between locations.

In Novgorod school 18 the children were the main beneficiaries of the BHP: they benefited from 49% of the value created, followed by the teachers (31%) and then the parents (20%).

The outcomes accounting for the most value at the Novgorod school are precisely the ones the BHP is directly aiming to achieve:

- increased vitality for all stakeholders (27% of total value created);
- supportive relationships for all stakeholders (19% of total value created);
- increased autonomy for children (15% of total value created);
- increased self-esteem for all stakeholders (15% of total value created).

In Ropsha school most of the value created by the BHP went either to teachers or children, with the former deriving the greatest value by a difference of 7% (45% and 38% of the value respectively), while parents derived 17% of the value.

The most highly valued outcomes at the Ropsha school are also the ones the BHP is directly aiming to achieve

- increased vitality for all stakeholders (38% of total value created);
- supportive relationships for all stakeholders (23% of total value created);
- increased self-esteem for all stakeholders (17% of total value created).

At Sobinka school 2 the benefits created by the BHP went mostly to the children (43%), who are the main target group, and parents (32%). This value distribution may be explained by the fact that the programme has been running at the school for quite a long time, enabling the children and parents to benefit from it as much as possible.

Again, vitality was the outcome that accounts for the largest proportion of value created (28%), followed by self-esteem and supportive relationships (22% each).

The unintended outcomes – such as increased satisfaction with the school on the part of parents of children involved in the programme, increased competence, and increased sense of meaning and purpose for the teachers – rated lower at all three schools.

Overall, the SROI ratios across the three schools vary:

- between 3.41 and 7.56 in Novgorod school 18
- between 1.26 and 2.70 in Ropsha school
- between 2.55 and 5.57 in Sobinka school 2.

We can therefore state with confidence that the BHP has had a positive impact at the three schools analysed for this SROI.

This impact might be higher in Novgorod school 18 than in the other locations due to the size of the school and the number of children it managed to involve in the programme during a relatively short period of time (196 children over three years, compared with 87 children over five years in Ropsha and 191 children over five years in Sobinka).

The SROI ratio for Ropsha school is the lowest, which might be explained by the following factors:

- **the size of the school:** it is the smallest of the three schools considered in this SROI
- **the amount of investment:** this school received more funding than the two other schools
- **the time of the intervention:** the programme here finished about two years before this SROI evaluation while in the two other schools it is still running.

The findings are indicative of the BHP's allocative effectiveness, since the vast majority of the benefits created accrue to the intended beneficiaries and outcomes.

Chapter 1 – Introduction

This report presents the results of the evaluation of social return on investment (SROI) undertaken with regard to the BHP implemented by CAF in Russia with the financial support of the MIF.

The programme is part of the Mondelēz Global Community Partnership Initiative to promote active, healthy lifestyles – a critical component of the company’s wellbeing mission.

In Russia, the BHP has been working since 2007 in the regions where Mondelēz International has its business operation units. By 2014, it involved 47 schools, including 16 schools in the Leningrad region, 10 in the Vladimir region, 15 in Novgorod, and six in the Novosibirsk region².

The specific purpose of this SROI evaluation is to identify the impact of the social investment made through the BHP in three participant schools during different periods between the years 2008 and 2014:

Region	School	Years involved in the programme
Leningrad region	Ropsha School	2008 – 2012
Novgorod	School 18	2012 – 2015
Vladimir region	Sobinka 2	2010 – 2015

Table 2: SROI scope

1.1 The BeHealthy Programme

The background to the programme

In Russia, there are quite serious health-related problems amongst children. Only 30% of Russian schoolchildren aged 6 to 11 have a morning meal at home on a regular basis. This is a serious public health concern because a healthy breakfast is necessary for a child’s physical health and good performance at school. Children who miss the nutritional and physical benefits of a healthy morning meal cannot make up the deficit through the other meals they consume later in the day. Many children who arrive at school hungry (especially in the rural regions) are from families in socio-economically vulnerable groups. In Russia, every school offers a free breakfast to the children during the school year.

In Russia, both children and adults tend to consume too much fat, salt and sugar, while their consumption of fruit and vegetables, dairy products, and fish and other seafood is too low (RF Ministry of Health and Social Development 2011). The family budget is a decisive factor, as low income often limits the food choices available to them.

Current research shows that a large number of Russian children of school age suffer from poor physical development. The last 20 years of political and economic change have undermined the ability of the system to engage children in sports and an active, healthy lifestyle. In the last two decades there has also been easier access to junk food and an increase in sedentary leisure activities such as watching TV and playing computer games. In the current school environment there is little space in the curriculum for nutritional education and very little effort to encourage an active, healthy lifestyle (RF Ministry of Health and Social Development 2011).

The design of the programme

The BHP is the Russian component of the MIF’s \$50 million, multi-year commitment to promote healthy lifestyles in 13 key markets: Australia, Brazil, China, France, Germany, India, Italy, Mexico, Russia, South Africa, Spain, the United Kingdom and the United States. As part of this commitment, the MIF is working together with its partners to empower communities to embrace active and healthier lifestyles.

In 2014, eight programmes were running in countries that have some of the highest rates of childhood obesity.

The programme’s three main objectives are:

1. To offer nutrition education;
2. To promote active play; and
3. To provide access to fresh foods.

² The Novosibirsk region only joined the BHP in the 2014-2015 academic year, and therefore it was not included in the SROI analysis

BHP focuses on pupils aged 8 to 12, an important age group for the development of knowledge, skills and good habits. By engaging in the programme these children learn to make informed choices that contribute to their own healthy development.

The programme objectives are pursued using an open grant competition mechanism to engage schools in the different regions. Schools participating in the BHP are required to introduce three main strands of activities for the target age-group of children:

- activities aimed at promoting gardening and learning about food
- activities aimed at teaching cooking skills and establishing the importance of eating breakfast
- activities aimed at increasing the children's level of physical activity.

Grant competition

The programme runs on an annual basis concurrent with the academic school year. The grant competitions in the regions are organised by CAF with the support of local departments of education, and are based on well-structured requests for proposals and detailed submission instructions. The recipients of the grants are selected based on an evaluation of their proposals by the programme's Expert Committee. Grants for schools include funds for the purchase of the equipment and materials necessary to implement the BHP activities.

The request for proposals emphasises that the programme is not intended to impose a burden but instead to provide an opportunity for the schools to develop initiatives that would be beneficial and enjoyable within a particular school setting.

Schools are advised to work through four steps of project development – thinking, planning, doing and reviewing – with CAF acting as a facilitator and providing technical support at each stage. Also, every year before the grant competition for the next academic year is announced, initial training on project design and planning is held for schools that are considering taking part in the programme.

To make the programme inclusive and to take into account the children's needs and interests, schools are encouraged to involve pupils in the project planning process.

Financial support for schools

Based on the Expert Committee's decision, grants are awarded to schools for the following three basic categories of expenses:

- Purchases of equipment and materials for the purposes of cooking healthy food and providing extra opportunities for physical activities, as well as for gardening³ (this equipment is purchased for the children in the target age group but can later be used by any other schoolchildren according to their needs)
- Paying additional salaries to teachers who deliver the educational component of the programme – nutrition classes
- Holding events aimed at engaging with parents and involving the children who are not the main target group of the programme: sports, competitions, cooking contests, picnics, trips to the countryside, etc.

In addition to these three basic categories, schools could include other items in their budgets depending on the design of particular projects. During the projects, budget reallocations were permitted if the prior agreement of CAF was obtained. CAF programme staff also assisted the schools in planning purchases of equipment for their projects: what equipment to buy, what technical conditions needed to be met in order to install it, what alternatives were available to reduce costs, etc.

- Schools are required to apply for grants on an annual basis, but the expenses are reviewed and adjusted by the experts and programme staff based on each individual school's previous experience and involvement in the project.
- Schools typically take part in the programme for a number of consecutive years:
 - the biggest investment takes place in the first year, for the purpose of purchasing equipment,

3 Although the climate in Russia is generally not very favourable for gardening, Sobinka school 2 in Vladimir region achieved impressive results and was even able to give some fresh vegetables to children from low-income families to take home.

- subsequent funding aimed at sustaining and/or expanding the programme in the school and at ensuring the teachers’ commitment.
- In some cases, the funding for a particular project was reduced simply to paying a salary to one project leader amongst the staff, ensuring the project’s basic activities would continue at that school.

The projects in the schools

a. Project activities

The project activities implemented by the schools within the BHP are aimed at primary school children aged 8-12 (grades 1-4 in the Russian system⁴) and include but are not limited to the following:

- New lessons introduced into the curriculum combining the basics of healthy nutrition theory and practical cooking, teaching the children to prepare healthy nutritious meals and snacks
- Growing healthy fresh foods in the classroom (typically on the window sill, where there is enough sunlight) or in the school garden (if the school has one)
- Introducing more physical activities into the children’s daily routine at school (including active play during school breaks, inside or outside the school building, depending on the weather and on what equipment has been purchased)
- Introducing new elements of physical education using the equipment purchased within the programme (e.g. one of the schools in Sobinka bought skis for the children and introduced skiing lessons as part of the Physical Education (PE) curriculum)
- Providing more extra-curricular activities for the children (e.g. competitions, trips and leisure activities related to the programme’s objectives).

b. Interaction with parents

The parents were not specifically targeted within the programme, as most of them typically do not have time to engage in school activities on a regular basis. They were, however, involved in the programme in the following ways:

- they had access to information on the programme through regular parent-teacher conferences;
- materials about the programme were made available to them on information stands in the schools;
- some parents took part in occasional programme events and competitions organised by the schools; and
- they also, of course, received information on the programme directly from their children.

Some of the parents with relevant professional knowledge, skills and experience (doctors, cooks, trainers, etc.) contributed to the programme by delivering talks as volunteers.

c. Community engagement

The majority of schools involved in the BHP are located in rural areas where the available leisure activities are very limited. Quite often, therefore, the schools also serve as community centres and the local community tends to be aware of any projects being carried out by the schools – for example this was the case in Ropsha, where the school is the venue for all community events. Rural schools, therefore, are very well placed to engage with local communities and to spread the word about the programme and its teachings about the fundamentals of a healthy lifestyle.

In most cases community engagement was not formalised in any way, but many schools did receive support from their local communities in the form of equipment, lecturers, materials, site visits to local businesses, etc.

Programme activities for the teachers: methodological support and experience sharing

As part of the programme, CAF provided methodological support to the teachers through training delivered by teacher trainers who were experts in the field of education specifically for this age group. The trainers were also experts in education pertaining to healthy lifestyles, including nutrition. The training involved:

⁴ In Russia, children start school at the age of seven or eight, and study in the primary school for four years.

- interactive approaches to working with children and other target audiences
- network projects to facilitate collaboration between schools under the BHP umbrella
- new methods of project management and planning
- developing creativity and critical thinking skills amongst the students.

The training also provided opportunities for teachers within the different regions to discuss and exchange experiences. A broader exchange of experiences took place at programme conferences organised by CAF at the end of the project cycle. In addition to presenting their project experience to colleagues from other schools and regions, teachers were able to discuss common issues, approaches and best practices aimed at improving their new project applications.

Another important aspect of the programme activities aimed at the teachers was the provision of a methodological resource pack published by CAF, which included materials useful both at the project planning stage and the implementation stage.

The programme has its own website, www.health4schools.ru, which contains:

- descriptions of projects supported within the programme
- databases of useful recipes and active games for the target age groups
- amusing photos and videos
- additional information both for the schools already participating in the programme and those considering getting involved.

Programme outreach

By 2014 the BHP involved 47 schools in four regions of Russia, engaging more than 15,000 children aged 8-12 in its activities.

1.2 Objectives of this evaluation

This evaluation has two main objectives:

- To understand and communicate the impact of the programme through an evaluative study (to prove);
- To inform the internal decision-making process within the BHP with regard to its project funding approaches and expansion to new regions. To identify aspects of the programme that could be improved and the key drivers of the programme's success (to improve).

To achieve these objectives a Social Return on Investment (SROI) approach has been used:

1. SROI is an approach that allows the measurement of social outcomes of the programme related to individual wellbeing. The concept of wellbeing is at the core of Mondelēz's CSR and community investment (MI, 2015);
2. SROI shows the extent to which the intervention is cost effective and the way outcomes are achieved for each stakeholder group to ensure the programme creates social value for its key target groups;
3. The SROI process can help CAF and Mondelēz maximise impact for a given amount of resources by analysing which factors, internal or external, are either contributing to or hindering the success of the BHP;
4. To an extent, SROI can be used in a comparative way to analyse the relative effectiveness of the BHP in different schools and regions.

Within this report, SROI was calculated for three schools and the ratios are discussed along with other data obtained within the research to provide a better understanding of how the programme produces social impact and what can be done to maximise it.

This report is structured as follows:

Chapter 2 provides context by presenting a brief summary of previous efforts by CAF and Mondelēz to evaluate the results and impact of the BHP along with other examples of approaching evaluation of similar programmes in Russia.

Chapter 3 outlines the research methodology with further details provided throughout the report and in the appendices.

Chapter 4 presents a theoretical understanding of how the BHP creates change for children (involved and not involved in the programme), parents, and teachers (involved and not directly involved in the programme), based upon stakeholder engagement data.

Chapter 5 includes the theory of change developed for every stakeholder group is tested by the SROI process presented in greater detail.

Chapter 6 contains the results of the SROI modelling. These are the changes observed for each stakeholder group and how they translate into impact and value.

Finally, in **Chapter 7**, the results of the evaluation are discussed along with the conclusions from the research and discussion points relating to programme design, delivery and further development.

The preliminary results of this evaluation were presented to Mondelēz Rus Company, MIF and the schools currently involved in the BHP, with the aim of stimulating discussion about best practices and possible improvements to the programme. This report will be available in English and with an abridged version in Russian, and will be published in open-access resources for further discussion of the SROI approach and findings in the third sector as well as for expert and donor communities.

Chapter 2 – Evaluation of healthy lifestyle programmes: the context

2.1 – Impact measurement of healthy lifestyle programmes in Russia

Federal programmes

Healthy lifestyle and nutrition are trending topics both in Russia and worldwide, with new evidence being produced regarding the impact of eating habits and exercise on individuals' health and on the incidence of serious diseases such as type 2 diabetes.

Schools are viewed as one of the agents of change in this field that could contribute to improving children's nutrition and encouraging them to be more physically active. The latter is being pursued by increasing the time devoted to PE lessons (at least three hours per week instead of two – RF Government, 2009) and by the re-introduction of volunteer national physical training standards – GTO ('Ready for Labour and Defence') (RF Ministry of Sports, 2015).

As for the healthy nutrition component, a number of regulations have been introduced by the relevant departments (RF MH, 2002; Rospotrebnadzor, 2006 and 2008), and the main focus of the programme 'Healthy Nutrition at School', funded from the budget of the regional or municipal government, is to provide hot nutritious meals to all schoolchildren in the country.

The schools develop their own plans for the implementation of the programme and there is a set of indicators that are monitored at a federal level to assess the programme's effectiveness:

1. Lower incidence of foodborne diseases in children and adolescents
2. Stabilised or lower incidence of chronic diseases in general
3. Improved physical development of children and adolescents
4. Improved resistance to infections and negative environmental factors
5. Better academic results of school children

These outcomes, though traditionally associated with the quality of schoolchildren's food and amount of physical activity, can only be measured in the long term. Besides, they are influenced by a broad range of factors in addition to the quality of children's school meals, and even if a positive change is observed it would be an exaggeration or a post hoc ergo propter hoc logical mistake to attribute this change solely to the Healthy Nutrition at School programme.

Moreover, although these indicators might be acceptable for government officials, and collected through national statistical services, it would be difficult for an actual school or NGO to follow up on the children involved in the programme over the long term and obtain information on their progress with regard to the indicators listed above.

Other non-profit programmes

The Nestlé Russia Company, working in the same market segment as Mondelēz Rus, has been supporting the 'Talk about Healthy Nutrition' programme in the country for over 15 years. The programme is implemented in cooperation with local schools in 48 regions. It aims to teach the basics of healthy nutrition to schoolchildren aged 7 to 13, and does not include the gardening or the active play components. Within the programme schools receive free manuals for nutrition lessons and extracurricular activities.

In 2014, when the programme had been running for 15 years, its effectiveness was evaluated through research carried out by the Institute of Developmental Physiology of the Russian Academy of Education.

As part of this research, questionnaires were given to children aged 7-8 and their parents at the beginning and at the end of the programme, the aim being to assess what changes had taken place with regard to the following indicators:

For children:

- knowledge and understanding of healthy nutrition

For parents:

- influence of various factors on children's nutrition
- the main problems they have with their children's nutrition
- their children's eating habits
- the outcomes of the programme for them and their children

The researchers also measured the level of satisfaction with the programme on the part of children, teachers and parents, and their willingness to take part in it in future.

The short-term outcomes associated with new knowledge and skills were therefore measured along with the participants' satisfaction with the programme. However, the new skills and knowledge within such projects are a means to an end, which is to improve the stakeholders' wellbeing. It would be interesting to see these indicators transformed into meaningful changes for all participants, which would provide an understanding of what makes them satisfied with the programme and willing to continue taking part in it.

2.2 – BHP impact measurement experience

A major component of the MIF's Community Partnership initiative includes partnering and collaborating with community-based NGOs to identify best practices and tools needed to better deliver healthy lifestyle programmes and measure their impact. Therefore, the MIF has always included the evaluation component into its community partnership strategy and encouraged its partners to collect data on the programme's impact.

CAF efforts

CAF has extensive experience in the field of programme evaluation both as a client and as an evaluation service provider, so the evaluation component is included into all programmes.

In the BHP, the evaluation component is present throughout the programme cycle:

- The schools' applications are evaluated by experts
- The projects are monitored by the programme managers
- Each project has its own unique set of indicators based on its objectives and activities related to the three main programme strands.

However, there was a need for a set of universal indicators that could measure the programme's impact. In 2013 CAF carried out an evaluation of programme outcomes within a one-year cycle of the programme at five schools: one in Leningrad Region, one in Vladimir Region and three in Novgorod. The main focus of the evaluation was on Novgorod because it was a new region for the programme.

The evaluation measured three indicators:

- adequate healthy lifestyle knowledge
- regular consumption of fruit, vegetables and fresh food
- regular physical activity

The questionnaires were distributed to parents of schoolchildren taking part in the programme at the beginning of the school year, to collect baseline data, and at the end of the school year, to collect project-end data.

Overall, 306 questionnaires were filled in by the parents at baseline and 259 questionnaires at the end of the programme.

The survey results revealed significant changes (increases of up to 30%) with regard to children's physical activity. For the other two indicators the changes were very subtle (3-4% increase, which could merely be an issue of statistical accuracy), and the baseline figures for these indicators were already very high (approximately 92% for healthy lifestyle knowledge

and 88% for consumption of healthy food). Therefore, although the positive influence of the programme was obvious, it was not really captured in a compelling way by quantitative indicators within a one-year programme cycle.

In this case, parents had been used as proxies for their children, which could have affected the quality of data: parents might introduce bias by being reluctant to admit that their children cannot distinguish between healthy and unhealthy foods, or that they do not eat vegetables regularly. There was a general understanding of the need to collect information directly from the children.

2.3 – PIP approach and ongoing measurement by the MIF

In 2014, the MIF partnered with the Yale School of Public Health and brought together its community partners to reshape how they create, refine and measure the impact of healthy lifestyle programmes.

The Program Impact Pathways (PIP) model was used to present the way in which the BHP is intended to produce results and to identify the basic success indicators that will be used to measure the impact across all the foundation's programmes in future:

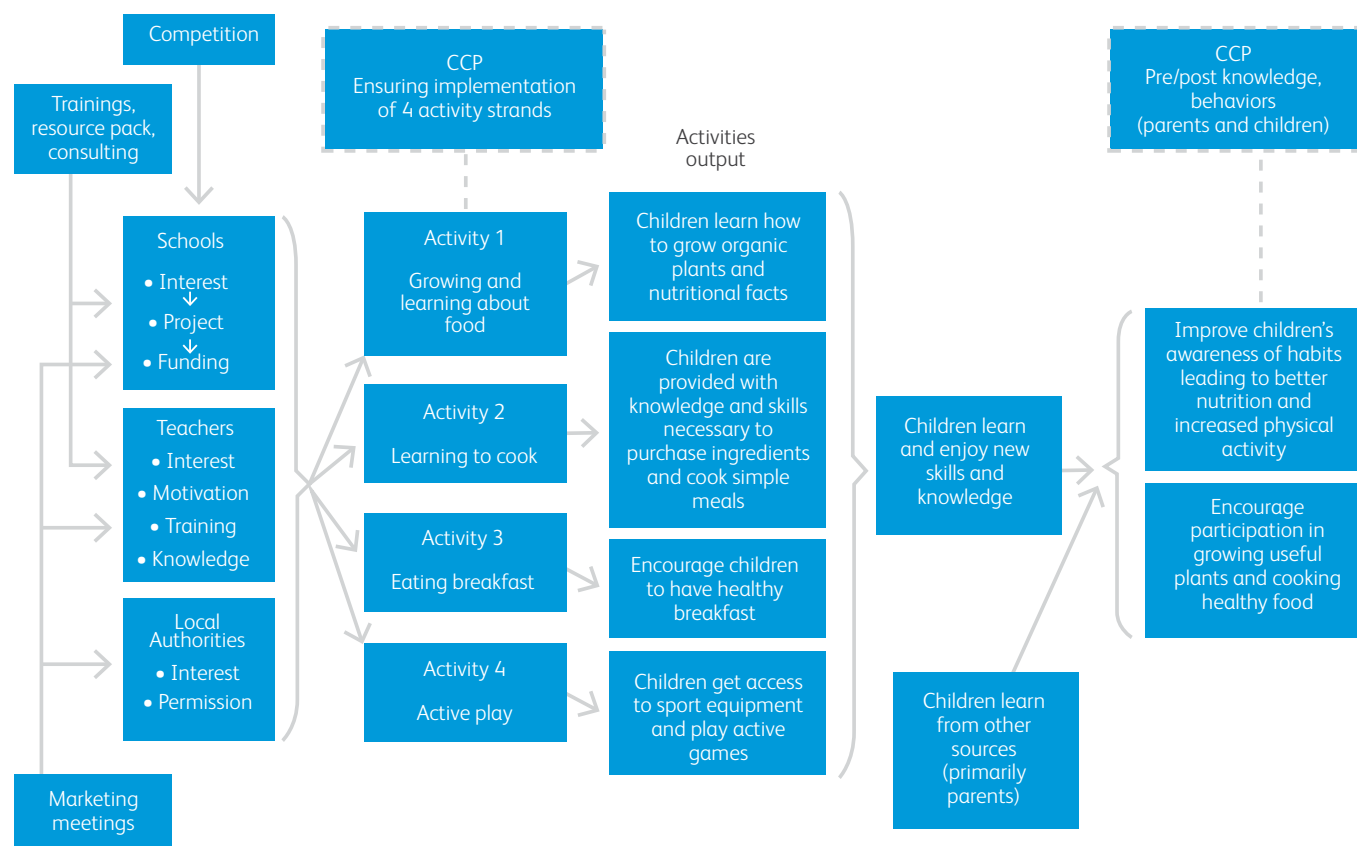
1. **Nutrition Knowledge:** the percentage of programme participants who improved their knowledge of nutrition
2. **Physical Activity:** the percentage of participants who increased their daily amount of physical activity or play
3. **Healthier Eating:** the percentage of participants who reported increased consumption of fruit, vegetables and other fresh foods

Additionally, NGO participants collectively identified three essential factors to ensure effective programmes:

- Strong training and developmental programmes for facilitators, whether they are teachers, community health promoters or NGO staff;
- Commitment from local government, school administrators and community-based organisations;
- Engagement of parents to reinforce the programme's messages at home.

The PIP approach used to present the logic of the BHP made it possible to produce the following programme model:

Figure 1: BeHealthy CAF Programme Impact Pathways (PIP) Diagram



The PIP diagram (Figure 1) indicates that for target children to be successfully included in the BHP, three conditions need to be met:

- the child's school must have an initial interest in participating in the programme to create a competitive project that can attract funding for project implementation (salary, equipment, food, events, etc);
- the teachers should be interested, motivated, and ready to learn and teach the four components of the BHP ; and
- the local authorities should support programme implementation in their regions and give permission for the schools to participate

Once these conditions have been met and the children have the opportunity to experience all four strands of BeHealthy activities, the PIP diagram indicates a series of steps in order for programme goals to be achieved. First, children need to be taught the fundamentals of healthy nutrition. The schools should also provide conditions for cooking healthy dishes (breakfast), growing nutritious vegetables and herbs, and increasing physical activity during and after school hours. As a result, children improve their awareness of healthy lifestyles, leading to better nutrition and increased physical activity, in part because they are encouraged to participate in growing edible plants and cooking healthy food.

The key Critical Quality Control Points (CCPs) identified by the PIP analysis were ensuring the implementation of the four activity strands and increasing students', teachers' and parents' knowledge of what constitutes a healthy lifestyle for children.

The three key indicators identified by the PIP approach reflect healthy lifestyle knowledge and attitudes, dietary preferences, and physical activity.

The authors of the PIP analysis of the BHP admitted that there might be other activities that could explain changes in children's knowledge, habits and behaviour related to healthy lifestyles:

'For children to adopt the healthier behaviours modelled through the programme, they must have access to healthy food and opportunities for physical activity in their schools, homes, and neighbourhoods. This means that there are many other sources of influence besides BeHealthy that may positively change the behaviour of children in the programme'
(Mukhina & Novikova 2014).

Ongoing measurement

In 2014, CAF measured the key programme indicators for children identified in the PIP analysis, along with parents' and teachers' degrees of satisfaction with the programme. An external consultant was engaged to carry out the measurement.

Questionnaires were used to collect data on the three key indicators for schoolchildren at the beginning and end of the projects. This evaluation also included a control group – children of the same age and gender composition at a school in Novosibirsk region that was not involved in the programme.

The baseline data for the experimental and control group were generally similar, and when the project end data were collected, again only slight changes (not exceeding 10%) for all indicators were revealed for the experimental group. Also, some positive changes were indicated for the participants in the control group, which means there are other factors in the region that influence these children's lifestyle habits, nutrition and physical activity. These might include other programmes supported by the government or other donors, generally improved awareness of healthy lifestyle, family habits, increased interest in sports following the Sochi Winter Olympics, etc.

As for the parents' and teachers' satisfaction with the programme, the data were collected by conducting focus groups. The participants indicated that they were highly satisfied with the programme, saying it was useful not only for the children but also for themselves.

This brief and far from exhaustive overview of the previous efforts made to evaluate healthy lifestyle programmes, and of the BHP outcomes and impact in particular, provide evidence that:

1. though the positive impact of the programme is obvious, it is not easily captured in the short term (within one year of the programme)
2. the children and other programme stakeholders obviously experience other influences which may affect the programme outcomes and impacts, and these should be taken into account
3. children should be engaged in the evaluation process as they are the main target group of the programme and should be given a voice and an opportunity to shape the programme in whatever ways would best suit their needs.

This SROI analysis took the following issues into account:

- children were engaged at all stages of data collection and provided valuable inputs that could be used for strategic planning within the programme
- other influences were identified within the qualitative stage of research and their strength was measured within the quantitative stage
- the programme outcomes were viewed in the longer term, as we looked at the schools that were engaged in the programme for at least two consecutive years
- as a form of social cost-benefit analysis, SROI makes it possible to compare the social value created by the programme with initial investments (both financial and in-kind) to produce compelling evidence of positive effects (return on investment) generated by the programme.

Chapter 3 - The SROI Methodology

Social Return on Investment (SROI) is a form of cost-benefit analysis recognised by the Cabinet Office of the United Kingdom. The method helps organisations to assess intangible aspects of their programmes – i.e. aspects that are often not valued in a traditional cost-benefit framework.

Rather than simply focusing on the costs of investment, the SROI methodology takes into account all the impacts considered relevant by the different material stakeholders.

The SROI goes beyond conventional assessments that tend to focus only on the actions and activities undertaken by the programme, which do not always reflect the most important changes.

The richness of the SROI method lies precisely in its measuring of the ‘change that has happened’ and that was experienced by the stakeholders themselves. SROI measures the change that is relevant to the people or organisations who actually experienced or contributed to that change.

Once the principal changes have been identified, their impact is conveyed by assigning an equivalent monetary value to each one.

The SROI value is more than just a number: it tells the story of the change that took place and its goal is to generate information to support decisions, including qualitative, quantitative and financial data.

In summary, in the search for the story of how the change was brought about, what is measured is the social, environmental and economic impact of a programme.

An SROI evaluation may include the social value created by the entire organisation, or focus only on a specific aspect of that organisation’s work.

This current analysis of the BHP is **evaluative**, i.e. it focuses on the impact and results in the three schools – Novgorod school 18, Ropsha school, and Sobinka school 2 and follows the principles of the SROI methodology.

The table below summarises the stages and principles of the SROI methodology according to the Guide to Social Return on Investment (UK Cabinet Office, 2012).

Stages of SROI analysis	SROI guiding principles
Establishing scope and identifying stakeholders	<ul style="list-style-type: none"> ■ Involve stakeholders ■ Understand what changes ■ Value what matters ■ Only include what is material ■ Do not overclaim ■ Be transparent ■ Verify the result
Mapping outcomes	
Identifying outcomes and giving them a value	
Establishing impact	
Calculating the SROI	
Reporting, using and embedding	

Table 3. The Stages and Principles of the SROI Methodology

3.1 – Establishing the scope and identifying the stakeholders

Before starting the research, the information on the programme design, activities and participants was studied.

It was agreed with the managers responsible for the BHP at CAF that the research would include three schools in three different regions where the programme had been running for a substantial period. The three schools were selected on the basis of their being the most active, responsive and open to new initiatives, creating an expectation that they would contribute significantly to the SROI process.

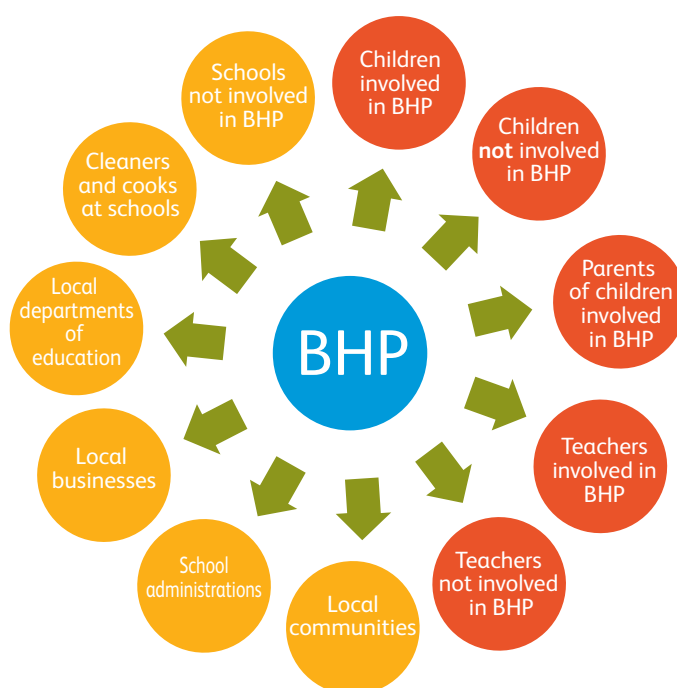
The decision was made to analyse three schools in different locations so as to try to identify any regional differences or differences based on the school size (Ropsha and Sobinka 2 being small rural schools and Novgorod 18 an average-sized urban school).

The fact that the three schools were involved in the BHP during different periods (Ropsha, 2008-2012; Sobinka 2, 2010-2014; Novgorod 18, 2012-2014 – see **Table 2** above) might also have had some bearing on the programme’s impact in each case – for example it would have affected the amount of investment each school received from the programme.

It is significant, moreover, that the programme in Ropsha ended more than two years before this SROI: the Ropsha school was included so as to see if the outcomes are sustained after the programme ends, as this could have implications for the project-funding strategy in future.

A stakeholder analysis was carried out to identify all the stakeholders affected in any way by the BHP. The results are shown below:

Figure 2: Stakeholders affected by the BHP



For the purposes of this analysis, the stakeholders consulted and involved in the impact assessment were those significantly affected by the BHP activities, highlighted in orange in the diagram.

■ **Children involved in the BHP**

Schoolchildren aged 8-12 are the key stakeholders and the main target group of the BHP. They participated in the project activities at school and were the primary users of all equipment and materials purchased as part of the projects. They were expected to have gained new knowledge and skills and to have experienced changes in their lifestyle and eating habits, resulting in greater vitality.

■ **Children not involved in the BHP**

This stakeholder group includes all other children who study in the same school but are not the main target group of the BHP.

These children are not directly targeted by the programme but are aware of it, have access to the equipment purchased through the programme, and take part in school events and activities.

- **Parents of the children involved in the BHP**

The parents were informed about the programme by the teachers. They became involved in some activities and events, and could be expected to pick up some healthier eating and exercising habits from their children, who were directly targeted by the programme.

- **Teachers involved in the BHP**

The teachers were affected by the training component of the BHP: they broadened their methodological portfolio and had extended opportunities for peer experience exchange and networking. They benefited from the equipment and materials purchased for the programme, incorporating them in their lessons. The programme also gave the teachers greater opportunities and resources for extracurricular activities.

- **Teachers not directly involved in the BHP**

Teachers who were not members of the project teams at their schools nevertheless learned about the programme during regular teacher meetings, took part in some of the programme’s events and activities, and had access to the new equipment and materials.

The reasons for the non-inclusion of other stakeholders in this SROI analysis can be found in Annex 1.

Theory of change for the SROI

A Theory of Change (ToC) presents the components required to achieve the long-term goal of an intervention. Besides the links between inputs, outputs and outcomes, it explains how and why the expected change is achieved.

For this SROI the ToC was first drafted based on information either provided by the BHP managers in individual and group interviews or obtained from reviewing the programme documentation.

To refine the ToC and understand the outcomes for each stakeholder group affected by the BHP, the children, teachers and parents were interviewed at each of the schools. The table below documents the process of engaging the stakeholders in the qualitative stage of the SROI research.

In each case we made sure that the group for the interviews at the qualitative stage was representative of respective stakeholder groups: the groups of schoolchildren included both boys and girls of different ages and from different grades. The parents were mostly mothers and grandmothers, as they are traditionally more involved in school activities, but where we learned from the teachers that fathers also took part in the programme activities, we asked them specifically to invite these fathers for stakeholder engagement sessions.

Stakeholder	Stakeholder engagement process
Children involved in the programme	3 group interviews – one at each of the schools (the groups were composed of boys and girls from various grades at the school involved and not involved in the programme – at least one boy and one girl from each grade)
Children not involved in the programme	Total number of children involved in the three schools – 51 (including 24 girls and 27 boys) Also through information obtained from interviews with parents and teachers
Parents of children involved in the programme	3 group interviews – one at each of the schools (the groups included at least 5 parents representing children in different grades; usually they were the mothers, as traditionally mothers are more involved than fathers in what their children do at school) Total number of parents involved in the three schools – 27
Teachers involved in the programme	3 group interviews – one at each of the schools (the groups were mixed, including both teachers who were members of project teams and teachers who were not directly involved in the programme, and also representatives of the school administrations)
Teachers not directly involved in the programme	
	Total number of teachers involved in the three schools - 30

Table 4. Stakeholder engagement for the SROI

The lists of questions for the stakeholder engagement interviews can be found in Annex 2.

The final ToC for the SROI for each stakeholder was presented as a diagram showing how change happens over time within the BHP.

3.2 - Data collection: sampling, indicators, and valuation

Indicators

Based on the refined ToC for every stakeholder, material outcomes were identified and indicators providing evidence of the outcomes were selected. Questionnaires were created to measure the indicators for every stakeholder group (see **Annex 5** for questionnaires for children, parents and teachers). The questionnaires also included questions aimed at obtaining additional impact data: counterfactual and attribution.

Information on drop-off and benefit period was collected through individual and group interviews with stakeholders and programme staff. No cases of displacement were identified for this evaluation.

Data collection and sampling

The researcher distributed questionnaires to children and teachers at each of the three locations. The children were also given additional questionnaires which they were requested to pass on to their parents. The parents completed the questionnaires at home and then gave them to their children to take back to school, where they were collected by the teachers and sent to CAF by post for processing.

The sample for children and parents was constructed using a convenience sampling approach, which means simply that the children given the questionnaires were those present at school on that particular day.

For teachers, because there were not many of them, continuous sampling was used at all three schools.

Valuation

The Choice Experiment technique, which is a form of stated preference valuation, was used to value different outcomes, and valuation exercises were conducted in the form of group interviews with children, parents and teachers at each location, at the same time as the data were collected.

A description of the Choice Experiment technique and the reasons for using it in this analysis can be found in **Chapter 5, Section 5.6**.

3.3 - Model and Calculation

All the data - indicators, values and programme inputs (financial and in-kind) and their projections (benefit period and drop-off) - were calculated on the basis of a cost-benefit model. From this model the following were calculated:

- SROI ratios based on the discount rates
- Distribution of values, by stakeholder
- Distribution of values, by result

Chapter 4 – How does the BHP produce change?

This chapter presents the ways in which the BHP creates changes for the children, parents and teachers. In line with SROI principles, these changes were mapped in consultation with the material stakeholders identified for this SROI.

After the outcomes achieved for every stakeholder were identified, the extent to which these outcomes were achieved could be measured and the impact of the programme understood.

4.1 – What is a Theory of Change (ToC)?

Programmes aimed at producing social change are implemented in a complex context, and involve a wide range of stakeholders as well as multiple influences. These influences, along with stakeholders' attitudes, should be understood and taken into account in order to ensure that the programme achieves the desired outcomes and its ultimate long-term goal.

A Theory of Change (ToC) defines all the building blocks required to bring about a given long-term goal. This set of connected building blocks – the outcomes along with interrelations between them, the activities, and the factors that enable or prevent change – are shown on a diagram, which is a graphic representation of the change process.

By taking into account the multifaceted environment of the programme and by aiming to answer the questions of 'how' and 'why' change is expected, a ToC helps to increase understanding of how and why the programme in question is or is not effective.

In most social programmes, change does not occur in linear fashion. The short- and medium-term results continue to feed into the process in the longer term contributing to the overall objective. However, for the sake of clarity and to facilitate understanding of the process and measuring of change for this SROI, the results will be presented in linear chronological order (short, medium and long term).

For this SROI a Theory of Change was developed for every stakeholder group using the approach presented in **Annex 3**.

4.2 – Identifying stakeholders

The ToCs by stakeholder were developed by a working group (WG) at CAF involving the following staff members:

- Director for programmes and donor relations
- Senior consultant (involved in previous evaluations of BHP)
- BHP director
- BHP manager
- SROI researcher

Based on a discussion of the programme and a review of the programme documents, the WG decided that the following stakeholders should be included in the SROI analysis:

- Children involved in the BHP
- Children not involved in the BHP
- Parents of children involved in the BHP
- Teachers directly involved in the BHP
- Teachers not directly involved in the BHP

Further details on each stakeholder group are provided in **Section 3.1**.

The ToC for the BHP was developed for each stakeholder group to represent the understanding by the WG of the changes they were expected to experience as a result of the intervention and how and why they were expected to undergo those changes.

After this, the stakeholders were engaged directly (see **Table 4** for stakeholder engagement details) to confirm the ToCs developed or change them so that they would reflect the actual process of change they had experienced within the programme (see **Annex 2** for the lists of questions used for stakeholder engagement). Section 4.3 of this report represents the ToCs over time based on stakeholder engagement.

These stakeholders were also used as proxies for other stakeholder groups that were excluded from this SROI on the basis that the changes they may have experienced within the BHP were not material for them (see **Annex 2**).

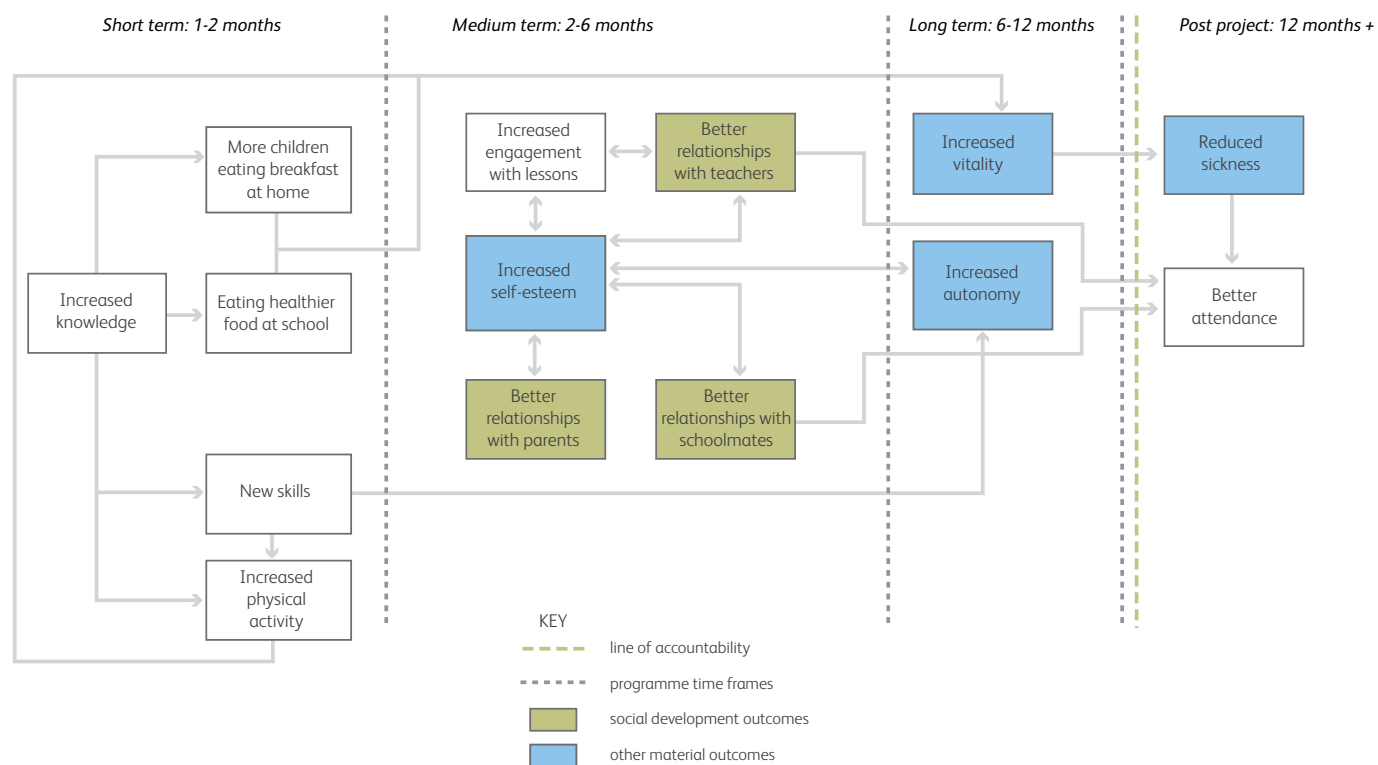
4.3 – Understanding change over time

Each stakeholder group experienced different changes at different times. This section explains in detail the outcomes achieved by the children involved and not involved in the BHP, the parents of children involved in the BHP, and the teachers involved in the programme either directly or indirectly. The timeframes for the changes were established through discussion with stakeholders individually for each stakeholder group.

Changes for children involved in the programme

The Theory of Change for children involved in the programme is presented in Figure 3.

Figure 3: Changes for children involved in the BHP



Short and medium-term changes

When the projects commenced, the children in the target group attended new classes on healthy lifestyles and nutrition, which increased their knowledge and awareness of the subject. The children learned about basic rules for healthy nutrition, the importance of breakfast as the main meal of the day, and the importance of regular physical activity.

With their newly acquired knowledge the children became more eager to eat breakfast at home, and so more of them regularly had breakfast at home before they went to school. They were also expected to start making healthier food

choices based on their new knowledge about nutrition, which led them to eating healthier food at school (in the canteen or during the cooking classes). In Ropsha school, thanks to new equipment, changes were introduced to the canteen menus for the duration of the project, so the change achieved was more sustainable.

As the new equipment for the project was purchased and installed in the school, the children also acquired new skills – cooking, physical activity, gardening (the set of particular skills might vary depending on the project design). Children learned to cook healthy meals themselves, to play new active games, to choose healthier food at the supermarket, etc.

The new skills and knowledge, along with the equipment for sports and games purchased by the school, resulted in an increase in the children's physical activity at school and at home.

There is much evidence from previous research suggesting that children's nutrition and amount of physical activity greatly influence their ability to concentrate at school (e.g. Pollitt, Leibel, and Greenfield, 1981), so in the BHP, in the medium term, the children who are eating more nutritious food and who exercise regularly might demonstrate increased engagement with lessons.

At the same time, the children's new practical knowledge and skills, which they can use not only at school but also at home and/or with friends, resulted in an increase in their self-esteem (they know things that their parents might not, they are less dependent on other people's support, etc.).

'My mother did not believe me when I said I could cook buckwheat myself. She stayed in the kitchen and watched me as I cooked. She was very surprised when I finished, and my father said this was the best meal he had ever had! I felt so good about myself.'

(Girl at Sobinka school 2)

The children's relationships with parents improved as they started cooking together at home and spending their free time in a more active way. Some of the parents themselves became involved in project events at school, which also served to improve their relationships with their children.

'I like this game, and to my surprise my granny liked it too! We often play it together when I come to see her.'

(Boy at Ropsha school)

As the children became involved in other project activities, they interacted more with each other, with other children at their school, and with the teachers involved in the BHP. The result is that they began to develop better relationships with classmates, schoolmates and teachers.

Long-term changes

In the longer term, by the end of the project and after its completion, the children continue to use the knowledge and skills they have gained, which increases their autonomy).

'The whole family likes my cooking, and now I cook breakfast and dinner for everyone myself.'

(Girl at Novgorod school 18)

'Most of my friends can cook for themselves, but I am the only one who makes a healthy choice when we go to the supermarket. My parents now turn to me for advice.'

(Girl at Sobinka school 2)

Also, over the longer term, the children's vitality increases as they become more physically active, spend more time outdoors, and start to eat better on a regular basis. This in turn might lead to their being sick less frequently and therefore missing fewer classes.

'I used to get tired at school very often, but after the programme started, we spend more time outside, and I feel much-much better now.'

(Boy at Novgorod school 18)

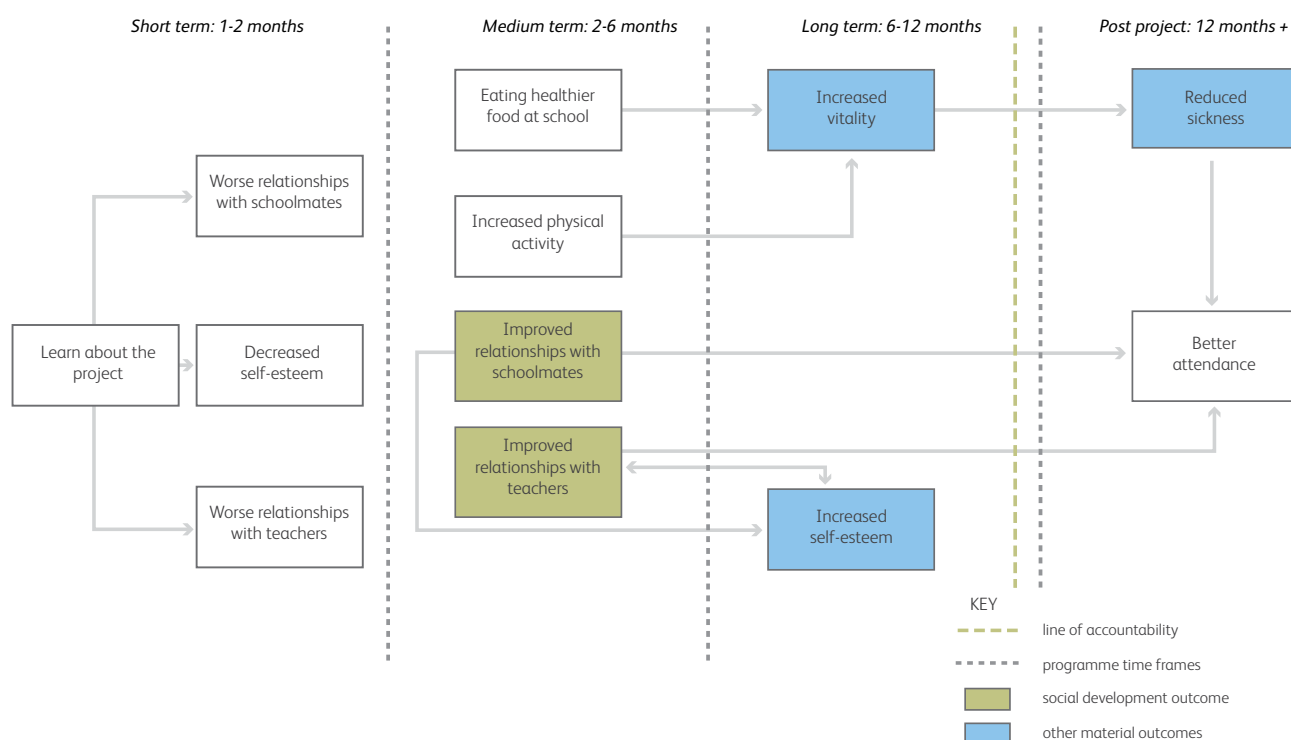
In Figure 3, the yellow line on the right separating the long-term outcomes from post-project outcomes is called the 'line of accountability'. This line shows the extent to which the long-term outcomes can be attributed to the programme. The

outcomes to the right of the line of accountability are influenced by multiple factors, including the children’s genetics and chronic diseases, seasonal diseases, environmental factors that affect individuals’ health, etc. Therefore, to avoid overclaiming the programme’s impact on the children, for this SROI we will only take into account the material outcomes located to the left of the line of accountability on the ToC diagram.

Changes for children not involved in the programme

Initially, the children not involved in the BHP were not viewed as material stakeholders. However, during stakeholder engagement sessions with the teachers and the children involved in the programme, it was clear that they were in fact influenced by the programme and that the initial influence was negative. The Theory of Change for these children is presented in Figure 4 below.

Figure 4: Changes for children not involved in the BHP



Short and medium-term changes

At the beginning of the programme, the children not involved in it were told that their non-participation was due to them not being in the target age group. So, while the children in the programme enjoyed new interesting classes and activities, the other children felt excluded and offended by this situation.

‘When the project started the children from grades 5 and 6 came up to me. They asked, “Why are we not in the programme?” Some even cried. It was very upsetting’ (Teacher, Sobinka school)

In the short term, therefore, among the non-participant children (grades 5 to 9) there was a negative impact on their relationships with teachers and schoolmates who were involved. As a result of this situation of perceived inequality, their self-esteem decreased.

This situation did not last long, however. Once the projects commenced, all the children in the schools had the opportunity to eat healthier food in the canteen, use the new equipment to increase their physical activity, get involved in

events and competitions related to the programme, and participate voluntarily in other activities. All these factors helped them improve relationships with schoolmates and teachers.

Long-term changes

It was anticipated that in the long term the children might experience positive changes in relation to their vitality. This was due to healthier eating and physical activity and subsequently increased self-esteem as they get involved in more programme activities at school as participants or volunteers.

‘The children from the class that was not involved in the programme started attending the local sports club on their own initiative, and they are always ready to help us when we organise something for the whole school’ (a teacher in Novgorod school)

Consequently it was possible to identify a negative short-term influence that could be overcome by changing the project design requirements for the schools and encourage them to involve all pupils in project activities from the very beginning.

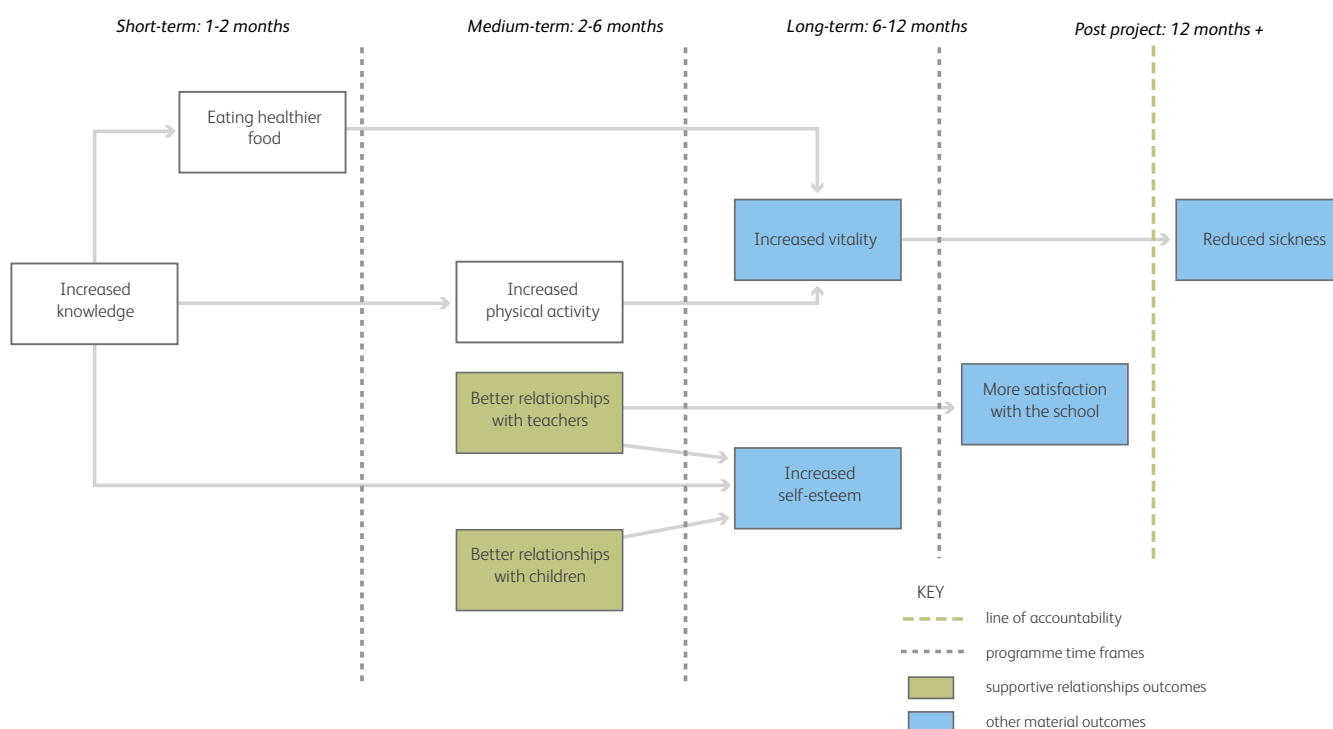
This has already been implemented within the programme, but the schools find it challenging to make the BHP interesting and attractive enough so that they are encouraged to engage fully with it.

This is one of the possible points of growth for future development. It could significantly enhance the programme’s impact with only a minimal increase in investment, as most of the equipment has already been purchased by the schools.

Changes for parents of children involved in the programme

As has already been mentioned, there were no activities specifically designed for the parents within the BHP. However, the programme always encouraged schools to engage with parents so as to maximise the positive impact of their projects. As the ToC for the programme was developed and during stakeholder engagement sessions, it became clear that parents were instrumental for the successful achievement of the overall goal of the programme. The outcomes for the parents of children involved in the programme are presented in Figure 5 below.

Figure 5: Changes for parents of children involved in the BHP



Short and medium-term changes

At the beginning of the BHP parents received information about the project at the parent and teacher meetings; and they learned about the programme activities in more detail from their children who were involved in it directly. The homework tasks the children were given at school were another way of informing the parents about the programme: the tasks might be related to cooking, physical activity or growing healthy food, or they might involve some research on related topics. The parents thereby increased their knowledge of what constitutes a healthy lifestyle and good nutrition.

As they participate in the cooking tasks with their children and learn more about nutrition, the parents start applying the knowledge themselves, and whole families started eating healthier food.

'The programme is awesome! After every class we had a discussion about what our daughter learned. Thanks to it we now have a whole vegetable garden on the window sill: onions, dill and even cucumbers waiting to get to the kitchen table!'

(Mother of a child at Novgorod school 18)

As the children become more physically active, so do their parents: they start playing sports together with their children or simply start to play active games in their own free time. Some of the parents take part in the family sports competitions organised at the schools.

'The only thing that upsets me about the programme is that my son now won't let us sleep on a Sunday: at 8 am he is up and ready to go skiing or play football or whatever depending on the weather, and we have to go with him... Joking. I am very happy he is interested in sports more than in computer games.'

(Father of a child at Sobinka school 2)

As they spend more quality time with their children, whether helping with healthy-lifestyle homework, cooking or playing active games together, the parents' relationships with their children improve. Their relationships with teachers also improve because they interact more and gain an understanding that their children are learning important skills and habits beyond the limits of the traditional school curriculum.

Long-term changes

For the parents in the long term, more nutritious food and increased physical activity result in increased vitality. Better relationships with the teachers, engagement in programme activities and understanding its importance for their children lead to increased satisfaction with their children's school.

'I think we are lucky our children go to this school and I recommend it to all friends and colleagues.'

(Mother of a child at Ropsha school)

Engagement in various programme activities aimed at teaching their children healthy eating and lifestyle habits, and cooking healthier food for the whole family, make the parents feel better about their parenting abilities and thus increase their self-esteem.

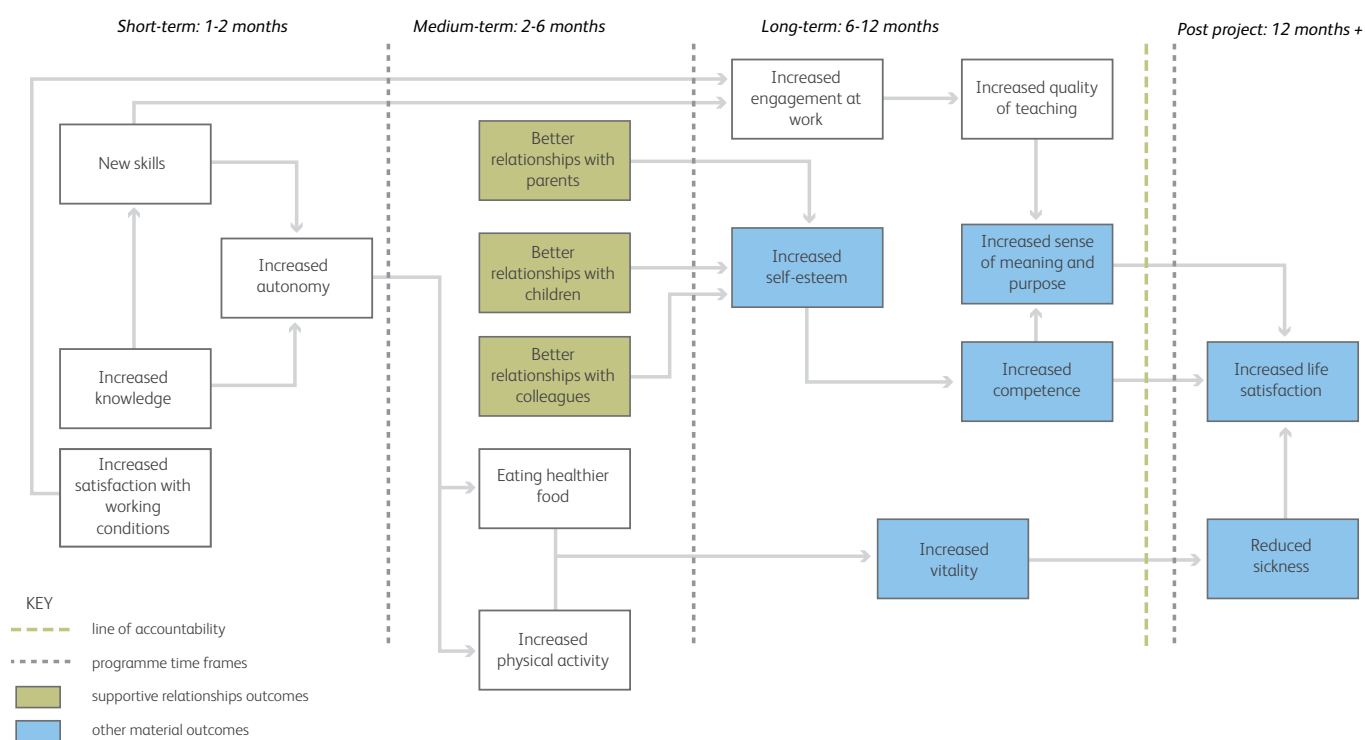
'I now carefully read the labels at the supermarket: I buy milk instead of milk produce, look for fresh seasonal fruit and vegetables, and buy wholemeal bread. Even if it's not that important it definitely makes me feel good about myself.'

(Mother of a child at Sobinka school)

Changes for teachers directly involved in the programme

The teachers directly involved in the programme are a small stakeholder group but the changes they experienced are very important and valuable for them. The outcomes achieved by the teachers directly involved in the programme are outlined below in Figure 6.

Figure 6: Changes for teachers directly involved in the BHP



Short and medium-term changes

As the recipients of the initial training at the project development stage, teachers are the first material stakeholders influenced by the BHP. Thanks to this initial instruction, and the subsequent methodological training, the teachers gain more knowledge about healthy lifestyle and nutrition, active games, interactive teaching, project planning, management and reporting.

Teachers obtain new skills as they learn new recipes for healthy food, learn about new games and activities they can do with the children, etc. They develop new skills in the field of project planning and implementation which are extremely useful today, now that project planning and management are being applied to many spheres of activity where it was not used before, including formal education in Russian schools.

Also, as the programme provides them with new equipment and materials, teachers become more satisfied with their working conditions.

'The equipment that we bought almost five years ago is still here. It is all working perfectly, and we use it for the new projects and during the cooking classes.'

(Teacher at Ropsha school)

The knowledge and skills they acquire give the teachers increased autonomy as they are able to make the right choices for themselves regarding food and physical activity.

As they learn more about the programme and teach healthy lifestyle basics to the children, teachers themselves start to eat healthier food and become more physically active.

'Now, if we get together to celebrate something like, say, Teacher's Day, we prefer to go to the local bowling alley instead of having tea with cakes and sweets.'

(Teacher at Sobinka school)

Engagement in project activities and school events improves the teachers' relationships with their colleagues, the pupils and the parents of pupils involved in the programme.

Long-term changes

In the long term, increased autonomy and satisfaction with their working conditions lead to the teachers being more engaged in their work, which subsequently results in greater professionalism and improved quality of teaching.

Teachers' self-esteem increases when they develop better relations with colleagues, parents and children. This in turn has a positive effect on their competence as they start applying their new skills, particularly those related to project planning and management, to their work.

'What I loved most about the programme is that we had the tools to do exactly what we wanted to and achieve what we planned! I think if we decide to start another project it will be easier for us and we will succeed.'

(Teacher at Novgorod school)

Increased competence and improved quality of teaching contribute to increasing the teachers' sense of meaning and purpose, as they feel what they are doing is valuable and appreciated by the people around them.

'I feel I am able to teach the children something really important and this makes me more proud of being a teacher'

(Teacher at Sobinka school)

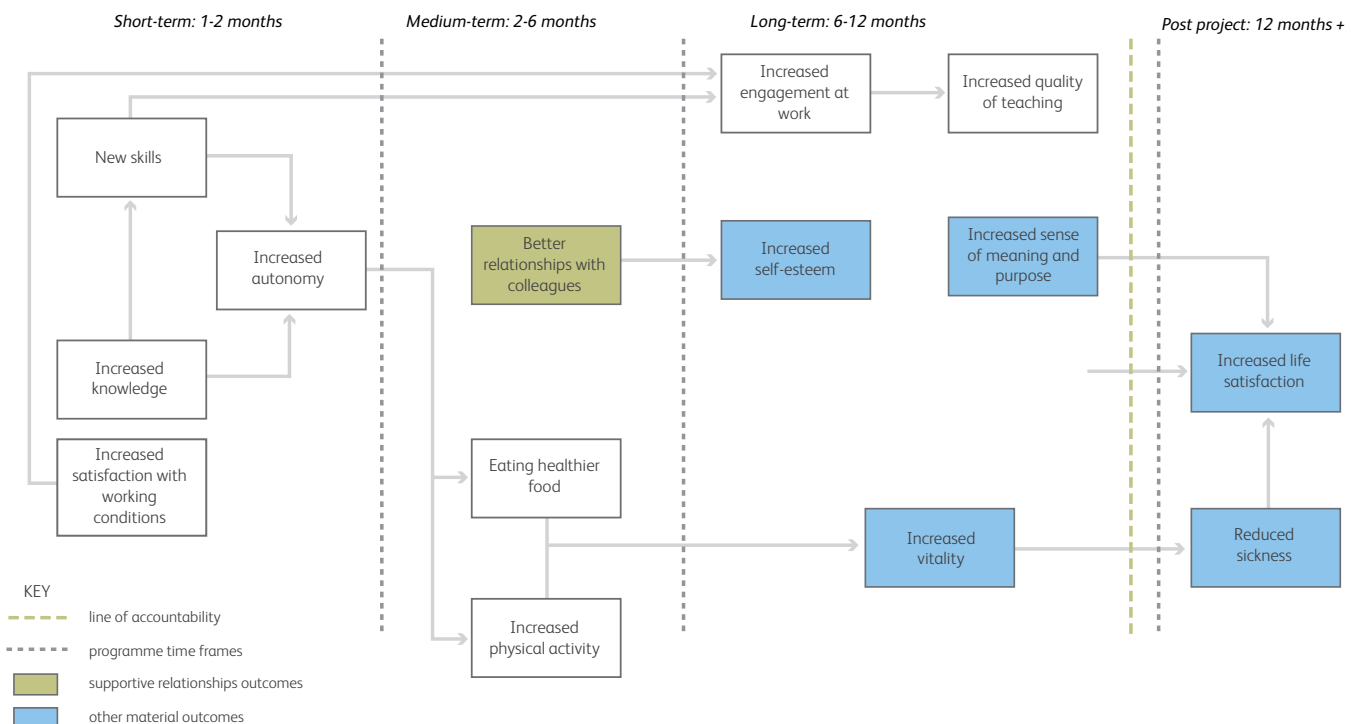
In the long term, regular consumption of healthy food and increased physical activity result in increased vitality, as the teachers feel more energetic and are more active.

In the longer term (post-project), based on what the teachers themselves said, this increased vitality could lead to them needing to take less time off work for illness. And improved health, together with an increased sense of meaning and purpose, might increase the teachers' overall life satisfaction. However, such outcomes are influenced by multiple factors and cannot be considered direct consequences of the programme – therefore they lie beyond the line of accountability and are not considered in this SROI analysis.

Changes for teachers not directly involved in the programme

Figure 7, below, shows the changes experienced by teachers who were not directly involved in the programme but who took an interest in it and participated in some of the events and/or activities.

Figure 7: Changes for teachers not directly involved in the programme



Short and medium-term changes

The teachers not directly involved in the BHP nevertheless benefitted from new equipment and materials, and became more satisfied with their working conditions.

By taking part in the programme activities they may acquire new knowledge and skills, but to a lesser extent than their colleagues who were part of the project teams at schools. The knowledge and skills resulted in increased autonomy for the teachers as they are able to make the right choices for themselves regarding food and physical activity.

These teachers also indicated that they themselves started to eat healthier food and become more physically active during the BHP, as they were influenced by their colleagues and were themselves motivated to adopt a healthier lifestyle.

'First I didn't take it seriously, but then I looked through the materials for the programme and thought: 'It's so easy and so good for me, why don't I do some of it myself?' (Teacher at Novgorod school)

Engagement in project activities and school events improved the teachers' relationships with their colleagues, making the whole atmosphere in the school more supportive.

Long-term changes

In the long term, increased autonomy and satisfaction with working conditions results in the teachers being more engaged in their work, which subsequently results in improved quality of teaching. This was what the teachers observed about themselves. This along with better relations with colleagues leads to teachers' increased self-esteem.

Self-esteem and increased quality of teaching contributes to increasing the teachers' sense of meaning and purpose, as they feel that what they and their colleagues do is valuable and appreciated by the people around them.

In the long term, regular consumption of healthy food and increased physical activity resulted into increased vitality, as the teachers felt more energetic and were more active.

As with the teachers involved in the programme, the longer-term outcomes associated with reduced sickness and increased overall life satisfaction are beyond the line of accountability and are not considered in this SROI.

4.4 – External factors influencing the outcomes of the BHP

To understand better how change within the BHP takes place over time, it is necessary to take into account other, external factors that can affect its outcomes in the short, medium and long term.

During ToC development with the working group at CAF and during the stakeholder engagement phase (group interviews at the schools), questions were asked about the factors that enabled or prevented the programme from achieving its objectives.

These factors that can either facilitate or prevent change were included in the programme impact assessment. They provide a better understanding of the outcomes and inform future strategic planning for the BHP and similar initiatives.

External influences

■ Local Ministries of Education

Though the local ministries of education are not directly involved in the implementation of the BHP, their endorsement and support are instrumental in the initial stage of the programme. They disseminate information about the programme across the schools in the region. The fact that the information comes from the ministry motivates the schools to learn more about the programme and get involved.

Without the support or at least the consent of the local ministry of education it would have been impossible to implement the programme. However, there are some negative examples, such as when the ministry in the Leningrad Region literally forced the schools to participate in the BHP in its early years: as a result the projects were viewed as a burden on the schools and they did not derive full benefit from the programme.

Well-balanced relationships with the local education ministries, therefore, are one of the key enabling factors for the programme's success.

- **Socio-economic situation of the families**

During stakeholder engagement, both teachers and parents noted that the programme outcomes were different for children from different socio-economic backgrounds. In the case of lower-income families, given the budget limitations, it was more difficult to change their children's eating habits. Parents with sufficient or high income were able to buy cooking and/or sports equipment to use at home, which reinforced the positive effect of the programme, while low-income parents could not do this.

- **Parents' support for the BHP**

Children's lifestyle and eating habits are shaped by their families. Support from parents is crucial in the case of an intervention such as the BHP as they naturally make all the most important decisions on behalf of children of primary school age.

A lot of parents in the schools where the programme is running have already understood its benefits and importance for the children, but more could be done to inform the parents about the BHP and its benefits for the children. Detailed recommendations are presented in **Chapter 7 - Main Findings** of this report.

- **School curriculum and pupils' workload**

These days the workload of Russian schoolchildren is constantly increasing along with the amount of information generally available to them. Introducing the additional classes and activities required by the programme might be difficult and the children might be unable to benefit from the programme as they are overloaded with other activities and responsibilities. This is particularly true for older children, a factor to be taken into account if the programme were extended to other age groups.

- **Attitude of children not involved in the programme**

According to the teachers, in some schools the initial stages of programme implementation saw children who were not involved in the projects reacting negatively to the programme activities – e.g. while everyone was having an active break they would demonstrate their protest by coming out and sitting with a packet of crisps so that everyone would see. This issue can be addressed by involving as many children as possible in the programme from the very beginning, thus minimising the risk of negative reactions and attitudes while at the same time maximising the social impact of the BHP.

The final Theory of Change for all stakeholders in the BHP is included in **Annex 4** of this report.

Chapter 5 – Building the SROI model

5.1 – The modelling process

The application of the SROI methodology in measuring social impact involves a number of compulsory steps.

Step 1 – measuring the outcome incidence: how much change has occurred?

When the Theories of Change are based on stakeholder engagement, indicators are identified to measure the change for each of the material outcomes. With these indicators the aim is to carry out a twofold measurement:

1. the coverage, i.e. how many stakeholders involved in the programme experienced a change in a particular outcome; and
2. with regard to an outcome, the 'distance travelled' by the stakeholders since the beginning of the programme, i.e. the magnitude of change for those experiencing it.

Step 2 – measuring the impact

Once the outcome incidence has been measured it needs to be adjusted by subtracting:

- a. The amount of change that would have happened anyway, even without the intervention
- b. The part of the change that can be attributed to other actors/influences; and
- c. The benefits that are offset by unintended adverse impacts.

How this is done in practice depends on the context in which the analysis is carried out and the information available for the research.

The purpose of this step is to exclude outcomes that cannot be attributed to the programme, or which would have taken place anyway. It is an important step to ensure that the impact of an intervention is not overclaimed, i.e. outcomes are not attributed to the intervention if not all of them are a consequence of it, or if they occurred just because of the circumstances in a given context. The purpose of this step is to adjust the impact so that it corresponds only to the effect of the intervention. This careful approach reflects one of the seven principles of the SROI methodology.

The first adjustment, referred to in section a) above, is the counterfactual which can be defined as the amount of change that would have happened anyway, even if there was no intervention. This requires us to define, conceptually and statistically, what the situation would have been without the intervention.

The second adjustment, referred to in item b) above, is attribution, which makes it necessary to find out what percentage of the total change was caused directly by the intervention and/or by the contribution of the organization involved, i.e. how much of the change can be actually attributed to the intervention, excluding what might have changed as a result of other interventions which took place simultaneously or other influences.

The final adjustment, referred to in item c) above, is displacement, which consists of measuring the amount of the change adjusted for the counterfactual and attribution that can be considered the 'net benefit' – i.e. a new benefit created by the intervention, not the result of a transfer of a change from one place or context to another. Displacement can involve either positive or negative effects.

Step 3 – defining and assigning proxy values

After the net change or impact has been calculated, the next step is to identify and assign proxy values. This process is called 'social/environmental valuation' and consists of assigning monetary values to outcomes that do not have a generally agreed market price, e.g. social/environmental capital.

All the market prices people use on a daily basis are the approximations ('proxies') for the value (or utility) that the buyer and seller give or get within a transaction. The value will be different for different people in different situations (UK Cabinet Office 2012). For instance, a glass of water would have very little value for a person living in a city with access to tap water, but for someone struggling to survive in a desert the value of that same glass of water might be much higher.

For some things like a loaf of bread or a bottle of milk, the prices have been identified, agreed upon and used consistently by the buyers and the sellers on a day-to-day basis. For other goods, such as a flat or a car, one might expect a broader variation of possible prices. When a new product is brought to a market there may be nothing to compare it with.

Value, as can be seen from the above example with the glass of water, is a subjective category. Markets have developed to mediate between people's different subjective notions of how much different goods are worth. In some cases (like food or basic consumer goods) this is more obvious than in others, but even if the prices seem to represent the 'objective' value this is not actually the case (UK Cabinet Office 2012).

If we look at the value and, consequently, the price of a car, it depends on who we are referring to. The seller will have an understanding of how much money he would like to get for it, i.e. how much value it has for him. The buyer, in turn, knows how much he would like to pay for the car, i.e. how much value it has for him. In this case, the function of the market is to bring together the buyers and sellers whose perceptions of value for certain goods coincide. This process is called 'price discovery' but it does not mean any true or fundamental value has been revealed: instead it is the matching of people who agree broadly on what the price is for a particular good (UK Cabinet Office 2012).

Sometimes the market fails to facilitate the price discovery process, which results in a situation of stagnation in which very few or no transactions take place (Fangliang and Yong, 2008).

Estimating social value is similar, the only difference being that social 'goods' are not traded in the market and so there is no 'price discovery'. This does not mean, however, that these social goods do not have a value to people.

In SROI, financial proxies are used to estimate the social value of non-traded goods to different stakeholders. Just as two people may disagree on the value of a market good (and there will be no transaction), different stakeholders will have different perceptions of the value they derive from an intervention. When this value is estimated through financial proxies, and subsequently these valuations are combined, it is possible to obtain an estimate of the total social value created by an intervention.

The process is very similar to valuations on a stock market reflecting the cumulative subjective valuations of buyers and sellers. Within SROI, however, the total valuation arrived at is likely to be more complete, as share prices only reflect the valuations of a very limited group of stakeholders (institutional and retail investors), while SROI captures the different types of value relating to an intervention from the perspective of those that are affected – i.e. the stakeholders (UK Cabinet Office 2012).

The total value created by an intervention is calculated by multiplying the net change by the monetary values assigned to it through financial proxies.

Step 4 – establishing benefit period and drop-off

The impact of an intervention can last for a number of years after its completion, so a benefit period is established for SROI reflecting the period of time for which the stakeholders enjoy the social benefits created by an intervention. It depends on the length of intervention and/or on external influences. During this period, the benefits may remain the same or decrease over time. The decreasing trend is described as 'drop off'.

Step 5 – discounting the benefits and costs to represent their present value

All anticipated future benefits and costs must be adjusted so as to represent their equivalent present values, which is done by applying a discount rate to all future costs and benefits.

The discount rate represents time preferences: in general, people prefer to receive money today rather than tomorrow because there is a risk that tomorrow the money will not be paid, and also because of the opportunity costs: if you

receive money today, you can put it in the bank and earn interest. This is known as ‘time value of money’, and the higher the discount rate the greater the assumed preference for present (UK Cabinet Office 2012).

These steps were followed in building the models for returns on investments in the BHP in Novgorod school 18, Ropsha school and Sobinka school 2. The key aspects of the process and findings are outlined below.

5.2 – Outcome incidence: understanding gross change

To measure the material changes experienced by the stakeholders identified when building the ToCs for the BHP, we administered five different types of questionnaire:

1. To children involved in the BHP
2. To children not involved in the BHP
3. To parents of children involved in the BHP
4. To teachers directly involved in the BHP
5. To teachers not directly involved in the BHP

For this SROI, the intention with the data collection at each of the three locations was to question, directly or indirectly, the following groups:

- 100% of the teachers involved in the programme;
- 100% of the children involved in the programme;
- as many parents as possible; and
- a convenience sample of children not involved in the programme (one class in Ropsha, one in Sobinka, two in Novgorod)

The questionnaires (**Annex 5**) were given directly to the teachers and children. The children also received additional questionnaires for their parents to complete, which were subsequently collected by the teachers and posted to CAF for data processing and analysis. As all the questionnaires at all three schools were handed out during one day, only the children who were present at school on that day (and their parents) were included. The children’s response rate was 100%, but not all the parents completed and returned their questionnaires. Therefore a convenience sample of stakeholders was questioned in the case of all the groups except the teachers, all of whom completed the questionnaire. Details of the number of stakeholders, the sample and the response rate are presented in Table 5 below.

Stakeholders	Population	Sample	Number of questionnaires answered	Response rate as % of sample	Response rate as % of the population
Novgorod school 18					
Children in BHP	196	158	158	100%	81%
Children outside BHP	131	39	39	100%	30%
Parents	196	158	114	72% ⁵	58%
Teachers directly in BHP	8	8	8	100%	100%
Teachers indirectly in BHP	4	4	4	100%	100%
Ropsha school					
Children in BHP	87	57	57	100%	66%
Children outside BHP	44	17	17	100%	39%
Parents	87	57	31	57%	36%
Teachers directly in BHP	9	9	9	100%	100%
Teachers indirectly in BHP	8	8	8	100%	100%
Sobinka school 2					
Children in BHP	192	149	149	100%	78%
Children outside BHP	15	15	15	100%	100%
Parents	191	149	108	73%	57%
Teachers directly in BHP	10	10	10	100%	100%
Teachers indirectly in BHP	8	8	8	100%	100%
Total					
Children in BHP	475	364	364	100%	77%
Children outside BHP	190	71	71	100%	37%
Parents	475	364	253	70%	53%
Teachers directly in BHP	27	27	27	100%	100%
Teachers indirectly in BHP	20	20	20	100%	100%

Table 5: Stakeholder population and sample by school: Novgorod school 18, Ropsha school and Sobinka school 2⁵

In the absence of baseline data for the indicators collected, the respondents were asked retrospectively what they achieved through becoming involved in the BHP. This approach is known as the Retrospective Pre Test, in which the investigation takes place at the end of an intervention and the participants are asked to make a comparative assessment of the situation before and after.

This approach evidently entails some bias from the respondents (Rockwell & Kohn 1989; Davis 2003; Raidl 2004; Lamb 2005). In addition, there is a tendency for the participants to overestimate the benefits to make them correspond with expectations – personal and social – of improvements due to the project and the time spent. However, it is the only realistic solution in a context where no baseline data is available.

Table 6 below presents the indicators selected to measure the BHP outcomes for each stakeholder group in this SROI. Where possible, more than one indicator and/or source of information was used for one outcome to ensure the quality and credibility of the data collected. e.g. the indicators measured for children were cross-checked with the parents and teachers to confirm the changes they reflect.

⁵ For presentation purposes of this SROI all the figures in the report are rounded to the nearest whole number, but for modelling the exact figures were used without rounding. The rates (discount rates and inflation) are traditionally rounded to two decimals. The SROI ratios are rounded to two decimals.

Stakeholder	Outcome	Indicator	Outcome incidence (avg.), by school	Avg. incidence in three schools
Children involved in BHP	Increased vitality	Evolution of children's physical activity (self-reported)	Improvement NS18 – 31 RS – 26 SS2 – 33	30
	Increased autonomy	Evolution of children's autonomy (self-reported)	Improvement NS18 – 25 RS – 24 SS2 – 31	27
	Better social development	Weighted average of 4 relationships indicators: evolution of relationships with teachers, classmates and schoolmates and changes in the quality of time children spend together with the parents ²	Improvement NS18 – 21 RS – 18 SS2 – 23	21
	Increased self-esteem	Evolution of children's self-esteem (self-reported)	Improvement NS18 – 20 RS – 21 SS2 – 28	23
Children not involved in BHP	Increased vitality	Evolution of children's vitality (self-reported)	Improvement NS18 – 16 RS – 16 SS2 – 12	15
	Better social development	Weighted average of 2 relationships indicators: evolution of relationships with teachers, and schoolmates	Improvement NS18 – 11 RS - 10 SS2 – 1	7
	Increased self-esteem	Evolution of children's self-esteem (self-reported)	Improvement NS18 – 10 RS – 24 SS2 – 2	12
Parents of children involved in BHP	Increased vitality	Evolution of parents' energy levels	Improvement NS18 – 11 RS – 14 SS2 – 20	15
	More supportive relationships	Weighted average of 2 relationships indicators: evolution of relationships with teachers and children	Improvement NS18 – 15 RS – 16 SS2 – 23	18
	Increased satisfaction with the school	Evolution of parents' satisfaction with the school	Improvement NS18 – 24 RS- 15 SS2 – 21	20
	Increased self-esteem	Evolution of parents' self-esteem	Improvement NS18 – 8 RS – 11 SS2 – 17	12

Teachers involved in BHP	Increased vitality	Evolution of teachers' energy levels	Improvement NS18 – 31 RS – 40 SS2 – 25	32
	More supportive relationships	Weighted average of 3 relationships indicators: evolution of relationships with colleagues, parents and children	Improvement NS18 – 27 RS – 36 SS2 – 29	31
	Increased self-esteem	Evolution of teachers' self-esteem	Improvement NS18 – 16 RS – 25 SS2 – 25	22
	Increased professional competence	Evolution of teachers' ability to use the new methods they learned/mastered within the programme	Improvement NS18 – 33 RS – 36 SS2 – 32	34
	Increased sense of meaning and purpose	Evolution of the teachers' perception of intrinsic value of their profession	Improvement NS18 – 28 RS – 30 SS2 – 30	29
Teachers indirectly involved in BHP	Increased vitality	Evolution of teachers' energy levels	Improvement NS18 – 13 RS – 22 SS2 – 16	17
	More supportive relationships	Evolution of teachers' relationships with colleagues	Improvement NS18 – 25 RS – 16 SS2 – 25	22
	Increased self-esteem	Evolution of teachers' self-esteem	Improvement NS18 – 13 RS – 6 SS2 – 6	8
	Increased sense of meaning and purpose	Evolution of the teachers' perception of intrinsic value of their profession	Improvement NS18 – 19 RS – 13 SS2 – 13	15

Table 6: Outcomes, indicators and incidence by stakeholder by school⁶

Note: NS18 – Novgorod school 18, RS – Ropsha School, SS2 – Sobinka school 2.

All figures are in per cent

The outcome incidence represents a percentage change reported by the stakeholders compared to the baseline (before the respondents were involved in the BHP). In three schools analysed for this SROI, the results in the table above reflect average change per outcome for:

- the 364 children in the programme;
- 71 children outside the programme;
- 253 parents of children in the programme;
- 27 teachers in the programme; and
- 20 teachers involved indirectly in the programme.

⁶ The weights for the children's "social development" outcome and the "supportive relationships" outcome for other stakeholders were identified during the choice experiment for valuation, where stakeholders listed the outcomes (including those related to improved relationships with different categories of people) in order of importance. For more details, see Section 5.6 below

Other indicators that were collected to verify the indicators in the table but not used for the SROI calculation can be found in Annex 6.

Overall, we see that all stakeholders demonstrate positive changes across outcomes considered in this analysis. However, there are some differences across stakeholders, outcomes and locations.

5.3 – Differences in outcomes by stakeholder

Children involved in the BHP

For children involved in the BHP there is a slightly higher incidence of outcomes related to vitality and autonomy (30% and 27% respectively on average across three schools) compared to outcomes related to social development and self-esteem (21% and 23% respectively on average across three schools). This corresponds to the programme design and objectives. The first two outcomes are intended and ensured by the programme activities: cooking classes, increased physical activity during breaks and after school, healthy lifestyle education, etc.

The social development outcome is indirect and occurs due to the whole scope of programme activities, as they are designed in a way that enables children to socialise better with each other and provides new joint activities for children and teachers, and children and parents. The increased self-esteem outcome is also indirect and may be achieved in different ways for different children: they may feel better about themselves because they know more and can do more, and for some of them the new area of activities introduced by the programme actually offers an opportunity to be successful at school even if they are not very good at academic school subjects.

Children not involved in the BHP

For the children not involved in BHP we could expect negative wellbeing outcomes that were identified during stakeholder engagement process (see Section 4.3 above). The questionnaires were designed in a way that allowed measuring the amount of negative outcomes (see Annex 5).

For the children not involved in BHP we could expect negative wellbeing outcomes that were identified during the stakeholder engagement process (see Section 4.3 above). The questionnaires were designed in a way that enabled the amount of negative outcomes to be measured (see Annex 5).

However, this was not the case, and the actual data did not show any negative outcomes for this group. This might be because the data collection at the three schools was carried out post-project, and the short-term negative outcomes this group had experienced were no longer present. This was due to the fact that during the course of the projects all schoolchildren got a chance to take part in them and the equipment purchased for the BHP was later used by the whole schools not just the target grades 3 and 4. If we carried out the data collection during the projects we might have been able to register the negative wellbeing outcomes for children not involved in BHP in the short term, but in our case the negative outcomes are presumable, and so they could not be included in further analysis.

The outcome incidence for children not involved in the BHP was positive but marginal across all the three outcomes that were measured for this SROI: across the three schools the average changes were as follows:

- 15% average increase in vitality
- 7% average improvement in social development
- 12% average increase in self-esteem

If these figures are adjusted for counterfactual and attribution obtained through questionnaires, no material change can be traced for this stakeholder group.

This can be explained by the fact that the children in the schools who were not directly involved in the programme were never seen as programme stakeholders, but they should be considered for future programme planning and schools should be encouraged to work with them more within their projects.

The children not involved in the BHP were therefore excluded from further analysis and modelling. However, it was very important to analyse changes for this group in the ToC development and stakeholder engagement process. Important negative outcomes and opportunities for maximizing the programme impact were identified within this group. It is also recommended to analyse the outcomes for this group of stakeholders in the future BHP SROI research.

Parents of children involved in the BHP

For parents of children involved in the programme the amount of change for outcomes related to increased vitality is slightly lower than that for supportive relationships and increased satisfaction with the school –respective outcomes of 15%, 18% and 20% on average across the three schools.

The incidence of increased self-esteem outcome is lower, the average increase across the three schools being 12%. This difference may be explained by the fact that improvements in vitality, relationships, and satisfaction with the school may be more closely related to the BHP and its impact. We cannot expect the programme to have a major impact on the parents' self-esteem as that is also influenced by many other factors, including their family, work and leisure activities, some of which are much more influential than the programme.

Parents were not directly targeted by the BHP. However, our analysis does provide evidence of a positive impact on their wellbeing that was made possible by the programme design and by involving the parents in the programme indirectly through their children. This should be taken into account for future programme strategy, as these outcomes can potentially be further improved by introducing more programme activities aimed at the parents and ensuring regular communication with them to raise awareness about the BHP and its benefits.

Teachers involved in the BHP

Based on the outcome incidence, teachers directly involved in the BHP were the group who experienced the biggest change. The incidence for the vitality outcome is 32% on average across the three schools, which is in line with the BHP design and activities.

The highest incidence outcome, however, is the one related to increased professional competence (34% on average across the three schools), which also appears to vindicate the original design of the programme as it included a specific teacher-training component.

Increased supportive relationships and increased sense of meaning and purpose are in third and fourth positions, with average incidences across the three schools of 31% and 29% respectively. These two outcomes are made possible by the contents of the programme and the scope of the activities as a whole: the way the activities are organized at the schools enables teachers to interact with each other, pupils and parents in a more informal way, which improves their relationships and it also gives them a greater sense of doing a valuable and worthwhile job.

For the teachers, as for the parents, the outcome with the lowest incidence was increased self-esteem (22% on average across the three schools). This might be because self-esteem is a multifaceted and unstable component of wellbeing, subject to many different influences.

Teachers not directly involved in the BHP

For the teachers not directly involved in the implementation of the BHP, the incidence of outcomes is similar to that observed for the parents who were also not directly targeted. The average incidences across the three schools were as follows:

- supportive relationships, 22%
- increased vitality, 17%
- increased sense of meaning and purpose, 15%
- increased self-esteem, 8%

The outcomes achieved for this group of stakeholders were unintended within the programme, but as the issues addressed by the programme are universal and important for all stakeholders as individuals, the influence of the programme turned out to be wider. It is understandable that these particular stakeholders experience most change in relation to supportive relationships as they were not involved in the whole course of the BHP but took part in occasional events and activities which are more likely to influence relationships than vitality.

5.4 – Differences in outcomes across three locations

The three schools analysed for this SROI are located in different regions, they differ in size (the school in Novgorod being an average urban school and Ropsha and Sobinka being smaller rural schools) and were involved in the BHP at different stages of its implementation. The length of involvement and total amount of investment for these schools were also different, so we could expect to see differences in outcomes per stakeholder. Some of these differences are discussed below.

Novgorod School 18

Year the school joined the BHP		2012
Number of pupils in the school		400
Number of pupils involved in BHP		196
Pupils involved in the BHP	Male	111
	Female	85
Parents involved in the BHP	Average or high income	127
	Low income	69

Table 7. Novgorod school 18. General information

This school has been taking part in the programme for the shortest period of time and received less funding than other schools, but its achievements within the programme were significant. Within the programme it equipped a cooking class and a mini-gym for project activities. As the team leader in the school teaches IT, it was quite successful in using web-based technologies for programme activities: the children and parents took part in web-quests and worked on various assignments related to healthy nutrition and physical activity.

The school's pupils tend not to be high achievers academically, and this is one of the reasons why the programme is particularly successful here: the children get a chance to be good at something at school that does not require the knowledge of the traditional school subjects.

This school has a higher incidence of positive outcomes for teachers not directly involved in the Programme, while the outcomes for other stakeholders are close to average. This can be explained by the fact that:

- there were only 4 teachers involved in the programme indirectly in this school
- the programme has been in place for a relatively short period of time, and teachers who are not involved in it are more interested and enthusiastic about the programme.

Ropsha School

Year the school joined the BHP		2008
Number of pupils in the school		120
Number of pupils involved in BHP		87
Pupils involved in the BHP	Male	38
	Female	49
Parents involved in the BHP	Average or high income	37
	Low income	50

Table 8. Ropsha school. General information

With the funding received the school purchased equipment and materials for cooking classes, equipped a gym, and improved the kitchen equipment so as to be able to serve healthier hot meals to all the children.

The school building also serves as a community centre which is particularly active in hosting all types of social projects, and the school was able to successfully incorporate the BHP activities into the schedule of other school events. This may have affected the SROI results, decreasing the attribution of wellbeing outcomes to the BHP, as the stakeholders had difficulties distinguishing between the BHP and other school activities.

This school has a higher incidence of wellbeing outcomes for teachers involved in the programme, and this is supported by evidence: the programme was one of the first projects for the school, and having mastered the project development and management skills within this programme the teachers are now successfully applying them elsewhere. Another driver of success for this school was the fact that the director of the school not only supported the programme but was also actively involved in it, encouraging other teachers to participate.

Sobinka school 2

Year the school joined the BHP		2010
Number of pupils in the school		300
Number of pupils involved in BHP		192
Pupils involved in the BHP	Male	95
	Female	97
Parents involved in the BHP	Average or high income	115
	Low income	77

Table 9. Sobinka school 2. General information

This school was particularly successful at gardening as it has a piece of land that can be used for this purpose; it even bought a greenhouse in order to grow vegetables.

The programme also enabled the school to equip an outdoor sports ground and organise a corner for active play inside the building. A cooking classroom was fully equipped with kitchen appliances.

This school has the highest outcome incidence for children and parents, which is explained by the fact that it has been involved in the programme for a long time, like the Ropsha school, but unlike in Ropsha the programme is still running.

5.5 – BHP impact: understanding net change

Overview of approaches to impact measurement

Measuring net change or impact means excluding any impact that might have been due to other factors. As mentioned in Section 5.1 those factors are:

- Counterfactual
- Attribution
- Displacement

Figure 7: Measuring impact



To measure the counterfactual we need to assess what amount of change would have happened anyway without an intervention.

There are three ways to carry out such assessment, depending on the circumstances and resources available:

- a. **Comparative approach** - involving a control group. This is a rigorous method to measure the counterfactual. However, the research must ensure that the control group is comparable to the target group. Furthermore, there are ethical reservations about the use of control groups with regard to social programmes (European Commission 2010).
- b. **Hypothetical approach** - directly asking the stakeholders how much change they think would have taken place anyway, even without the programme.
- c. **Trend approach** - comparing the outcomes for stakeholders with national or regional data, if and where comparable figures exist.

To measure the counterfactual for the BHP SROI the hypothetical approach was used: each stakeholder group was asked to estimate how much change they think would have happened if there had been no BHP in their school. The other options were rejected because of the difficulty of finding and accessing a control group with parameters comparable to the stakeholders at the three locations selected for the SROI (option a), and the lack of specific regional or national data on the outcomes measured for this SROI (option c). The approach chosen was the optimal one given the context of this SROI; however, it could have resulted into the respondents' recall bias (Hassan 2005). This was taken into account at the sensitivity analysis stage, where the three models were tested for sensitivity to recall bias and attribution (see **Section 6.3**).

Measuring *attribution* is necessary when there are other actors involved in a programme and/or when multiple actors are working in the same area to achieve similar goals (UK Cabinet Office 2012). As with the counterfactual, several approaches are possible when measuring the attribution.

1. If several organisations are contributing to a programme, one might want to assess the percentage of change that can be attributed to each organisation. This is only necessary if one wants to estimate how much credit for the results each organisation could claim for itself. This can be done in two ways:
 - 1.a Empirically, asking stakeholders what proportion of the overall benefit they would attribute to each of the different actors who participated in bringing about the change, or
 - 1.b Through an approach based on hypothesis in which the credit for the results is divided in proportion to the resources each organisation contributed/invested (UK Cabinet Office 2012).
2. If multiple programmes with similar goals are focusing on the same stakeholder groups, one might wish to estimate how much of the change can be attributed to each of these different programmes and actors. In this case the estimate of attribution can be made through hypothesis (for example based on the collection of qualitative information) or on the basis of empirical data, which involves directly asking the stakeholders to rank the organisations in accordance with the importance of their respective contributions to the result (UK Cabinet Office 2012).

Finally, *displacement* effects can occur in situations where the generation of positive changes for a stakeholder group (for example the direct beneficiaries of a programme) automatically causes negative changes for another group. In other words, the benefits are displaced from one group or area to another. In practice, displacement effects are difficult to measure because the causal relationship between an intervention and its impacts upon non-participants is difficult to determine (UK Cabinet Office 2012).

In this evaluation of the BHP no negative impact that could have been displaced to another location was determined during stakeholder engagement and ToC development stage.

The attribution was measured empirically for each of the outcomes by asking every stakeholder group. The data on other possible influences were collected during the stakeholder engagement stage. The parents and teachers were asked to attribute a percentage of change to the programme along with other factors that might have been influential, while for the children we used an exercise with ten apples which they had to share out in accordance with the importance of the possible influences. The questionnaires therefore included three questions for each outcome:

- a. Outcome incidence (distance travelled)
- b. Counterfactual (what would have happened anyway)
- c. Attribution (to what extent the programme was responsible for the change)

All the questionnaires for the various stakeholders can be found in **Annex 4**.

Table 10 below shows the net change and attribution for every stakeholder group, by outcome, in each of the three schools.

Stakeholder	Outcome	Net change	Attribution to BHP
Children involved in BHP	Increased vitality	NS18 – 38	22
		RS – 31	23
		SS2 – 40	29
	Increased autonomy	NS18 – 29	18
		RS – 21	21
		SS2 – 31	25
	Better social development	NS18 – 15	15
		RS – 15	16
		SS2 – 27	25
	Increased self-esteem	NS18 – 20	16
		RS – 18	13
		SS2 – 24	23
Parents of children involved in BHP	Increased vitality	NS18 – 15	8
		RS – 15	11
		SS2 – 22	16
	More supportive relationships	NS18 – 16	19
		RS – 14	11
		SS2 – 25	20
	Increased satisfaction with the school	NS18 – 23	19
		RS – 14	14
		SS2 – 17	23
	Increased self-esteem	NS18 – 9	4
		RS – 11	8
		SS2 – 16	16
Teachers involved in BHP	Increased vitality	NS18 – 44	41
		RS – 55	38
		SS2 – 35	25
	More supportive relationships	NS18 – 34	31
		RS – 38	35
		SS2 – 29	36
	Increased self-esteem	NS18 – 25	22
		RS – 30	25
		SS2 – 25	27
	Increased professional competence	NS18 – 45	47
		RS – 44	38
		SS2 – 32	38
	Increased sense of meaning and purpose	NS18 – 31	31
		RS – 35	32
		SS2 – 35	29

Teachers indirectly involved in BHP	Increased vitality	NS18 – 19	19
		RS – 22	18
		SS2 – 22	16
	More supportive relationships	NS18 – 31	16
		RS – 16	10
		SS2 – 25	10
	Increased self-esteem	NS18 – 25	11
		RS – 3	13
		SS2 – 0	10
	Increased sense of meaning and purpose	NS18 – 38	13
		RS – 16	8
		SS2 – 9	5

Table 10: Net change and attribution by outcome per stakeholder by school

Note: NS18 – Novgorod school 18, RS – Ropsha school, SS2 – Sobinka school 2.
All figures are in per cent

As we can see above, the teachers were the stakeholder group most likely to attribute the changes in their wellbeing to the BHP. Evidently this is because they are the group most closely connected with the BHP and its activities, whereas for the parents and children the programme activities are just part of the in-class and extracurricular activities they are involved in at their schools.

The teachers indirectly involved in BHP and parents are the two stakeholder groups that were not directly targeted by the programme, which explains lower attribution figures for all outcomes in their surveys. The attribution is especially low when it comes to parents' and teachers' self-esteem and teachers' sense of meaning and purpose, as these outcomes are complex and not intended within the programme.

It was noted during the data collection stage that children often found it difficult to distinguish between the programme and the teachers who were responsible for running it. Therefore, when calculating the attribution of change to the programme, the figure was increased by adding to it exactly half of the percentage the children attributed to the teachers.

For example, in Novgorod school 18 children attribute 17% of the change in their vitality to the BHP, and 11% of the change to their teachers. As they find it difficult to distinguish between the programme and the teachers, the following approach is used to calculate the attribution to the programme:

Total attribution to BHP = Attribution to BHP + 50% Attribution to teachers = 17.00% + 5.50% = 22.50%;

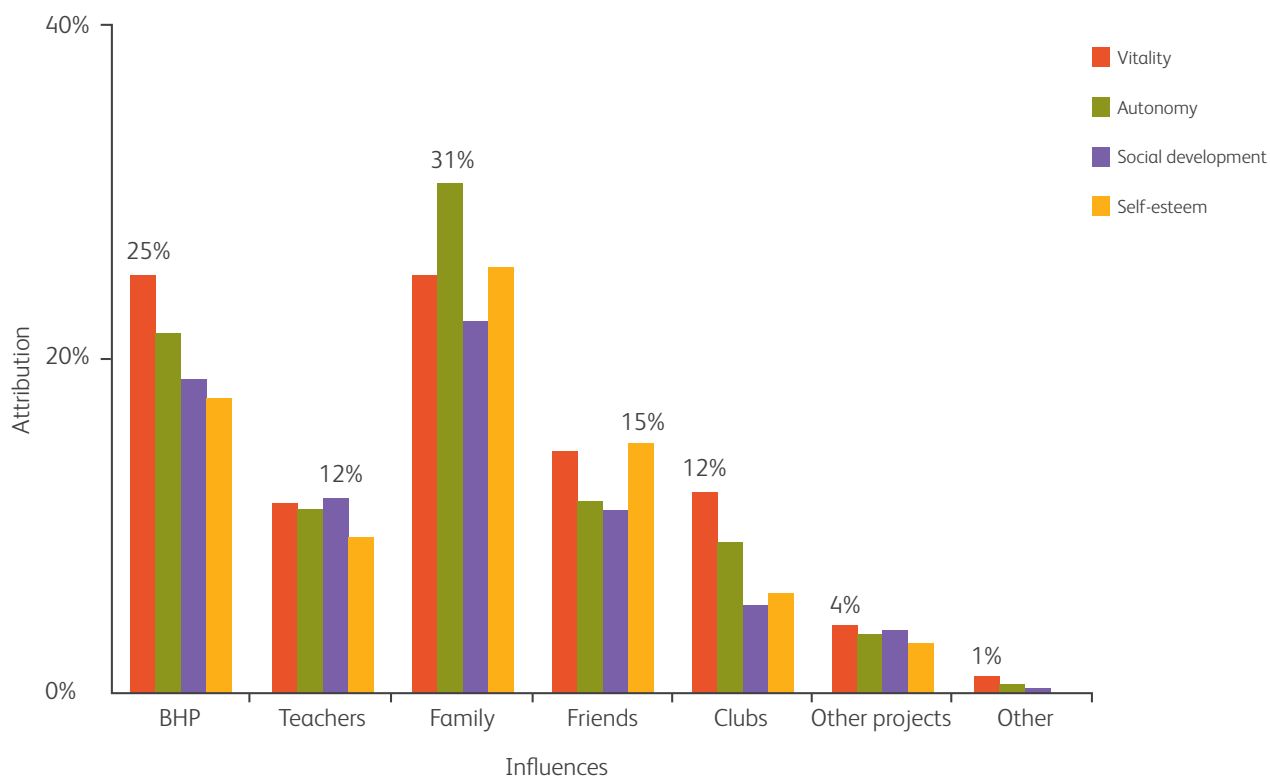
This approach was only used for the children, the assumption being that the other stakeholders were sufficiently able to distinguish between the impact of the programme and that of the teachers.

Another adjustment was made to the attribution figures in cases where there was no movement on an outcome for a stakeholder (zero gross change), and the stakeholder stated that nothing would have happened anyway (zero counterfactual). In this case, some respondents still filled in the attribution section in the questionnaires and stated the influences that they experienced. An assumption was made that if there was no change for the respondent within the programme but equally there would have been no change without it the absence of change could not be attributed to any influences, and the attribution figures were changed to zero to comply with the SROI principle on not overclaiming the impact.

As the children are the main target group of the BHP, for this SROI it was important not only to understand the programme’s impact on their wellbeing but also what other influences help bring about positive changes.

Therefore, the responses of the children at the three schools to the attribution questions were analysed to produce the following overall picture of influences:

Figure 8. Attribution per outcome, average across three schools



Besides the impact of the BHP (maximum attribution 25% for changes in vitality) and teachers (maximum attribution 12% for social development), the children are significantly influenced by their families (maximum attribution 31% for changes in the children’s autonomy) and friends (maximum attribution 15% for self-esteem), as well as the clubs they attend (maximum attribution 12% for vitality).

These influences should be further explored and taken into account for the future development of the programme: grantees should be encouraged to work more with families and local communities to maximise the positive influence of the programme.

5.6 – Assessing the materiality of negative outcomes

The survey of stakeholders revealed that besides those who experienced positive outcomes of the BHP there were those who experienced negative outcomes and those for whom there was no change in their wellbeing within the programme.

According to the questionnaires, the majority of stakeholders reported positive outcomes or no change for the wellbeing outcomes measured for this SROI. Table 11 below provides the percentage of stakeholders who reported that nothing changed for them within the programme or they would have achieved the same changes without the BHP.

Stakeholder	No change	School	% of stakeholders
Children involved in BHP	Vitality	NS18	27
		RS	30
		SS2	21
	Autonomy	NS18	30
		RS	42
		SS2	28
	Social development	NS18	53
		RS	19
		SS2	54
	Self-esteem	NS18	42
		RS	23
		SS2	27
Children not involved in BHP	Vitality	NS18	44
		RS	59
		SS2	60
	Development	NS18	67
		RS	65
		SS2	87
	Self-esteem	NS18	59
		RS	76
		SS2	93
Parents of children involved in BHP	Vitality	NS18	58
		RS	55
		SS2	36
	Supportive relationships	NS18	57
		RS	52
		SS2	33
	Satisfaction with the school	NS18	48
		RS	52
		SS2	33
	Self-esteem	NS18	74
		RS	65
		SS2	40

Teachers involved in BHP	Vitality	NS18	0
		RS	0
		SS2	20
	Supportive relationships	NS18	25
		RS	0
		SS2	10
	Self-esteem	NS18	50
		RS	44
		SS2	20
	Competence	NS18	0
		RS	0
		SS2	10
Meaning and purpose	NS18	38	
	RS	22	
	SS2	10	
Teachers not directly involved in BHP	Vitality	NS18	25
		RS	50
		SS2	50
	Supportive relationships	NS18	50
		RS	63
		SS2	25
	Self-esteem	NS18	50
		RS	88
		SS2	63
	Meaning and purpose	NS18	25
		RS	63
		SS2	63

Table 11. Share of stakeholders reporting no changes for the BHP outcomes by school

Note: NS18 – Novgorod school 18, RS – Ropsha school, SS2 – Sobinka school 2.

As it can be seen from the table, the teachers and children directly involved in the BHP mostly experienced some changes in the outcomes, for parents the situation is mixed, and for the teachers and children not directly involved in the BHP the majority of stakeholders experienced no change.

After the information on average changes for different BHP outcomes was gathered for various stakeholder groups at the three locations it was also important to understand if there were any negative changes for any of the stakeholders and if these changes were material.

To answer this question we looked at the net change outcomes to see if any of the stakeholders who did not experience the positive outcomes experienced a negative outcome. The results of this analysis for the schoolchildren and parents are presented in Table 12 below.

Stakeholder	Negative outcome	School	% of stakeholders	Attribution to BHP, %
Children involved in BHP	Decreased vitality	NS18	3	16
		RS	7	10
		SS2	6	16
	Decreased autonomy	NS18	5	10
		RS	5	10
		SS2	7	11
	Less social development	NS18	9	5
		RS	9	12
		SS2	12	12
	Decreased self-esteem	NS18	4	4
		RS	9	10
		SS2	7	14
Children not involved in BHP	Decreased vitality	NS18	13	6
		RS	11	3
		SS2	7	0
	Less social development	NS18	10	5
		RS	6	0
		SS2	7	0
	Decreased self-esteem	NS18	13	8
		RS	6	0
		SS2	0	0
Parents of children involved in BHP	Decreased vitality	NS18	1	20
		RS	3	0
		SS2	2	10
	Less supportive relationships	NS18	2	8
		RS	6	0
		SS2	1	0
	Decreased satisfaction with the school	NS18	4	8
		RS	10	10
		SS2	7	23
	Decreased self-esteem	NS18	1	10
		RS	0	0
		SS2	3	20

Table 12. Share of stakeholders reporting negative changes for the BHP outcomes by school
Note: NS18 – Novgorod school 18, RS – Ropsha school, SS2 – Sobinka school 2.

As can be seen from Table 12 above, the percentages of stakeholders who experienced negative outcomes in the three schools are small, and the average attribution of these negative changes to BHP is low. Thus, it can be concluded that there were no changes to wellbeing for the majority of stakeholders who did not experience positive changes within the BHP.

As for the teachers in the three schools involved in the BHP directly or indirectly, they did not report any negative outcomes associated with the BHP. Therefore, the outcomes either changed for the better or stayed the same as a result of the BHP.

5.7 – Using financial proxies to assign values to the results

The SROI evaluation requires that the impact of an intervention is expressed in monetary (financial) terms. This means assigning a ‘proxy’ (‘approximate value’) to goods that are not traded in the market and therefore do not have an agreed market value. Although this practice is becoming increasingly common with regard to environmental outcomes (e.g. carbon emissions trading), it is not yet the case with social outcomes, where there is still little consensus about methods and numbers.

In general, the following approaches are currently used to assign values to non-market outcomes:

1. **Stated preference** – directly asking people how they value things relative to other things, or how much they would pay to get or avoid something. This approach assesses people’s willingness to pay or accept compensation for something hypothetical.
2. **Revealed preference** – valuation from the prices of related market goods. To this end data published on average household spending may be used.
3. **Hedonic pricing** – a form of revealed preference technique that produces a value based on the market values of components of a service or a good.
4. **Travel cost/time value** – an approach based on the notion that people are generally willing to travel a certain distance or spend a certain amount of time in order to obtain a good or service that is valuable to them. The cost of travel and/or time spent can be given a monetary value which represents an estimate of the value of that good or service (Fujiwara and Campbell 2011).

For this SROI a stated preference approach was used due to a) lack of relevant research data and b) the fact that the available national statistics data are mainly for a representative sample on the national level, and would be difficult to adjust to the stakeholder population in this research.

The data were obtained through an empirical ‘Choice experiment’ exercise based on consultations with the stakeholders: in this exercise the respondents describe the conditions that are essential in order to achieve a certain goal (a better life, for example) and, through discussion, draw up a ranking of those conditions in order of importance. Then they assign a monetary value to any material items that are present in the list. The monetary value of this item is taken to be the anchor value for any non-material conditions in the ranking (such as the wellbeing outcomes they improved thanks to BHP) that were given greater importance than that material item.

Applying the ‘choice experiment’ exercise

This exercise was used with all the stakeholders (children, parents and teachers) at all three locations in group discussions, the aim being to obtain monetary proxies to measure the value of the wellbeing outcomes of the BHP. Overall, nine choice experiments were conducted with groups of at least five people at the three schools.

The text of the experiment can be found in **Annex 7**.

The results of the choice experiments in each school and discussion of other possible proxies can be found in **Annex 8**.

Looking at the results, certain trends can be observed in the valuation of outcomes for stakeholders.

While children tend to mix material and non-material outcomes, parents and teachers tend to put all non-material values higher in their rankings. A possible explanation for this is that adults are more likely to give socially approved answers – and non-material things like relationships, knowledge and sense of meaning/purpose are traditionally valued more highly in Russian culture while material wellbeing is often declared unimportant (Nureev et al. 2010).

According to some Russian economists and sociologists, this perception of wellbeing is rooted in the Russian Orthodox Christian culture based on non-possession and collegiality, and also bears the influence of the Soviet era in which a person’s material wellbeing depended more on their social position and relationships than their knowledge, skills and performance at work (Gudkov, Dubin & Levinson 2009; Nureev et al. 2010).

The rankings in **Annex 8**, therefore, can be seen as reflecting current Russian attitudes about wellbeing in general. These attitudes certainly affect further SROI calculations, as non-material wellbeing outcomes are often given extremely high

values. For this research, the respondents were encouraged to provide as many material values as possible with various prices to arrive at a reasonable valuation for the non-material ones by calculating the average.

It should be noted that most children did not have the 'material versus non-material' bias during the choice experiment – although in some cases older children were reluctant to attach importance to material elements of wellbeing, stating that it 'wouldn't be right'. This again supports the idea that attaching a higher value to non-material outcomes, or at least declaring that you do, is an element of Russian culture.

The estimated values for wellbeing outcomes without a market price were subsequently calculated based on the assumption that if an outcome is ranked higher than something which has a certain market price, that outcome is worth at least that market price. In cases where there were several wellbeing components with market prices with the same ranking, an average was calculated to produce the estimated value for the wellbeing component that needed valuation.

5.8 – Other modelling considerations

Benefit period and drop-off

This SROI evaluation was designed to demonstrate the value that has already been created in relation to the investments (costs).

At the three locations selected for this SROI, the BHP started in different years and also lasted for different lengths of time. Therefore, to evaluate the social value created by the programme for stakeholders at each of the schools, three separate models were developed to reflect the different periods of investment and benefit.

For the models we considered the BHP investments and benefits per year and adjusted the figures from the previous years for inflation, so that they would be converted into February 2015 prices (when the data collection and valuation were carried out for this SROI).

Through discussion with stakeholders and study of previous programme reports and evaluations, it was concluded that at least two years are required in order for the stakeholders to achieve the value created by the programme in relation to the outcomes measured for this SROI. As for the first year of the programme, after stakeholder consultations and review of the programme materials, it was assumed that teachers directly involved in the programme and also schoolchildren achieved 25% of the full value of the outcomes. The value of the outcomes for parents and other teachers who are not directly targeted within the programme would be close to 0%. It is within the first year that the short-term outcomes related to increase of knowledge and skills, and the practical application of this new knowledge and skills, are achieved.

As the programme in Ropsha ended in 2012 and ends in Novgorod and Sobinka in 2015, it is also necessary to consider its residual impact over the years that follow. The 'benefit period' is the period during which the effects of the programme can still be perceived, even if they are decreasing. The impact diminishes at a certain rate during this period – referred to in the SROI methodology as the 'drop off'.

Based on the evidence of the programme reports and evaluations, and also the information provided by stakeholders in the group interviews, it appears that after the end of the programme the drop-off happens quite quickly. This is because, although the equipment is still there, if the teachers no longer have financial incentives they quickly switch to other extra-curricular activities, especially if those other activities offer extra funding opportunities for the school.

This was observed, for instance, in Ropsha school, where the programme ended in 2012. The teachers still remember the programme very well and the equipment is still used by the school, but the activities it is used for are different depending on what programmes the school is involved in (such as a club for elderly people who come to the school to have tea). The parents and children also get easily distracted by other activities. If there are no longer any programme activities in the school the outcomes drop-off by 50% in the first year post-programme and thereafter cannot be attributed to the programme at all.

There is evidence in research that optimal nutritional behaviors attained by a family could be maintained for up to five years (Nierman 1986; Block Joy, Pradhan & Goldman 2006). Documentation for more than 5 years has not been published. In the SROI for ChildFund International Responsive Parenting Program nef (2014) also used the benefit period length of five years.

In the case of BHP the assumptions on the length of benefit period were mostly based on stakeholder's opinions as well as on empirical data obtained by comparing the outcomes of the BHP in Ropsha where the programme ended two years before the SROI and two other schools where at the moment of data collection it was still running. The data showed that even two years after the BHP all stakeholders experience certain benefits associated with the program, but they are much less likely to attribute them to the BHP, and tend to think of other influences or attribute these benefits to themselves.

Adhering to the SROI principle of not overclaiming the most conservative estimates were used, and it was assumed that the benefit period for the outcomes would be one year after the end of programme, and that the drop-off rate for that year would be 50%. The estimates were further subject to sensitivity analysis (see Section 6.3).

Table 13 below shows the assumptions regarding outcome achievement, benefit period and drop-off for the various stakeholder groups.

Stakeholder	Outcomes	Year1	Year2	Year3	Post-prog. Year 1	Post-prog. Year 2
Children in the programme	Vitality	25%	100%	100%	50% value	0% value
	Autonomy	value	value	value		
	Social development					
	Self esteem					
Parents	Vitality	0%	100%	100%	50% value	0% value
	Supportive relationships	value	value	value		
	Satisfaction with the school					
	Self-esteem					
Teachers in the programme	Vitality	25%	100%	100%	50% value	0% value
	Supportive relationships	value	value	value		
	Self-esteem					
	Competence					
	Meaning and purpose					
Teachers involved in the programme	Vitality	0%	100%	100%	50% value	0% value
	Supportive relationships	value	value	value		
	Self-esteem					
	Meaning and purpose					

Table 13: Outcome achievement, benefit period and drop-off by stakeholder

Discount rate

The discount rate is the rate used to express the social value that will continue into the future for the duration of the benefit period (one year in our case) as present value.

In calculating the SROI ratio, discounting is used so as to be able to compare the investments and benefits paid or received at different points in time. It reflects the time value of money, i.e. the fact that in general people prefer to receive money sooner rather than later so as to eliminate 1) the risk of the money not being paid to them and 2) the opportunity costs (potential gains from investing the money elsewhere).

There is no universal agreement about the time value of money, so a variety of discount rates may be used for modelling. The main problem with using a discount rate for SROI analyses, however, is that it encourages more short-term approaches, which is not good for social projects. This could lead to a false representation of how much people value their future (UK Cabinet Office 2012).

For this SROI we used three different discount rates:

1. **The Social Rate of Time Preferences**, calculated for Russia by experts from the Higher School of Economics in Moscow based on a range of factors. This rate is region-specific: 4.0% for the Leningrad region, 4.5% for the Vladimir region and 4.6% for Novgorod (Kossova & Sheluntsova 2012).
2. **The Refinancing Rate of the Central bank of Russia**, 8.25%: the rate for loans given by the Central Bank of Russia to commercial banks. It was introduced in 1992 and last changed in 2013. Until January 1, 2016 it will be used for reference purposes only (Bank of Russia 2012).
3. **The Key Rate of the Central Bank of Russia**, 15%: the main indicator of state monetary policy, introduced in September 2013 to replace the refinancing rate (Bank of Russia 2015).

Scaling up

Stakeholder engagement highlighted that the project outcomes for children were influenced by gender and age. Our research did not identify any similar criterion for teachers, and for parents differences were noted by stakeholders depending on the level of household income. We intended to survey the population for all material stakeholders. We had 100% response rate for teachers, an average of 77% for the children and 53% for the parents. Our convenient samples for parents and children yielded a high confidence level at 95% and a relatively small confidence interval of 2-4% and are reflective of respective population.

To scale up the outcomes to the whole population of children involved in the BHP, the average results per outcome obtained for the sample were counted and extrapolated by age and gender.

With the parents, the survey results were also scaled up, but in this case household income was used as the basis for extrapolation.

The results of extrapolation of outcomes for children and parents in the three schools are presented in Tables 14, 15, and 16 below.

For the teachers who were involved in the BHP either directly or indirectly, no extrapolation was needed as they were all surveyed for this SROI.

Stakeholders (Groups and subgroups)	Sample size	Population size	Outcome	Net change	Attribution
Pupils in the programme:					
Grade 2					
Male	13	31	Vitality	38	19
			Autonomy	31	17
			Social development	23	7
			Self-esteem	23	11
Female	17	24	Vitality	65	22
			Autonomy	40	17
			Social development	16	13
			Self-esteem	32	15

Grade 3					
Male	25	28	Vitality	36	21
			Autonomy	32	16
			Social development	17	15
			Self-esteem	17	12
Female	18	19	Vitality	36	18
			Autonomy	21	19
			Social development	19	16
			Self-esteem	25	12
Grade 4					
Male	22	25	Vitality	56	27
			Autonomy	40	22
			Social development	21	24
			Self-esteem	32	22
Female	21	23	Vitality	37	29
			Autonomy	23	24
			Social development	17	25
			Self-esteem	27	32
Grade 5					
Male	27	27	Vitality	18	19
			Autonomy	22	13
			Social development	5	8
			Self-esteem	3	7
Female	15	19	Vitality	27	28
			Autonomy	28	21
			Social development	12	18
			Self-esteem	7	16
Parents					
Normal and high income families	76	127	Vitality	18	8
			Supportive relationships	18	12
			Satisfaction with the school	25	19
			Self-esteem	10	3
Low income families	38	69	Vitality	17	7
			Supportive relationships	10	9
			Satisfaction with the school	19	20
			Self-esteem	13	6

Table 14. Extrapolating outcomes for children and parents: Novgorod school 18

Note: all figures are in per cent

Stakeholders (groups and subgroups)	Sample size	Population size	Outcome	Net change	Attribution
Pupils in the programme:					
Grade 6					
Male	10	15	Vitality	28	21
			Autonomy	25	18
			Social development	14	20
			Self-esteem	25	27
Female	12	14	Vitality	31	29
			Autonomy	21	33
			Social development	20	28
			Self-esteem	21	20
Grade 7					
Male	1	1	Vitality	0	0
			Autonomy	0	0
			Social development	16	27
			Self-esteem	0	0
Female	8	14	Vitality	56	35
			Autonomy	44	39
			Social development	33	33
			Self-esteem	34	21
Grade 8					
Male	8	14	Vitality	28	23
			Autonomy	16	24
			Social development	4	19
			Self-esteem	16	16
Female	6	13	Vitality	29	27
			Autonomy	4	13
			Social development	2	17
			Self-esteem	8	7
Grade 9					
Male	7	8	Vitality	14	24
			Autonomy	11	14
			Social development	8	16
			Self-esteem	4	14
Female	6	8	Vitality	29	38
			Autonomy	21	28
			Social development	19	24
			Self-esteem	17	11

Parents					
Normal and high income families	12	37	Vitality	6	3
			Supportive relationships	6	5
			Satisfaction with the school	3	10
			Self-esteem	6	1
Low income families	19	50	Vitality	16	11
			Supportive relationships	16	12
			Satisfaction with the school	16	14
			Self-esteem	13	10

Table 15. Extrapolating outcomes for children and parents: Ropsha school

Note: all figures are in per cent

Stakeholders	Sample size	Population size	Outcome	Net Change	Attribution
Pupils in the Programme:					
Grade 3					
Male	22	24	Vitality	41	22
			Autonomy	40	23
			Social development	13	30
			Self-esteem	20	14
Female	10	10	Vitality	25	29
			Autonomy	23	33
			Social development	8	29
			Self-esteem	10	30
Grade 4					
Male	17	20	Vitality	50	44
			Autonomy	41	43
			Social development	20	44
			Self-esteem	46	52
Female	18	19	Vitality	49	46
			Autonomy	39	42
			Social development	22	43
			Self-esteem	31	42

Grade 5					
Male	10	10	vitality	55	50
			autonomy	40	47
			social development	18	45
			self-esteem	40	45
Female	16	25	Vitality	61	62
			Autonomy	63	60
			Social development	23	61
			Self-esteem	44	54
Grade 6					
Male	10	14	Vitality	13	25
			Autonomy	13	19
			Social development	6	23
			Self-esteem	8	26
Female	11	16	Vitality	23	24
			Autonomy	9	23
			Social development	8	17
			Self-esteem	2	14
Grade 7					
Male	7	12	Vitality	32	44
			Autonomy	14	23
			Social development	2	24
			Self-esteem	25	24
Female	9	14	Vitality	33	24
			Autonomy	25	28
			Social development	11	11
			Self-esteem	17	16
Grade 8					
Male	9	14	Vitality	17	8
			Autonomy	3	2
			Social development	1	4
			Self-esteem	3	6
Female	10	14	Vitality	48	22
			Autonomy	15	21
			Social development	11	25
			Self-esteem	20	16

Parents					
Normal and high income families	71	115	Vitality	22	16
			Supportive relationships	26	18
			Satisfaction with the school	18	23
			Self-esteem	17	15
Low income families	37	77	Vitality	21	17
			Supportive relationships	18	20
			Satisfaction with the school	12	21
			Self-esteem	8	15

Table 16. Extrapolating outcomes for children and parents: Sobinka school 2
 Note: all figures are in per cent

It should be noted that grade seven in Ropsha school clearly stood out in terms of gender composition: there was only one boy and fourteen girls in this class at February 2015, when the data collection was carried out (see **Table 19**). According to the information provided by the teachers and school administration, the gender balance in this class was different when it took part in the BHP (eight boys and 14 girls), but then it changed, as the boys left and attended other schools.

The only boy from grade seven took part in the data collection and reported zero change for all outcomes except social development where he demonstrated 16% improvement with 27% attribution to the programme. However, as the majority of stakeholders influenced by the BHP are currently inaccessible for data collection, a decision was made to exclude data on outcomes for male pupils in the grade from the model not to overclaim the programme impact for this school.

Costs

For SROI evaluation the impact expressed in financial (monetary) terms is compared with the costs to assess the effectiveness of an intervention. The costs considered in an SROI evaluation can be financial or economic.

Financial costs are part of the budget, and represent the total amount of money spent in carrying out an intervention.

Economic costs (or non-financial costs) are values used to register an activity or intervention for which there has not been any financial recompense. These could be, for example, donations, volunteer work, or the provision of some kind of non-remunerated good or service. Depending on the intervention in question, these costs can be non-material, and therefore disregarded, or material, in which case they should be measured.

Financial costs of the BHP

To calculate the financial costs of the BHP for each of the three schools evaluated within this SROI, CAF's accounting data were used.

Within the BHP all schools received grant funding that was used to purchase equipment, organise events and activities, and pay teachers' salaries (for more details see **Chapter 1** above).

The grant amounts per school are listed in Table 17 below.

School	Year	Grant, RUB
Novgorod school 18	2012 - 2013	400,000
	2013 - 2014	100,000
	2014 - 2015	300,000
	TOTAL	800,000
Ropsha school	2008 - 2009	720,000
	2009 - 2010	400,000
	2010 - 2011	500,000
	2011 - 2012	450,000
	2012 - 2013	40,000
	TOTAL	2,110,000
Sobinka school	2010 - 2011	880,000
	2011 - 2012	500,000
	2012 - 2013	60,000
	2013 - 2014	150,000
	2014 - 2015	300,000
	TOTAL	1,890,000

Table 17: BHP grant funding per school by year

There were differences between the amounts of grant funding received. Ropsha school received the most and Novgorod school 18 the least, based on criteria including the following:

- Quantity and type of equipment needed, and the schools' capacity to install and maintain it
- Project design and activities
- Project scale and the number of children involved
- The schools' ability to manage grant funds

Besides the grant funding the schools received for their own projects, CAF also provided them with training, materials and ongoing support, and so CAF's programme expenses also needed to be accounted for.

To do this, accounting data on annual expenses across various budget lines were obtained from the accounting records, and information on the number of schools involved in the programme by year was requested from the programme managers.

The corresponding data can be found in **Annex 9**.

To calculate the annual amount of programme expenses per school, the total amount of programme expenses in a particular year was divided by the number of schools involved in the programme that year.

Also, as Russia has been experiencing significant inflation, an online inflation calculator <http://inflationinrussia.com/> was used to express the amounts of investment made in the past in February 2015 prices. The inflation rates in this online tool are based on consumer price indexes, published by Federal State Statistics Service (Rosstat) and thus it is a reliable source of information. Presented in Tables 18 and 19 below is information on (a) inflation rates between the time when funding was received by the schools and February 2015, when this SROI evaluation was carried out, and (b) the adjusted funding amounts per school by year.

Funding received in	Inflation rate by Feb 2015*
Sept. 2008	70.13
Sept. 2009	52.44
Oct. 2010	42.56
Oct. 2011	32.97
Jun. 2012	28.25
Oct. 2012	24.77
Oct.2013	17.56
Nov. 2014	7.93

*Inflation rates calculated using online tool <http://inflationinrussia.com/>

Table 18: Inflation rates used to adjust the BHP investment

Year	2008 - 2009	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	TOTAL
Ropsha school	1,645,137	1,181,502	1,285,214	1,071,478	612,240			5,795,571
CAF grant	1,224,936	609,760	712,800	598,365	51,300			
CAF programme expenses	247,351	416,865	427,575	338,018	430,640			
Sobinka school 2			1,915,467	1,174,147	672,789	466,812	627,124	4,856,339
CAF grant			1,287,968	664,850	76,950	175,335	323,790	
CAF programme expenses			438,972	338,018	430,640	140,910	164,309	
Novgorod school					995,948	641,220	622,894	2,260,062
CAF grant					499,080	352,680	323,790	
CAF programme expenses					418,955	141,718	164,309	

Table 19: BHP financial costs per school by year, adjusted for inflation

Economic costs of the BHP

According to the information obtained from the programme documents and during the stakeholder engagement, the following economic costs were identified for the BHP:

- **Volunteer work:** parents or community members taking part in the programme as volunteers to deliver classes on particular topics, help organise events, etc.

Though this input from the parents and community is very important for understanding how the BHP achieves its impact, according to the stakeholders the volunteers' work was not material for their projects, and was only done occasionally and in small amounts, so this economic cost was not accounted for in this SROI.

- **Goods and equipment** purchased by the parents: during the programme many children learned to use new kitchen devices and became familiar with new sports activities and games. As a consequence they asked their parents to buy cooking and sports equipment to use at home, and many parents did so during the programme.

This input took place frequently and was considered material by the stakeholders: some parents claimed they spent significant amounts of money on these purchases (often their claims were corroborated by their children) and said their family benefited from having the goods and equipment at home. According to the teachers, children who were able to practise their new skills at home did indeed derive greater overall benefit from the programme. This input was taken into account for this SROI.

To value the goods purchased by the parents during the BHP, a corresponding question asking them to say if they bought any goods or equipment for cooking and sports activities within the BHP. How much they spent on those purchases was included in the parents' questionnaires (see Annex 5). The average amount spent per family, as obtained from the sample, was multiplied by the number of parents whose children were involved in the BHP at the school in question, then distributed in equal amounts across the time the programme was running for at that school.

The results of the calculations are presented in Table 20 below.

	Average amount spent on equipment	Number of parents	Total amount spent on equipment	Programme duration (years)	Average amount spent on equipment per year
Ropsha	5,839	87	507,993	5	101,599
Sobinka	3,372	192	647,424	5	129,485
Novgorod	1,593	196	312,228	3	104,076

Table 20. Economic costs of BHP by school

For the SROI models the annual amounts spent by parents on equipment were subsequently adjusted for corresponding inflation rates in Table 18 above. The final amounts included in the models are shown in Table 21.

Year	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	TOTAL
Ropsha school	172,850	154,877	144,839	135,096	130,300			737,961
Sobinka school 2			188,527	171,279	165,199	150,566	139,025	814,597
Novgorod school 18					129,856	122,352	112,329	364,537

Table 21: Economic costs of the BHP, per school by year, adjusted for inflation

Chapter 6 – Results of the SROI Evaluation

6.1 – The social return on investment of the BHP

For an intervention to be considered effective based on the results of an SROI evaluation, we must be able to see that:

1. When the present value of costs is subtracted from the present value of benefits, the net present value is greater than zero (NPV > 0)
2. The SROI ratio obtained by dividing the present value of benefits by the present value of costs is greater than one (SROI > 1)

$$SROI = \frac{\text{present value of benefits}}{\text{present value of costs}}$$

(UK Cabinet Office 2012).

As there were some basic differences between the three schools involved, the building of the SROI models and the calculation of the SROI ratio were conducted separately for each school.

Novgorod school 18

The table below shows the value of the outcomes created in relation to the investments undertaken in the programme in 2012-2015, discounted at three different rates discussed above in Section 5.5.

Social return on investment for the BHP (in Russian roubles) in Novgorod school 18 in 2012-2015			
Discount rate:	4.60%	8.25%	15.00%
Present value of benefits:	14,714,588	13,434,830	11,464,648
Present value of costs:	2,090,150	1,967,697	1,772,352
SROI ratio:	7.04	6.83	6.47

Table 22: SROI of the BHP for Novgorod school 18

The SROI evaluation indicates that for every rouble invested in the BHP in Novgorod school 18, RUB 6.47 – RUB 7.04 was created in social value, i.e. up to 7.04 times the amount invested.

Ropsha school

The table below shows the results of the SROI evaluation for the BHP at the Ropsha school, i.e. the value of the outcomes created in relation to the investments undertaken in the programme in 2008-2012, discounted at three different rates discussed above in Section 5.5.

Social return on investment for the BHP (in Russian roubles) at Ropsha school in 2008-2012			
Discount rate:	4.00%	8.25%	15.00%
Present value of benefits: (in Russian roubles)	13,985,072	12,120,900	9,810,523
Present value of costs: (in Russian roubles)	5,235,899	4,733,432	4,086,001
SROI ratio:	2.70	2.59	2.42

Table 23. SROI of the BHP for Ropsha school

The SROI evaluation indicates that for every rouble invested in the BHP in the Ropsha school, RUB 2.42 – RUB 2.70 was created in social value, i.e. up to 2.70 times the amount invested.

Sobinka school

The table below shows the results of the value of the outcomes created in relation to the investments undertaken in the programme in 2010-2014, discounted at three different rates discussed above in Section 5.5.

Social return on investment for the BHP (in Russian roubles) in Sobinka school 2 in 2010-2014			
Discount rate:	4.5%	8.25%	15.00%
Present value of benefits:	23,993,614	20,697,125	16,156,796
Present value of costs:	4,392,434	4,063,738	4,261,965
SROI ratio:	5.46	5.09	4.52

Table 24. SROI of the BHP for Sobinka school 2

The SROI evaluation indicates that for every rouble invested in the BHP in Sobinka school, RUB 4.52 – RUB 5.46 was created in social value, i.e. up to 5.46 times the amount invested.

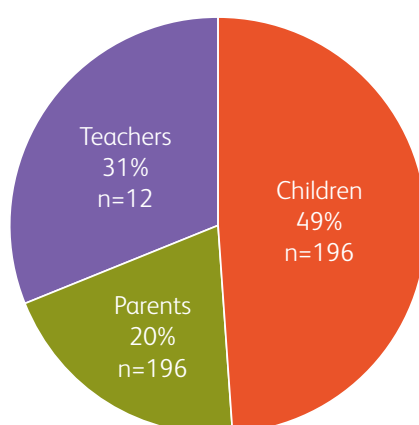
6.2 – Value Distribution

It is important to understand who exactly benefited from the BHP, i.e. how the benefits were distributed amongst the stakeholders. If an intervention is aimed at generating an impact for a particular group, it is important to verify whether that group was indeed the principal beneficiary.

Novgorod school 18

The diagram below shows the distribution of the benefits generated by the BHP at Novgorod school 18, by stakeholder group.

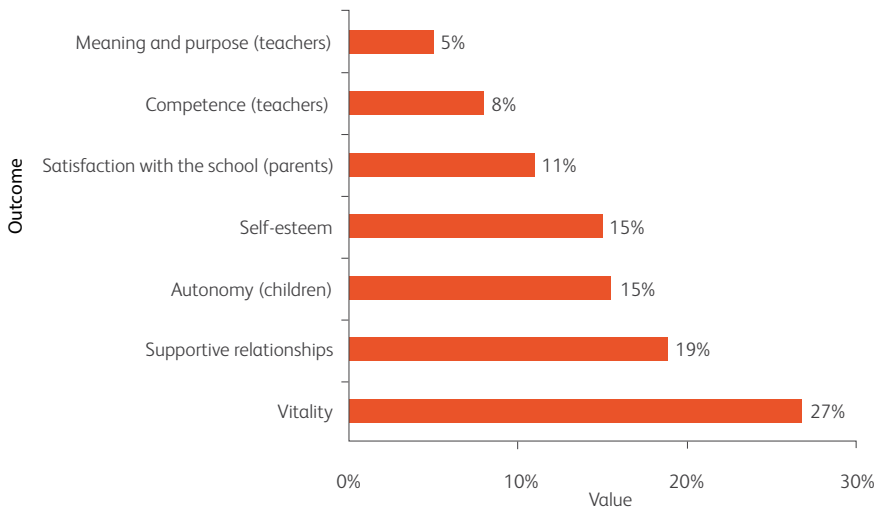
Figure 9. Distribution of BHP benefits by stakeholder, Novgorod school 18



In Novgorod school 18 the children were the main beneficiaries of the BHP, followed by the teachers and then the parents. This corresponds with the way the BHP was designed, the children having been the primary target group.

If distribution of value across various outcomes is considered for Novgorod school 18, the picture will be the following:

Figure 10: Distribution of value created by BHP across outcomes, Novgorod school 18



The outcomes that account for the most value at the Novgorod school are the ones the BHP is directly aiming to achieve:

- increased vitality for all stakeholders (27% of the total value created);
- supportive relationships for all stakeholders (19% of the total value created);
- increased autonomy for children (15% of the total value created);
- increased self-esteem for all stakeholders (15% of the total value created).

The unintended outcomes – such as increased satisfaction with the school on the part of parents of children involved in the programme, increased competence, and increased sense of meaning and purpose for the teachers – respectively account for 11%, 8% and 5% of the total value created.

We can therefore conclude that at Novgorod school 18 the BHP has a positive social impact. The children are the beneficiaries of almost half of the social value created; and the programme’s most significant impacts are on stakeholders’ vitality, supportive relationships and self-esteem, while it also influences the children’s autonomy in a positive way.

Ropsha school

The diagram below shows the distribution of the benefits generated by the BHP at Ropsha school, by stakeholder group.

Figure 11: Distribution of BHP benefits by stakeholder, Ropsha school

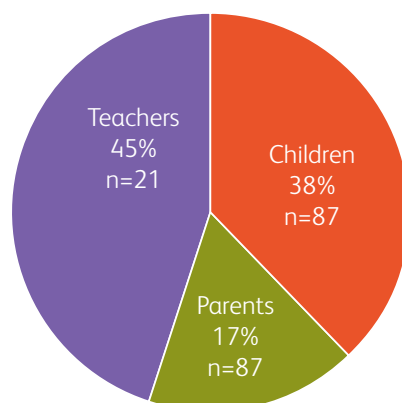
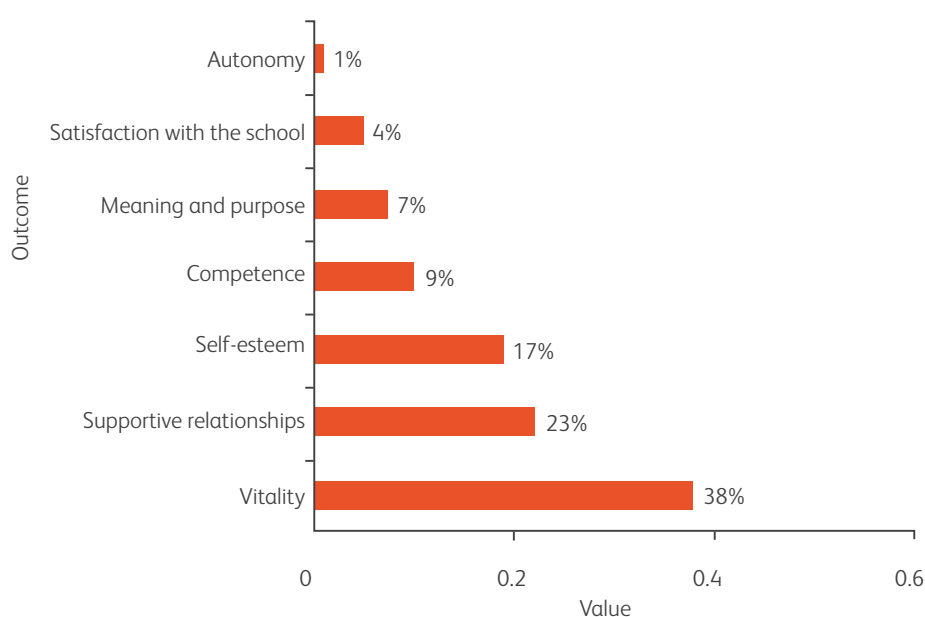


Figure 11 shows that in Ropsha most of the value created by the BHP went either to teachers or children, with the former deriving the greatest value by a difference of 7%. This result might be associated with the fact that the outcomes for boys currently in grade 7 at the school were not taken into account for the calculation (see Section 5.7). Also, as noted above in Chapter 5, the teachers in this school claim to have benefited greatly from the programme, and they are still using the knowledge, skills and equipment they received. As for the children, because nearly two years have now passed since they were last involved in the programme, its impact might have become less obvious and therefore they might now be less likely to associate positive outcomes with it.

Figure 12 shows, for the Ropsha school, the various outcomes and what percentage of the total value they respectively accounted for:

Figure 12: Distribution of value created by BHP across outcomes, Ropsha school



Again, the most highly valued outcomes at the Ropsha school are the ones the BHP is directly aiming to achieve.

At Ropsha school, however, it should be noted that children’s increased autonomy, an outcome the programme was directly aimed at accounts for only 1% of the total social value created. This is explained by the results of the choice experiment exercise carried out with the children, in which they assigned very little value to this outcome (see Section 5.6 above). The children at the Ropsha school are older than those in Novgorod and Sobinka (because the programme started earlier there), and autonomy might no longer be so valuable for them.

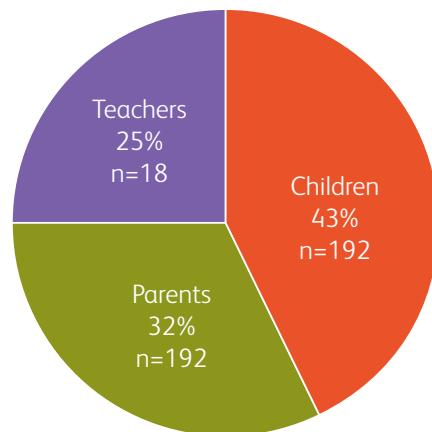
For the teachers, the increased ‘competence’ and ‘sense of meaning and purpose’ outcomes rated higher in Ropsha than in Novgorod (9% and 7% respectively), which can be explained by the profound impact the programme had on the Ropsha teachers, as confirmed by stakeholder engagement (see Section 5.4). Also, in Ropsha the number of teachers involved in the programme, directly or indirectly, is 75% higher than in Novgorod (21 as compared with 12) and the length of involvement is greater (5 years as compared with 3).

In conclusion, we can say that at the Ropsha school the BHP achieved its goal: it created most of its social value for teachers and children. Its most significant impacts were on stakeholders’ vitality, supportive relationships and self-esteem; and it also significantly influenced the teachers’ competence and sense of meaning and purpose.

Sobinka school 2

The diagram below shows the distribution of the benefits generated by the BHP at Sobinka school, by stakeholder group.

Figure 13: Distribution of BHP benefits by stakeholder, Sobinka school 2

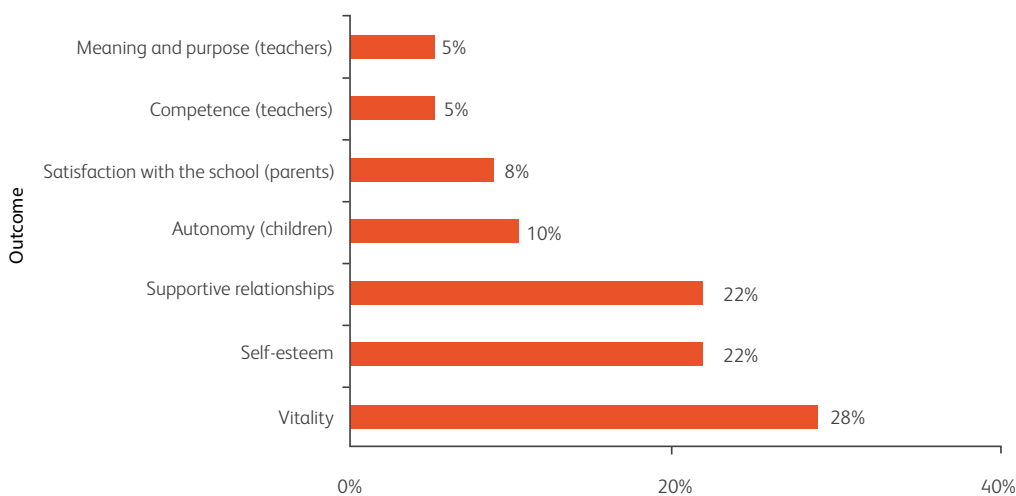


At Sobinka school 2 the benefits created by the BHP went mostly to the children (43%), who are the main target group, and parents (32%). The remainder of the value created includes the teachers' benefits. This value distribution may be explained by the fact that the programme has been running at the school two years more than in Novgorod, enabling the children and parents to benefit from it as much as possible.

As for the teachers in this school, they are not involved in many project activities apart from the BHP: it is possible they are not fully aware of the benefits available through the training offered by the programme, and so derive less value than their counterparts in Novgorod and Ropsha.

Figure 14 shows, for Sobinka school 2, the various outcomes and what share of the total value they respectively accounted for:

Figure 14: Distribution of value created by BHP across outcomes, Sobinka school 2



Again, vitality is the outcome that accounts for the largest proportion of value created (28%), followed by self-esteem and supportive relationships (22% each). In this school the value of the autonomy outcome for the children, at 10% of the total social value, is more significant than at the other schools.

The unintended outcomes for teachers in Sobinka school 2 rank equally, at only 5%, while parents' satisfaction with the school accounts for 8% of the total social value created.

It should be noted that in Sobinka the outcomes for teachers not directly involved in the BHP were lower than in other schools. This could be explained by the nature of their involvement in the programme – and is an issue that might usefully be explored in future so as to maximise the positive impact of the programme for the whole school, including the teachers.

6.3 – Sensitivity analysis

This section analyses how certain changes in the assumptions and proxies would affect the value of the SROI in the three models that were developed. It will demonstrate the impact these changes have on the SROI and indicate a range within which, realistically, the SROI for the BHP at the three locations will fall. The sensitivity analysis was carried out by varying the assumptions of the model and analysing the impact on the SROI result.

The variation of the SROI ratio in the three schools depending on the discount rate used has already been discussed in Section 6.1. The sensitivity analysis for other assumptions in the models is carried out below. For the sensitivity testing the SROI ratio for 8.25% discount rate is used as the basis.

Proxies for various stakeholders

For this SROI evaluation the financial proxies for wellbeing outcomes experienced by stakeholders were obtained by asking them directly within a ‘choice experiment exercise’. The figures obtained are very subjective and stakeholder-specific, so there is a need to test the three models for sensitivity to various proxies to understand how they affect the SROI ratios.

Novgorod school 18

Outcome	Proxy	Changed to	Outcome	Proxy	Changed to	Base SROI	New SROI
Increased vitality (children)	70,000	35,000	Social development (children)	141,350	70,675	6.83	6.03
Vitality (parents)	138,667	69,333	Increased satisfaction with the school (parents)	138,667	69,333	6.83	6.35
Vitality (teachers)	296,333	148,167	Competence (teachers)	296,333	148,167	6.83	6.25

Table 25: Sensitivity Analysis - Proxies, Novgorod school 18

Item analysed	SROI with lower proxy values for children	SROI with lower proxy values for children and teachers	SROI with lower proxy values for all stakeholders
Proxies reduced by 50%	5.16	4.08	3.41

Table 26: Sensitivity Analysis - Proxies reduced by 50%, Novgorod school 18

As can be seen from Tables 25 and 26 above, the SROI model for Novgorod school 18 is most sensitive to children's proxies (reducing two of them by 50% brings the SROI ratio down by 12%). When all children's proxies are reduced by 50%, the SROI ratio is reduced by 24%.

When all proxies are reduced by 50% for all stakeholders, the SROI ratio is still positive (3.41) and is also reduced by 50%.

Ropsha school

Outcome	Proxy	Changed to	Outcome	Proxy	Changed to	Base SROI	New SROI
Increased vitality (children)	150,000	75,000	Social development (children)	96,000	48,000	2.59	2.21
Vitality (parents)	200,000	100,000	Increased satisfaction with the school (parents)	266,667	133,333	2.59	2.46
Vitality (teachers)	208,889	104,444	Competence (teachers)	208,889	104,444	2.59	2.27

Table 27: Sensitivity Analysis - Proxies, Ropsha school

Item analysed	SROI with lower proxy values for children	SROI with lower proxy values for children and teachers	SROI with lower proxy values for all stakeholders
Proxies reduced by 50%	2.07	1.50	1.26

Table 28: Sensitivity Analysis - Proxies reduced by 50%, Ropsha school

The Ropsha school SROI model is also sensitive to children's proxies (reducing two of them by 50% brings the SROI ratio down by 14%). When all children's proxies are reduced by 50%, the SROI ratio is reduced by 19%.

When all proxies are reduced by 50% for all stakeholders, the SROI ratio is still positive (1.26) and is also reduced by 50%.

Sobinka school 2

Outcome	Proxy	Changed to	Outcome	Proxy	Changed to	Base SROI	New SROI
Increased vitality (children)	75,125	37,563	Self-esteem (children)	130,500	65,250	5.09	4.42
Vitality (parents)	243,333	121,667	Increased satisfaction with the school (parents)	243,333	121,667	5.09	4.66
Vitality (teachers)	266,667	133,333	Competence (teachers)	266,667	133,333	5.09	4.80

Table 29: Sensitivity Analysis - Proxies, Sobinka school 2

Item analysed	SROI with lower proxy values for children	SROI with lower proxy values for children and teachers	SROI with lower proxy values for all stakeholders
Proxies reduced by 50%	4.02	3.37	2.55

Table 30: Sensitivity Analysis - Proxies reduced by 50%, Sobinka school 2

As was the case for Novgorod and Ropsha, the SROI model for Sobinka school 2 is sensitive to children's proxies (reducing two of them by 50% brings the SROI ratio down by 13%). When all children's proxies are reduced by 50%, the SROI ratio is reduced by 21%.

When all proxies are reduced by 50% for all stakeholders, the SROI ratio is still positive (2.55) and is also reduced by 50%.

Attribution

Attribution is another parameter that was measured by directly asking the stakeholders at the end of the programme and it is, therefore, based on their subjective assumptions and can be influenced by the respondents' recall bias (Hassan 2005). There are two possible scenarios for these assumptions:

- stakeholders attribute too much change to the programme based on its length and their involvement in it;
- stakeholders attribute too little change to the programme because when the change has already taken place, they think they would have achieved it themselves (Mueller et al 2014).

To test the models for sensitivity to attribution we increased and then reduced the attribution figures for all stakeholders and outcomes by 25% to reflect these two possible scenarios. The 25 per cent adjustment was selected based on nef studies that attempted to measure to what extent the respondents' recall bias (which often concerns attribution) can affect an evaluation.

The results of the testing are presented in the table below.

Item analysed	Best scenario	Worst scenario	Base SROI	SROI best scenario	SROI worst scenario
Attribution, Novgorod school 18	Increased by 25%	Reduced by 25%	6.83	8.53	5.12
Attribution, Ropsha school	Increased by 25%	Reduced by 25%	2.59	3.20	1.92
Attribution, Sobinka school 2	Increased by 25%	Reduced by 25%	5.09	6.36	3.82

Table 31: Sensitivity Analysis - Attribution

Attribution increased by 25% for the three SROI models increases the SROI ratio by 25%, and when it is reduced by 25% the SROI ratio is 25% lower. However, even with attribution reduced by 25% the SROI ratio is positive for all three schools.

Benefit period and annual drop-off rate

The annual drop-off rate and benefit period for this SROI were estimated by asking stakeholders directly. Additional information was obtained by comparing data from Ropsha where the BHP ended about 2 years before the SROI evaluation with Novgorod and Sobinka where it ends in 2015. The drop-off rate was estimated to be 50% during the benefit period of one year (see Section 5.7). Various scenarios for the drop-off rate and presence/absence of benefit period were tested for the three models, and the results are presented in the table below:

Item analysed	Basis of study	Best scenario	Worst scenario	Base SROI	SROI best scenario	SROI worst scenario
Annual drop-off rate and benefit period, Novgorod	50%, 1 year	25%, 1 year	100%, 0 years	6.83	7.56	5.37
Annual drop-off rate and benefit period, Ropsha	50%, 1 year	25%, 1 year	100%, 0 years	2.59	2.7	2.29
Annual drop-off rate and benefit period, Sobinka	50%, 1 year	25%, 1 year	100%, 0 years	5.09	5.57	4.14

Table 32: Sensitivity Analysis - Drop-off and benefit period

If the annual drop-off rate is considered to be 25%, the SROI ratio increases: by 11% in Novgorod school 18, by 6% in Ropsha school, and by 9% in Sobinka school 2.

If the drop-off rate is 100% or the benefit period is 0 years, the SROI ratios decrease respectively: by 21% in Novgorod school 18, by 11% in Ropsha school, and by 19% in Sobinka school 2.

Thus, we can see that Novgorod school 18 SROI model is the most sensitive to benefit period and drop-off rate and Ropsha school SROI model is the least sensitive when these parameters are concerned.

Overall, the SROI ratios in the three school vary:

- between 3.41 and 7.56 in Novgorod school 18;
- between 1.26 and 2.70 in Ropsha school; and
- between 2.55 and 5.57 in Sobinka school 2.

Figures 15-17 below provide a graphic representation of the SROI variation at the three schools.

Figure 15: SROI variation, Novgorod school 18

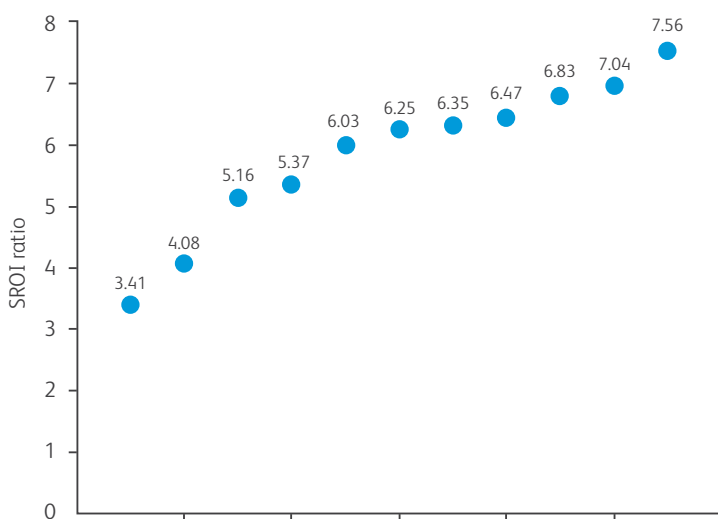


Figure 16: SROI variation, Ropsha school

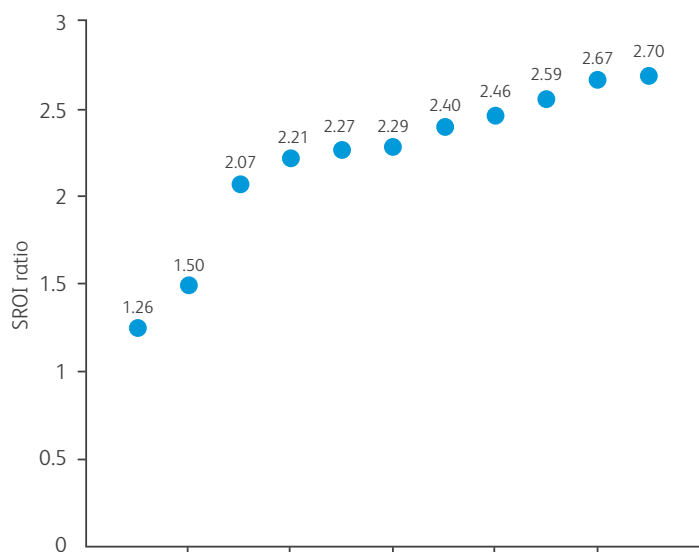
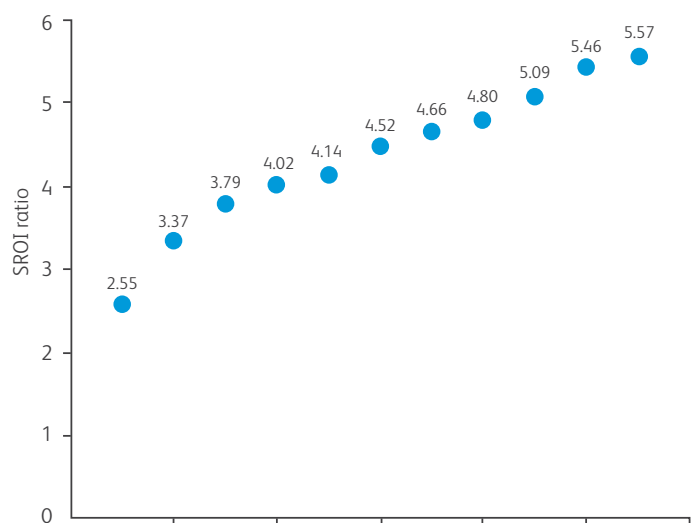


Figure 17: SROI variation, Sobinka school 2



Other observations from the sensitivity analysis

Other sensitivity analyses aimed at revealing the main components of the social return on investment were as follows:

If the impact on the children was not considered:

- in Novgorod school 18, the SROI would fall to 3.48;
- in Ropsha school, the SROI would fall to 1.59;
- in Sobinka school 2, the SROI would fall to 2.95.

If there was no increase in the children's vitality:

- in Novgorod school 18, the SROI would be 5.82;
- in Ropsha school, the SROI would be 2.02;
- in Sobinka school 2, the SROI would be 4.43.

If the impact on the children alone was measured:

- in Novgorod school 18, the SROI would be 3.34;
- in Ropsha school, the SROI would be 0.98;
- in Sobinka school 2, the SROI would be 2.14.

For the SROI to become equal to 1:

- in Novgorod school 18, we would have to reduce all three proxies by 80% (20% of the values used) and take the drop-off rate to be 100% (or consider a model without a benefit period);
- in Ropsha school we would have to reduce all three stakeholders groups' proxies by 60% (40% of the values used);
- in Sobinka school 2, we would have to reduce all the proxies by 75% (25% of the values used) and consider the drop-off rate to be 100%.

We can, therefore, confidently say that the BHP in has a positive impact at the three schools analysed for this SROI.

This impact might be higher in Novgorod school 18 than in the other locations due to the size of the school and the number of children it managed to involve in the programme during a relatively short period of time (196 children over three years, compared with 87 children over five years in Ropsha and 191 children over five years in Sobinka).

The SROI ratio for Ropsha school, is the lowest, which might be explained by the following factors:

- **the size of the school:** it is the smallest of the three schools considered in this SROI
- **the amount of investment:** this school received more funding than the two other schools
- **the time of the intervention:** the programme here finished about two years ago while it is still running in the two other schools.

Chapter 7 – Discussions and conclusions

7.1 – Main findings

The evidence obtained through this SROI analysis has demonstrated that

- The BHP is an effective intervention from a return-on-investment perspective. At the very least it generates 1.2 times the cost of its implementation for the stakeholders in our analysis. In fact it can create, in social value, up to 7.56 times the value of the investment.
- Most of the value generated is derived by the primary target group, i.e. the schoolchildren, which demonstrates the allocative efficiency of the programme. Furthermore, teachers and parents also benefit substantially from this intervention.
- The value created by the BHP corresponds to its initial goals and design: it generates the highest amount of value by contributing to the increase in vitality experienced by all the stakeholders, which is the primary goal of healthy nutrition and physical activity programmes.

7.2 – Improvements to the programme

This SROI has pointed out some areas for possible development and improvement of the BHP. Though the programme is effective at providing healthy nutrition to children and encouraging them to be more physically active at school, this does not necessarily mean they will do the same at home.

Within this SROI the factors that enable or prevent positive changes for the children were identified and improvements suggested accordingly:

- Schools should be encouraged to involve all pupils in the programme's activities to avoid creating perceived social inequality and to maximise the programme's impact. However, for children older than the current target group, age-specific approaches and methodologies should be developed with the support from MIF.
- Schools should aim to engage parents in the BHP activities or at least ensure their support and approval of the programme so that they can encourage the children to adhere to a healthy lifestyle at home.

Ongoing communication about the programme and engaging the parents at the project planning stage could give them a greater sense of ownership and therefore encourage them to take more responsibility for the programme's success.

Of course, it is impossible to engage all of the parents as many of them are busy at work or have other issues to deal with. However, it would be helpful to form groups of active parents who could perform some trustee functions:

- engage in strategic planning
- help to raise additional funding or in-kind support for the BHP
- assist with organization of events
- help to disseminate important information and messages to the other parents more effectively.
- To reduce the influence of the socio-economic differences BHP could consider some additional form of support for individual low-income families, which might include in-kind support – products, kitchen devices, basic sports equipment).
- Another opportunity to tackle the socio-economic differences within the programme would be to come up with a variety of healthy menus for families with various income levels, and to reach out to parents through the programme website explaining that there are affordable healthy eating options.
- Web-based technologies could become an effective engagement tool both for the parents and for older schoolchildren: the programme website www.health4schools.ru could be developed and promoted (potentially via social media), which would require additional investment by the Mondelēz foundation.
- Schools could take into account the influences children experience every day and work more with local communities to attract new supporters, disseminate information on healthy lifestyle and nutrition, and sustain the outcomes that have been achieved. This could potentially increase the in-kind investments and volunteer support for the programme.

- In terms of investment, schools need to be provided with ongoing funding to motivate the teachers and maximise the positive effect of the equipment and materials purchased in the first year.

The largest investment should be made in the first year or at the point when a school wants to start a new strand of activities (if that involves the purchase of new equipment). Subsequently full-scale activities could be supported with smaller amounts of funding, while new schools could also be involved in the programme.

The ongoing funding is very important, because otherwise there is a risk that without support the teachers will not use the equipment and skills they gained systemically, as is the case in Ropsha school, where the programme activities did not continue after the project finished. As the programme is currently part of extracurricular activities, in the absence of financial support the teachers tend to switch to other activities that have the potential for extra funding and/or acquisition of new skills and knowledge.

7.3 – Stakeholder engagement in discussion of the SROI findings

The SROI process, findings, conclusions and recommendations presented in this report were communicated to the BHP stakeholders for verification. This was achieved during several stages between May and August 2015 and further activities are planned in this regard.

1. The initial findings of the SROI analysis were shared in May 2015. This involved schools that participated in the research and teachers who were involved in the BHP. They were asked to share and discuss the findings with parents and children of appropriate ages (grade 5 and older). The teachers and parents specifically stressed the importance of ongoing funding and future opportunities to involve children from other age groups. This has been included in this report.
2. The SROI process and findings were presented to all schools currently involved in the BHP within a workshop in Valdai in June 2015. In particular, they discussed how the findings could be applied in practice to make the BHP more effective in each of the schools.
3. The findings and report were presented to the donor of the BHP – Mondelēz Foundation in August 2015. The changes to the BHP design based on the SROI results are currently being discussed and planned for the future rounds of the program.

7.4 - Evidencing programme impact

In conducting this research a range of tools were developed that can be used for the future cycles of the BHP to capture the impact on the stakeholders' wellbeing: theories of change, questionnaires, questions for stakeholder engagement, etc.

Some of the outcomes identified and measured in this SROI could feed into the measurement system being developed by the MIF to provide even more compelling evidence of the changes brought about by the BHP. They could also boost the case for supporting similar projects, and possibly for introducing aspects of the programme into school curricula.

These SROI tools can also be used to measure the social return on investments made within the BHP at other schools, or at the same schools if they continue to take part in the programme, in order to evidence changes over time and to increase the evidence for the programme's effectiveness.

Finally, the data collection tools developed for this SROI evaluation could be adjusted and used in other regions where the MIF implements its community partnership programme, enabling it to measure the returns on those other social investments around the world.

7.5 – Limitations of the methodology

Detailed descriptions of the methodological approach have been made throughout this report. However there were some limitations in our approach to data collection.

The indicators used for the analysis were collected from stakeholders by asking subjective questions, and measured across two time points using a retrospective approach.

In respect of subjective measurement, it was necessary to do without baseline data in capturing the change brought about by the programme.

As in the case of BHP the changes for the various stakeholders were personal, attitudinal or intangible social changes, the retrospective pre-test design is justified, as it works best for capturing the participants' perception of changes they experienced (Colosi & Dunifon 2006).

However, this approach includes several threats to validity that should be taken into account:

- **Recall bias** associated with respondents' inability to accurately recall attitudes and behaviours held in the past
- **Social desirability bias** related to the need to report change to fit programme expectations
- **Effort justification bias** that occurs when respondents report improvements to justify the time and energy they invested in the program; and
- **Cognitive dissonance** when participants report improvement to meet their own expectations that they should have changed (Colosi & Dunifon 2006).

These were taken into account when working on the questionnaires for data collection and at the sensitivity analysis stage. The questions were formulated in a way to minimize the opportunity for these biases, and the respondents were asked to answer the questions as honestly as possible.

Given the limited resources, this research developed optimal questions to collect information about the amount of change experienced by the stakeholders.

Another limitation on data collection in this SROI was the absence of a control group and of national or regional data that could have been used as such. The counterfactual information was therefore also obtained from the stakeholders by asking them subjective questions.

This approach has a number of strengths:

- It is less resource-intensive and more convenient than traditional approaches
- It can be applied when there is no control or comparison group data available (Mueller et al. 2014).

This approach can only be used for changes in self-reported personal outcomes, which was the case with the BHP, so it was the best that could be done given the research context.

However, the counterfactual self-estimation is associated with self-estimation bias. As it is not yet known if respondents usually tend to overestimate or underestimate their counterfactual (Mueller et al. 2014), when we did sensitivity testing both scenarios were considered.

The approach used to identify financial proxies for this research also has certain limitations, tending to be very subjective because respondents' answers are often influenced by concerns about social desirability. However, it provided a good way to capture value as perceived by our particular stakeholder groups. This is supported by the fact that the results obtained by implementing the 'choice experiment' at the three locations were more or less consistent.

This was the first SROI evaluation of a social programme implemented in Russia. The best available tools and approaches were used for it in order to ensure the SROI principles are properly observed.

Annex 1

Justifications for non-inclusion of stakeholders in the SROI evaluation

For the purpose of registration the manner in which the other stakeholders might have been affected by the BHP are described below. The information collected in the interviews during the stakeholder engagement stage showed that these stakeholders did not experience significant change as a result of the programme.

1. Local communities

Local community members learned more about the importance of a healthy lifestyle and nutritious food through the teachers, parents and children involved in the programme, as well as by taking part in programme events. This could result in more community members having healthier lifestyle habits and making more conscious food choices. However, according to stakeholder engagement data from teachers and parents, this impact was not observed during the programme, and even if it was achieved to some extent, it was not material for the local communities.

For instance, during stakeholder engagement interviews the teachers said that though the BHP influenced both schoolchildren and their parents, they did not observe anything similar in their own families. This might be due to the specific BHP design as it focused on primary schoolchildren in classroom and at school.

2. Local businesses

One of the objectives of the programme was to change families' eating habits, we can expect local retailers selling healthy food to benefit from the programme due to increased sales, and local owners of sports facilities to notice higher levels of attendance. However, according to the stakeholders questioned, these outcomes, even if they were achieved, were not material for them.

Teachers and parents were used as proxies for this stakeholder group and reported no significant changes. The absence of positive impact in this case is explained by the fact that the locations included in this SROI have a limited number of supermarkets and sports shops, and in most cases, even if families switched to healthier food choices, they still went to the same supermarket.

3. Local departments of education

The BHP is beneficial for the local departments of education because it fully corresponds to the current priorities of promoting a healthy lifestyle at schools. When the programme is running in a particular region the local departments tend to report greater progress in this field. However, these stakeholders were not included in the SROI analysis because the positive influence of the programme is not material for them. The local departments of education were contacted by phone for stakeholder engagement, but none of them reported significant changes that could be attributed to the BHP.

However, as this programme would not be able to run in the region without the department's consent and support, the local departments of education were considered a critical factor in enabling or preventing achievement of the programme's goals.

4. Schools in the regions not involved in the BHP

These schools receive information on the programme and have access to programme materials on the website health4schools.ru, so they have the opportunity to incorporate some of the programme's elements into their curriculum. However, it was noted during stakeholder engagement that this was never done without the material incentives for the teachers, so again the programme impact was not considered to be material in this case.

Of the three schools involved in this SROI analysis, two (Ropsha and Sobinka) were rejected by the programme Expert Committee, in their first application. It was very upsetting and their self-esteem and resilience decreased for a while as a result. Thus, the grant competition mechanism used by the programme has an unintended negative effect on schools not involved in the programme. However, the teachers said it was not material and they soon switched to other activities.

Schools' administrative bodies

The schools' administrative bodies involved in the BHP benefit from it by being able to offer more extracurricular activities to pupils and parents, but it became clear during stakeholder engagement that even if there had been no programme the school administration would still have found other opportunities to organise these activities, so the impact was not material.

Representatives of schools' administrative bodies took part in stakeholder engagement interviews at the three schools. They all stressed the importance and benefits of having the programme at their school for the children and parents, but did not report any changes for themselves and the administrative functions they perform.

Cleaners and cooks at the schools

As the schools purchased new equipment and introduced changes in the canteen menus, we might have expected changes (either positive or negative) in the workload for the schools' cleaners and cooks. However, none of these changes were actually reported during the stakeholder engagement stage by the teachers or the school administration who were used as proxies for these stakeholders.

Annex 2

Scripts used in group interviews during stakeholder engagement – Qualitative stage

Evaluation of BHP in _____(Novgorod school 18/Ropsha school/Sobinka school 2)

We need your views!

Thank you for taking an interest in helping us with our research. I work for CAF, the organization that funded the BHP at your school. CAF implements this programme with the financial support of Mondelez International Foundation.

The funders want to understand how BHP has worked, and what the programme has achieved. We want to get a better understanding of your experiences being part of the programme. We will be sharing our findings with other people working at CAF and Mondelez International Foundation.

CAF want to understand how well the programme did or didn't work well so they can improve it, so if you are have both positive and negative things to tell about the programme please do so.

To get a better understanding of this programme I will ask you a series of questions. Our conversation will last 30-40 minutes. Some of the questions may be quite personal, but you will be able to move on to the next question at any time and we will not ask you to share anything you do not wish to.

What you tell me during the discussion may form part of a report. We will make sure your responses are anonymous.

Do you have any questions?

I will give you my contact details at the end of the conversation in case you have any questions once we have finished.

If you are happy to take part, can you please confirm the following by answering 'yes'

I confirm that I understand the purpose of this research and have had the opportunity to ask questions. (Yes/No)
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. (Yes/No)
I agree to take part in this study. (Yes/No)

Stakeholder interview questions

Teachers

How long has BHP been operating in _____ (name of the school)?

What is your school trying to achieve from the programme? (AIMS and NEEDS)

- Are you allowed to respond to the children's needs or was it predetermined by CAF?
- What is the impact of this?
- Can you deliver what is needed?

How did the programme work in practice?

- Activities
- Other delivery partners
- Level of engagement with CAF
- Any changes to original scope as a result of children/parent feedback?

What is the level of investment from CAF ? (INPUTS)

- What type of spending? (Prompt: staff, equipment, etc)

What other inputs not funded by CAF have enabled this programme to be delivered successfully (Inputs)

- Time (Prompt: estimation of commitment)
- Donated/purchased assets (Prompt: estimated cost)

Which parts of the programme worked well and what were the reasons for this? (Enablers) (Prompt: internal and external)

Which parts of the programme did not work well and what were the reasons for this? (Preventers)

- What intra- and inter-organisational challenges impacted on the project delivery?
- What was the impact of this? (i.e. what did this mean for the children and indirect stakeholders –parents, community)
- What external challenges impacted on the delivery of the project?
- What was the impact of this?

What difference did this programme make to you? (Outcome)

- Prompt: Well-being outcomes – vitality, competence, self-esteem, supportive relationships
- Prompt: Unexpected positive and negative outcomes
- Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?
- Other than CAF who else (organisations/individuals)has facilitated this change? (Prompt: fellow teachers)
- How long do you think these changes will last after the BHP ends at your school? (Benefit Period)

What difference did this programme make to children? (Outcome)

- Prompt: short term, medium term. long term
- Prompt: Health, concentration, Well-being outcomes – autonomy, self-esteem, social development
- Prompt: Unexpected positive and negative outcomes
- Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?
- Other than CAF who else (organisations/individuals)has facilitated this change? (Prompt: family)
- How long do you think these changes will last after the BHP ends at your school? (Benefit Period)

What difference did this programme make to parents? (Outcome)

- Prompt: Health and Well-being outcomes – self-esteem, supportive relationships, vitality
- Prompt: Unexpected positive and negative outcomes

Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?

Other than schools who else (organisations/individuals)has facilitated this change?

How long do you think these changes will last after the BHP ends at your school? (Benefit Period)

Are you aware of any difference this programme has made to the local community or other stakeholders? (Outcome)

- Prompt: Health and Well-being outcomes
- Prompt: Unexpected positive and negative outcomes
- Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?
- Who who else (organisations/individuals)has facilitated this change?

What did you like most about the programme? (Project Design/Approach)

How do you think the programme could achieve more? (Prompts: Are the activities boring? More staff training, more engagement with parents or community?) (Project Design/Approach)

Parents

What was your involvement with the programme?

What difference did this programme make to your child? (Outcome)

- Prompt: short term, medium term. long term
- Prompt: Health, concentration, Well-being outcomes - competence
- Prompt: Unexpected positive and negative outcomes
- Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?
- Other than CAF who else (organisations/individuals)has facilitated this change? (Prompt: family)
- How long do you think these changes will last after the BHP ends at your school? (Benefit Period)

What, if anything, has changed for you as a consequence of your involvement and/or your child's involvement? (Outcome)

- Prompt: Health and Well-being outcomes - competence
- Prompt: Unexpected positive and negative outcomes
- Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?

- Other than schools who else (organisations/individuals) has facilitated this change?
- What about the programme has enabled these changes to happen?
- How long do you think these changes will last after the BHP ends at your school? (Benefit Period)

Are you aware of any difference this programme has made to others (e.g. neighbours/friends/other family members?) (Outcome)

- Prompt: Health and Well-being outcomes - competence
- Prompt: Unexpected positive and negative outcomes
- Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?
- Who else (organisations/individuals) has facilitated this change?
- How long do you think these changes will last after the BHP ends at your school? (Benefit Period)

What did you like most about the programme? (Project Design/Approach)

How do you think the programme could achieve more? (Prompts: Are the activities boring? More staff training, more engagement with parents or community?) (Project Design/Approach)

Children

What was your involvement with the programme?

What did you like most about the programme? (Project Design/Approach)

What difference did this programme make to you? (Outcome)

- Prompt: Health, concentration, Well-being outcomes - competence
- Prompt: Unexpected positive and negative outcomes
- Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?
- Other than the school who else (organisations/individuals) has facilitated the changes? (Prompt: family)
- How long do you think these changes will last after the BHP ends at your school? (Benefit Period)
-

Are you aware of any difference this programme has made to others (e.g. other family members, friends in other schools?) (Outcome)

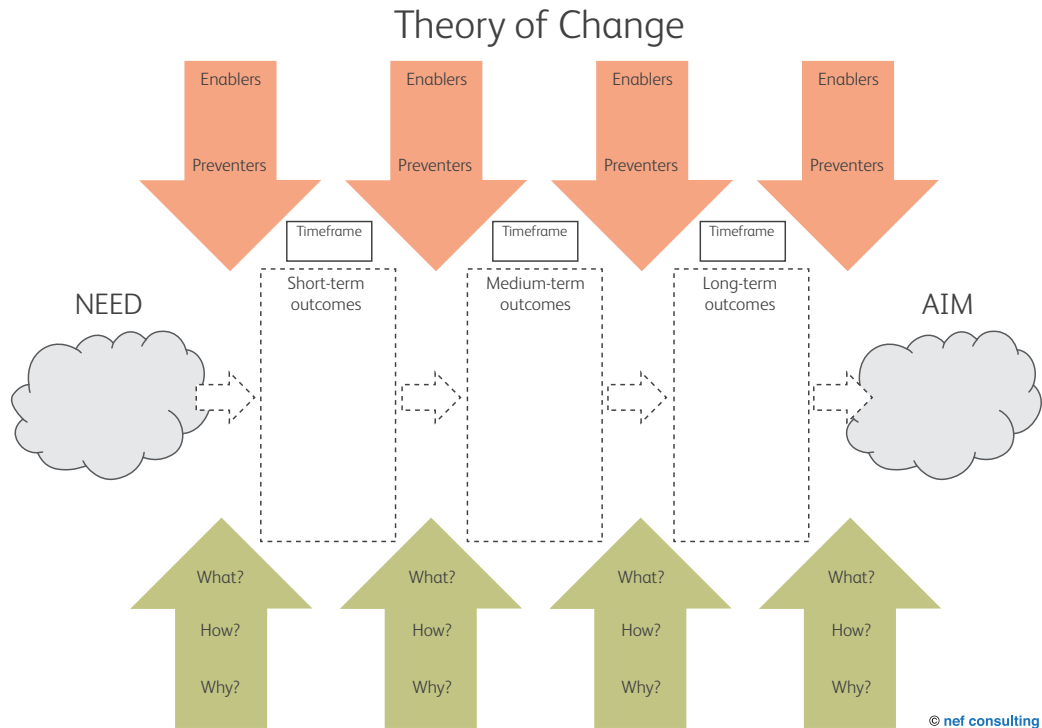
- Prompt: Health and Well-being outcomes - competence
- Prompt: Unexpected positive and negative outcomes
- Do you think you would have experienced any of the changes without the programme (Prompt: refer back to their stated outcomes)?
- Who else (organisations/individuals) has facilitated this change?

How do you think the programme could achieve more? (Prompts: Are the activities boring? More staff training, more engagement with parents or community?) (Project Design/Approach)

Annex 3

Theory of Change for the SROI

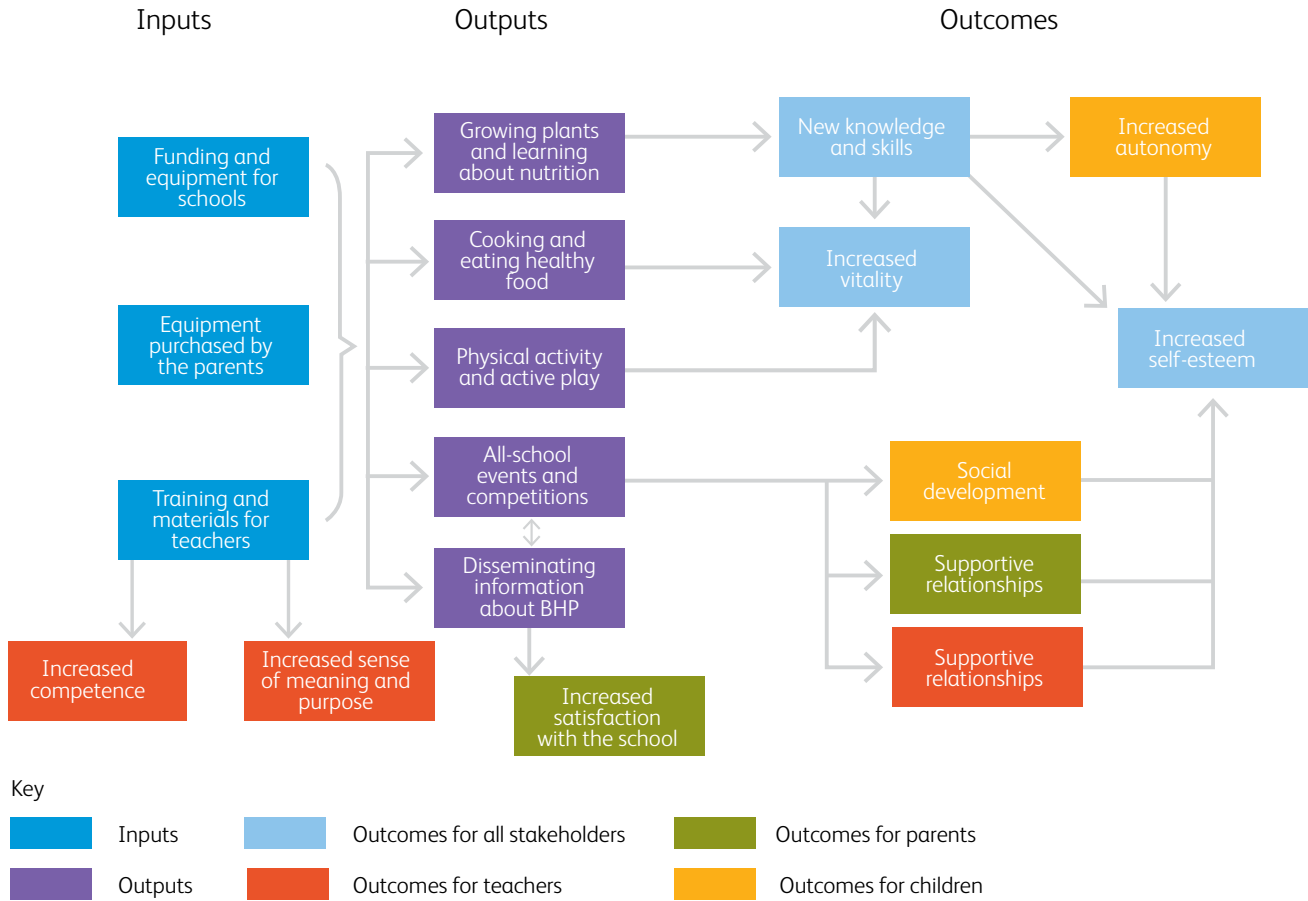
Figure 18. An overview of the Theory of Change for the SROI approach by nef consulting



Annex 4

Theory of change for the BHP

Figure 19. Theory of Change for the BeHealthy Programme



Annex 5

Questionnaires by stakeholder – Quantitative stage

Children involved in the BHP

Children in the projects	School: Sobinka 2/ Ropsha/ School no 18, Novgorod
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Hello! As you know, your school has been taking part in “Be Healthy!” programme since 2010/2012 OR took part in “Be Healthy!” Programme in 2008-2012. We would like to know more about the changes that happened as a result. Your answers will help us understand the positive and negative aspects of the programme and improve it for any new children involved.

It will take you up to 20 minutes to fill in the questionnaire below. You will need to recall your life before your participation in the Programme and after. Please complete it as honestly as possible.

This is not a knowledge check. There are no correct or incorrect answers. Your responses are anonymous, and your answers will be used for research purposes only. We promise we won't share your answers with anyone else.

Do you agree to take part in this research? (please mark as appropriate) Yes No

First, tell us a little bit about yourself:

1. How old are you? _____
2. What grade are you in? _____
3. You are (circle as appropriate) a boy a girl
4. What grade were you in when you started to take part in the programme? _____

The statements below relate to three thematic areas – vitality, relationships, responsibility and self-esteem. For each we will want to know the change that happened (or did not happen) following your involvement in the programme.

For example, if previously you were not very active but following involvement in the Be Healthy Programme, took up a sport or began exercising at home regularly, you will answer that your level of physical activity increased a lot. Alternatively, if you were previously not very active but later started to play active games from time to time during breaks or after school, you will say that your physical activity increased a little. Also, if you think there was a decrease or no change at all for any of the changes described below, please select the appropriate answer.

We will also ask questions to understand what your vitality, relationships, responsibility and self-esteem would have been like in the absence of the programme. Finally, we will ask about who has helped bring about this change and the extent to which they have helped.

A. Vitality

Physical activity

Tick the box next to the response that best describes your experience:

5a. Since becoming involved in the Be Healthy Programme, my level of physical activity has...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

5b. Imagine now that you were never involved in the Be Healthy Programme. Over the same period, what would you expect your level of physical activity to be like?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

5c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your parent's encouragement. We want to understand the influence of others on your level of physical activity.

Let's imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify):
- _____: _____ apple(s)

B. Responsibility

6a. Since I became involved with the Be Healthy Programme, my responsibility for myself and my family (e.g. offering to cook for my family, do the household chores, get ready for classes without being reminded by my parents) has...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

6b. Imagine now that you were never involved in the Be Healthy Programme. Over the same period, what would you expect your level of physical activity to be like?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

6c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your parent's encouragement. We want to understand the influence of others on your level of responsibility.

Let's imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify):
- _____: _____ apple(s)

Teachers

Tick the box next to the response that best describes your experience:

7a. Since becoming involved in Be Healthy Programme, the quality of my relationships with the teacher(s) involved in the Programme is...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

7b. Imagine now that you were never involved in the Be Healthy programme. Over the same period, do you think your relations with the teacher(s) involved in the Programme would change and in what direction?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

7c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your teachers. We want to understand the influence of others on your relationships with the teacher(s).

Let's imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify): _____
- _____: _____ apple(s)

Parents

Tick the box next to the response that best describes your experience:

8a. Below we want to know about both the amount of time and quality of time spent with your parents.

Since becoming involved in Be Healthy Programme, the amount of time I spend with my parents has

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

8b. Imagine now that you were never involved in the Be Healthy programme.

Over the same period, do you think the amount of time you spend with your parents would change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

Over the same period, do you think the **quality of time** you spend with your parents would change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...much worse	...much worse	no change	...a little better	...much better

8c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your parent’s encouragement. We want to understand the influence of others on your relationships with parents.

Let’s imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify):

_____ : _____ apple(s)

Schoolmates

9a. Since becoming involved in Be Healthy Programme, the quality of my relations with my schoolmates is...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

9b. Imagine now that you were never involved in the Be Healthy programme. Over the same period, do you think your relations with schoolmates would change and in what direction?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

9c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your parent's encouragement. We want to understand the influence of others on your relationships with parents.

Let's imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify):

_____ : _____ apple(s)

C. Self-esteem

Tick the box next to the response that best describes your experience:

10a. Since becoming involved in Be Healthy Programme, my self-esteem (i.e. how positive I feel about myself and how much I like myself) has...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

10b. Imagine now that you were never involved in the Be Healthy programme. Over the same period, do you think your self-esteem would change and in what direction?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

10c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your parent's encouragement. We want to understand the influence of others on your self-esteem.

Children not directly involved in the BHP

Children not directly involved in the programme

School: Sobinka 2/ Ropsha/ School no 18, Novgorod

Hello! As you know, your school has been taking part in “Be Healthy!” programme since 2010/2012 OR took part in “Be Healthy!” Programme in 2008-2012. We would like to know more about the changes that happened as a result. Your answers will help us understand the positive and negative aspects of the programme and improve it for any new children involved.

It will take you up to 20 minutes to fill in the questionnaire below. You will need to recall your life before your participation in the Programme and after. Please complete it as honestly as possible.

This is not a knowledge check. There are no correct or incorrect answers. Your responses are anonymous, and your answers will be used for research purposes only. We promise we won't share your answers with anyone else.

Do you agree to take part in this research? (please mark as appropriate) Yes No

First, tell us a little bit about yourself:

1. How old are you? _____

2. What grade are you in? _____

3. You are (circle as appropriate) a boy a girl

4. What grade were you in when you started to take part in the programme? _____

The statements below relate to three thematic areas – vitality, relationships, responsibility and self-esteem. For each we will want to know the change that happened (or did not happen) following your involvement in the programme.

For example, if previously you were not very active but following involvement in the Be Healthy Programme, took up a sport or began exercising at home regularly, you will answer that your level of physical activity increased a lot. Alternatively, if you were previously not very active but later started to play active games from time to time during breaks or after school, you will say that your physical activity increased a little. Also, if you think there was a decrease or no change at all for any of the changes described below, please select the appropriate answer.

We will also ask questions to understand what your vitality, relationships, responsibility and self-esteem would have been like in the absence of the programme. Finally, we will ask about who has helped bring about this change and the extent to which they have helped.

A. Vitality

Physical activity

Tick the box next to the response that best describes your experience:

5a. Since becoming involved in the Be Healthy Programme, my level of physical activity has...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

5b. Imagine now that you were never involved in the Be Healthy Programme. Over the same period, what would you expect your level of physical activity to be like?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

5c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your parent's encouragement. We want to understand the influence of others on your level of physical activity.

Let's imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify):
- _____: _____ apple(s)

B. Relationships

Teachers

Tick the box next to the response that best describes your experience:

6a. Since my school became involved in the Programme, the quality of my relationships with the teacher(s) involved in the Programme is...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

6b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, do you think your relations with the teacher(s) involved in the Programme would change and in what direction?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

6c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your parent's encouragement. We want to understand the influence of others on your level of physical activity.

Let's imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify):
- _____: _____ apple(s)

Schoolmates

Tick the box next to the response that best describes your experience:

7a. Since my school became involved in Be Healthy Programme, the quality of my relationships with my schoolmates is...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

7b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, do you think your relations with schoolmates would change and in what direction?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

7c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the

Be Healthy Programme or your parent's encouragement. We want to understand the influence of others on your relationship with schoolmates.

Let's imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify):
- _____: _____ apple(s)

C. Self-esteem

Tick the box next to the response that best describes your experience:

8a. Since my school became involved in Be Healthy Programme, my self-esteem (i.e. how positive I feel about myself and how much I like myself) has...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

8b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, do you think your self-esteem would change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

8c. Changes you experience will be due to a combination of choices you made and the influence of others e.g. the Be Healthy Programme or your parent's encouragement. We want to understand the influence of others on your self-esteem.

Let's imagine you have 10 apples to distribute to reflect their contribution. Please allocate the apples across the following individuals/organisations. Remember, the one who gets the most apples is the one that influenced you the most.

The ten apples are drawn below to make the task easier.



- Your family: _____ apple(s)
- Your friends: _____ apple(s)
- The clubs you attend: _____ apple(s)
- Be Healthy Programme: _____ apple(s)
- Other activities at your school: _____ apple(s)
- Your teacher(s) : _____ apple(s)
- Other (pls. specify):
- _____: _____ apple(s)

Parents of children involved in the BHP

Parents	School: Sobinka 2/ Ropsha/ School no 18, Novgorod
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Dear participant! As you know, your child's school has been taking part in "Be Healthy!" programme since 2010 (Sobinka)/2012(Novgorod) OR took part in "Be Healthy!" Programme in 2008-2012 (Ropsha). We would like to know more about the changes that happened as a result. Your answers will help us understand the positive and negative aspects of the programme and improve it for any new children involved.

It will take you up to 10 minutes to fill in the questionnaire below. You will need to recall your life before your participation in the Programme and after. Please complete it as honestly as possible.

This is not a knowledge check. There are no correct or incorrect answers. Your responses are anonymous, and your answers will be used for research purposes only. We promise we will not share your answers with anyone else.

Do you agree to take part in this research? (please, mark as appropriate) Yes No

1. Tell us about your child(ren):

	Gender	Age	Grade	Took part in the Programme (Y/N)	Grade they were in when the Programme started
Child 1					
Child 2					
Child 3					

Please fill in Section 2 of this questionnaire for every child that took part in Be Healthy programme

The statements below relate to three thematic areas – vitality, relationships and self-esteem. For each we will want to know the change that happened (or did not happen) following your involvement in the programme.

We will ask you about the amount of change. E.g. if you were not very physically active but after your child's involvement in the Be Healthy Programme you took up a sport or began to exercise at home regularly, you will answer that your level of physical activity increased a lot. However, if you were not very active but now play active games or do some sports from time to time you will say that your activity increased a little. Also, if you think there was a decrease or no change at all for any of the changes described below, please select the appropriate answer.

We will also ask questions to understand what your and your child(ren)'s vitality, relationships and self-esteem would have been like in the absence of the programme. Finally, we will ask about who has helped bring about this change and the extent to which they have helped.

Section 1 Your own experience

A. Vitality

Physical activity

Tick the box next to the response that best describes your experience:

2a. Since my child became involved in Be Healthy Programme, my level of physical activity has ...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

2b. Imagine now that your child was never involved in the Be Healthy programme. Over the same period, what would you expect your level of physical activity to be like?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

2c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your physical activity was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

- Your family: _____ %
- Your friends and colleagues: _____ %
- The clubs you attend/your hobbies: _____ %
- Be Healthy Programme: _____ %
- Other programmes and projects: _____ %
- Other (please, specify): _____: _____ %

Energy levels

3a. Since my child became involved in the Programme, my energy levels have...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

3b. Imagine now that your child did not become involved in the Be Healthy programme. Over the same period, what would you expect your energy levels to be?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

3c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your energy levels was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

- Your family: _____ %
- Your friends and colleagues: _____ %
- The clubs you attend/your hobbies: _____ %
- Be Healthy Programme: _____ %
- Other programmes and projects: _____ %
- Other (please, specify): _____: _____ %

B. Relations

Your child

4a. Here we will ask you about the quality and quantity of time you spend with your child(ren)

Since my child became involved in the Programme, the amount of time I spend with my child during the week has ...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

Since my child became involved in the Programme, the quality of time I spend with my child during the week has ...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

4b. Imagine now that your child was never involved in the Be Healthy programme.

Over the same period, would you expect the amount of time you spend with your child during the week to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

Over the same period, would you expect the quality of time you spend with your child during the week to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

4c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in the amount and quality of time you spend with your child was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other programmes and projects: _____ %

Other (please, specify): _____: _____ %

5a. Since my child became involved in the Programme my relations with my child have become ...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...much worse	...much worse	no change	...a little better	...much better

5b. Imagine now that your child was never involved in the Be Healthy programme. Over the same period, would you expect your relations with your child to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...much worse	...much worse	no change	...a little better	...much better

5c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your relations with your child were influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

- Your family: _____ %
- Your friends and colleagues: _____ %
- The clubs you attend/your hobbies: _____ %
- Be Healthy Programme: _____ %
- Other programmes and projects: _____ %
- Other (please, specify): _____: _____ %

Teachers and the school

6a. Since commencement of this Programme, my relationships with teacher(s) involved in the Programme have become...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

Since commencement of the Programme, my satisfaction with my child's school has...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

Since commencement of the Programme, the number of positive comments I make about my child's school to friends, family and colleagues has...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

6b. Imagine now that your child was never involved in the Be Healthy programme. Over the same period, Would you expect your relations with your child's teacher(s) involved in the programme to change and in what direction?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

Would you expect the level of your satisfaction with your child's school to change and in what direction?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

Would you expect the number of positive comments you make about your child's school to friends, family and colleagues to change and in what direction?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

6c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your relations with your child(ren)'s teacher and your satisfaction with the school was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other programmes and projects: _____ %

Other (please, specify): _____: _____ %

C. Self-esteem

7a. Since commencement of the Programme, my self-esteem has...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

7b. Imagine now that your child was never involved in the Be Healthy programme. Over the same period, would you expect your self-esteem to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

7c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your self-esteem was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other programmes and projects: _____ %

Other (please, specify): _____: _____ %

Now, tell us a little bit about yourself and your family:

8. Your gender (pls. mark as appropriate) Male Female

9. What is your family's average monthly income?

Less than RUB 5 000 per person

RUB 5,000 – 10,000 per person

RUB 10,000 – 15,000 per person

Over RUB 15,000 per person

10 Did you buy any kitchen appliances to cook healthy food or equipment for sports games and activities for your child during the Programme?

yes (please, list the items you bought and their approximate price in roubles below)

no

Section 2. Tell us about the changes you may have noticed in your child (1)

Child 1 Gender _____ Age _____ Grade _____

A. Vitality

Physical activity

Tick the box next to the response that best describes your experience:

12a. Since my child became involved in the Programme, his/her energy levels have ...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

12b. Imagine now that your child was never involved in the Be Healthy programme. Over the same period, would you expect their energy levels to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

12c. Changes your child experiences will be due to a combination of choices they made and the influence of others.

Please, indicate how much in percent (out of 100%) the change in your child's energy levels were influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Their friends and schoolmates: _____ %

The clubs they attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other programmes and projects: _____ %

Other (please, specify): _____: _____ %

13a. Since my child became involved in the Programme, his/her physical activity has...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

13b. Imagine now that your child was never involved in the Be Healthy programme. Over the same period, what would you expect their physical activity to be?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

13c. Changes your child experiences will be due to a combination of choices they made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your child's physical activity was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

- Your family: _____ %
- Their friends and schoolmates: _____ %
- The clubs they attend/your hobbies: _____ %
- Be Healthy Programme: _____ %
- Other programmes and projects: _____ %
- Other (please, specify): _____: _____ %

Autonomy

14a. Since commencement of the Programme, I find my child's ability to cook for themselves, help about the house and self-organise (autonomy) has...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

14b. Imagine now that your child was never involved in the Be Healthy programme. Over the same period, would you expect their autonomy to change and in what direction ?

14c. Changes your child experiences will be due to a combination of choices they made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your child's autonomy was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

- Your family: _____ %
- Their friends and schoolmates: _____ %
- The clubs they attend/your hobbies: _____ %
- Be Healthy Programme: _____ %
- Other programmes and projects: _____ %
- Other (please, specify): _____: _____ %

B. Self-esteem

15a. Since commencement of the Programme, the extent to which my child feels positive about themselves (their self-esteem) has ...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

15b. Imagine now that your child was never involved in the Be Healthy programme. Over the same period, would you expect their self-esteem to change and in what direction?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

15c. Changes your child experiences will be due to a combination of choices they made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your child's self-esteem was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Their friends and schoolmates: _____%

The clubs they attend/your hobbies: _____%

Be Healthy Programme: _____ %

Other programmes and projects: _____%

Other (please, specify): _____: _____ %

If you have other children who took part in Be Healthy Programme, please, fill in another Section(s) 2 below for them.

Thank you very much for sharing your thoughts!

Teachers directly involved in the programme

Teachers directly involved in the programme

School: Sobinka 2/ Ropsha/ School no 18, Novgorod

Dear colleague!

As you know, your school has been taking part in “Be Healthy!” programme since 2010 (Sobinka)/2012(Novgorod) OR took part in “Be Healthy!” Programme in 2008-2012 (Ropsha). We would like to know more about the changes that happened as a result. Your answers will help us understand the positive and negative aspects of the programme and improve it for any new children involved.

It will take you up to 10 minutes to fill in the questionnaire below. You will need to recall your life before your participation in the Programme and after. Please complete it as honestly as possible.

This is not a knowledge check. There are no correct or incorrect answers. Your responses are anonymous, and your answers will be used for research purposes only. We promise we won't share your answers with anyone else.

Do you agree to take part in this research? (please, mark as appropriate) Yes No

1. How long have you been working on Be Healthy Programme? _____ years

The statements below relate to four thematic areas – vitality, relationships, self-esteem and positive functioning. For each we will want to know the change that happened (or did not happen) following your involvement in the programme.

We will ask you about the amount of change. E.g. if you were not very physically active but after your involvement in the Be Healthy Programme you took up a sport or began to exercise at home regularly, you will answer that your level of physical activity increased a lot. However, if you were not very active but now play active games or do some sports from time to time you will say that your activity increased a little. Also, if you think there was a decrease or no change at all for any of the changes described below, please select the appropriate answer.

We will also ask questions to understand what your vitality, relationships, self-esteem and positive functioning would have been like in the absence of the programme. Finally, we will ask about who has helped bring about this change and the extent to which they have helped.

A. Vitality

Physical activity

Tick the box for the response that best describes your experience:

2a. Since I started to work on the Programme, my level of physical activity has ...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

2b. Imagine now that your school was never involved in the Be Healthy Programme. Over the same period, what would you expect your level of physical activity to be like?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

2c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your physical activity was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____%

The clubs they attend/your hobbies: _____%

Be Healthy Programme: _____ %

Other activities at your school: _____%

Other (please, specify): _____: _____ %

Energy levels

3a. Since I started to work on the Programme, at home, my energy levels have...

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

3b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, do you think your energy levels would change and in what direction?

<input type="checkbox"/> ...decreased a lot	<input type="checkbox"/> ...decreased a little	<input type="checkbox"/> no change	<input type="checkbox"/> ...increased a little	<input type="checkbox"/> ...increased a lot
--	---	---------------------------------------	---	--

3c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your energy levels was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %
 Your friends and colleagues: _____ %
 The clubs they attend/your hobbies: _____ %
 Be Healthy Programme: _____ %
 Other activities at your school: _____ %
 Other (please, specify): _____: _____ %

B. Relationships

Your pupils

Below we ask questions about your relations with pupils who were targeted by the Programme and also those who were not.

4a. Since I started to work on the Programme my relations with pupils who are the target group for the Programme have become...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

Since I started to work on the Programme my relations with the pupils who are not the target group of the Programme have become...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

4b. Imagine now that your school was never involved in the Be Healthy Programme.

Over the same period, do you think your relations with the children who are the target group for the Programme would change and in what direction?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

Over the same period, do you think your relations with the children who are not the target group for the Programme would change and in what direction?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

4c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your relations with your pupils was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %
 Your friends and colleagues: _____ %
 The clubs they attend/your hobbies: _____ %
 Be Healthy Programme: _____ %
 Other activities at your school: _____ %
 Other (please, specify): _____: _____ %

Parents

5a. Since I started to work on the Programme, my relationships with the parents of pupils targeted by the Programme have become...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

5b. Imagine now that your school was never involved in the Be Healthy Programme. Over the same period, in what direction do you expect your relationships with these parents to change?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

5c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your relations with the parents was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs they attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other activities at your school: _____ %

Other (please, specify): _____: _____ %

Colleagues

6a. Since I started to work on the Programme, my relations with my colleagues involved in the Programme have become...

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

6b. Imagine now that your school was never involved in the Be Healthy Programme. Over the same period, would you expect your relations with your colleagues involved in the Programme to change and in what direction?

<input type="checkbox"/> ...much worse	<input type="checkbox"/> ...much worse	<input type="checkbox"/> no change	<input type="checkbox"/> ...a little better	<input type="checkbox"/> ...much better
---	---	---------------------------------------	--	--

6c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your relations with colleagues was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs they attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other activities at your school: _____ %

Other (please, specify): _____: _____ %

C. Self-esteem

7a. Since I started to work on the Programme, my self-esteem has...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

7b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, would you expect your self-esteem to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

7c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your self-esteem was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and schoolmates: _____%

The clubs you attend/your hobbies: _____%

Be Healthy Programme: _____ %

Other programmes and projects: _____%

Other (please, specify): _____: _____ %

D. Positive functioning

Autonomy

8a. Since I started to work on the Programme, my ability to use activity-based learning approach and apply it in my job...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

8b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, would you expect your ability to use activity-based learning approach and apply it in your job to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

8c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your autonomy was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____%

The clubs you attend/your hobbies: _____%

Be Healthy Programme: _____ %

Other activities at your school: _____%

Other (please, specify): _____: _____ %

Meaning and purpose

9a. Since I started to work on the Programme, my perception of the intrinsic value of the teaching profession has...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

9b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, would you expect your perception of the intrinsic value of the teaching profession to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

9c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your perception of intrinsic value of the teaching profession was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other activities at your school: _____ %

Other (please, specify): _____: _____ %

Now tell us a little about yourself:

10. Your gender (pls. mark as appropriate) Male Female

Tell us how Be Healthy Programme was funded in your school

11. Did the Programme in your school receive any additional support besides the funding, training, materials and consultations provided by CAF ? Pls. specify.

Yes (pls. mark as appropriate)

Financial support (co-funding for your project from other sources) _____ (amount in RUB)

Volunteer support (e.g. volunteers delivering classes on healthy nutrition)(approx. amount of hours)

_____ In-kind support (any equipment/materials provided for the school by the parents, project partners, etc.)

(pls. describe and provide the approximate cost of such support in RUB)

No

Thank you very much for sharing your thoughts!

Teachers not directly involved in the programme

Teachers not directly involved in the Programme

School: Sobinka 2/ Ropsha/ School no 18, Novgorod

Dear colleague!

As you know, your school has been taking part in “Be Healthy!” programme since 2010 (Sobinka)/2012(Novgorod) OR took part in “Be Healthy!” Programme in 2008-2012 (Ropsha). We would like to know more about the changes that happened as a result. Your answers will help us understand the positive and negative aspects of the programme and improve it for any new children involved.

It will take you up to 10 minutes to fill in the questionnaire below. You will need to recall your life before your participation in the Programme and after. Please complete it as honestly as possible.

This is not a knowledge check. There are no correct or incorrect answers. Your responses are anonymous, and your answers will be used for research purposes only. We promise we won't share your answers with anyone else.

Do you agree to take part in this research? (please, mark as appropriate) Yes No

How long have you been involved in Be Healthy Programme? _____ years

The statements below relate to four thematic areas – vitality, relationships, self-esteem and positive functioning. For each we will want to know the change that happened (or did not happen) following your involvement in the programme.

We will ask you about the amount of change. E.g. if you were not very physically active but after your involvement in the Be Healthy Programme you took up a sport or began to exercise at home regularly, you will answer that your level of physical activity increased a lot. However, if you were not very active but now play active games or do some sports from time to time you will say that your activity increased a little. Also, if you think there was a decrease or no change at all for any of the changes described below, please select the appropriate answer.

We will also ask questions to understand what your vitality, relationships, self-esteem and positive functioning would have been like in the absence of the programme. Finally, we will ask about who has helped bring about this change and the extent to which they have helped.

A. Vitality

Physical activity

Tick the box next to the response that best describes your experience:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

2b. I imagine now that your school was never involved in the Be Healthy Programme. Over the same period, what would you expect your level of physical activity to be like?

2c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your physical activity was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other activities at your school: _____ %

Other (please, specify): _____: _____ %

Energy levels

3a. Since the commencement of the Programme, my energy levels have...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

3b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, would you expect your energy levels to change and in what direction?

3c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your energy levels was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other activities at your school: _____ %

Other (please, specify): _____: _____ %

B. Relationships Colleagues

4a. Since commencement of Be Healthy Programme, my relations with my colleagues involved in the Programme have become...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...much worse	...much worse	no change	...a little better	...much better

4b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, would you expect your relations with colleagues involved in the Programme to change and in what direction?

4c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your relations with colleagues was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other activities at your school: _____ %

Other (please, specify): _____: _____ %

C. Self-esteem

5a. Since commencement of the Programme, my self-esteem has...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

5b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, would you expect your self-esteem to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

5c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your self-esteem was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other activities at your school: _____ %

Other (please, specify): _____: _____ %

C. Positive functioning

Meaning and purpose

6a. Since commencement of the Programme, my perception of the intrinsic value of the teaching profession has...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

6b. Imagine now that your school was never involved in the Be Healthy programme. Over the same period, would you expect your perception of the intrinsic value of the teaching profession to change and in what direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...decreased a lot	...decreased a little	no change	...increased a little	...increased a lot

6c. Changes you experience will be due to a combination of choices you made and the influence of others. Please, indicate how much in percent (out of 100%) the change in your perception of intrinsic value of the teaching profession was influenced by the following factors. If you think there was no influence leave a blank space or put a zero.

Your family: _____ %

Your friends and colleagues: _____ %

The clubs you attend/your hobbies: _____ %

Be Healthy Programme: _____ %

Other activities at your school: _____ %

Other (please, specify): _____: _____ %

Your gender (pls. mark as appropriate) Male Female

Thank you very much for sharing your thoughts!

Annex 6

Indicators on outcome incidence measured for the SROI

The value created by the BHP is distributed across a number of wellbeing outcomes for various stakeholders. To measure these outcomes all stakeholders were contacted directly and asked to fill in questionnaires.

For the purpose of confidence and accuracy, where possible, more than one indicator was measured to verify or cross-check the outcome incidence for various stakeholders, but subsequently only one indicator was used in the SROI calculations.

For example, the children's 'vitality', 'autonomy' and 'self-esteem' outcomes were cross-checked with the parents, 'relationships with teachers' were cross-checked with the teachers respectively and for 'relationships with parents' two indicators were measured and verified through parents' questionnaires: the change in the amount of time children and parents spend together and in the quality of time they spend together.

For parents we measured two 'vitality' indicators – changes in the amount of physical activity and in their energy levels, and verified the relationships outcomes with children and teachers respectively. As for satisfaction with the school, two indicators were used to verify the outcome incidence: the change in the parents' satisfaction with the school and the change in the number of positive comments they make about the school.

For teachers, again, two indicators related to the amount of physical activity and the energy levels were measured to verify the 'vitality' outcome incidence, and the relationships outcomes were cross-checked with the other stakeholders.

In **Table 33** the indicators included in the SROI calculation are given in bold. In all cases we selected the indicators that were measured directly with the stakeholders.

Where two outcomes were measured for vitality, the 'energy levels' indicator was selected, because for adult stakeholders there could be limitations related to increase of physical activity on the one hand, and on the other hand their energy levels could increase because they start eating more nutritious food, without any changes in their physical activity.

For the children, however, the 'physical activity' indicator was used, because it was the only indicator measured with them directly, as we thought it would be difficult for the children to report on their energy levels.

Where the changes in quantity and quality of time spent by the parents and children were measured, the qualitative indicator was included in the SROI calculation based on the assumption that the qualitative change is more important, and can be achieved without the change in the quantity of time spent together.

For the parent's satisfaction with the school the indicator measuring the change in the satisfaction was used for the SROI calculation, whereas the change in the number of positive comments they make about the school was a quantitative indicator measured to verify the change.

For the relationships indicators, weighted average was calculated to account for 'social development' outcome for children and 'supportive relationships' outcome for adult stakeholders. The weights were obtained from the 'choice experiment' exercise where stakeholders ranked the relationships along with other wellbeing components in order of importance.

As we can see from Table 33 below, on the whole the different indicators for the same outcomes demonstrate similar amounts of change and attribution. Generally, the incidence of outcomes reported by the parents and children is very similar, but parents tend to attribute slightly less change to the programme. This can be explained by the fact that, as parents, they tend to attribute larger proportions of positive changes in their children to themselves.

Teachers are the ones with higher outcome incidence and attribution for all outcomes, which may be explained, as it was mentioned in the report by the fact that they have the most knowledge about the BHP, its objectives and activities it involves.

#	Outcomes	Indicators	Novgorod school 18		Ropsha school		Sobinka school 2	
			Net change	Attribution	Net change	Attribution	Net change	Attribution
Children involved in the BHP								
1	Increased self-esteem	Evolution of children's self-esteem (self-reported)	+20	16	+18	13	+24	23
		Evolution of children's self-esteem (reported by parents)	+21	11	+18	13	+30	19
2	Better relationships with teachers	Evolution of children's relationships with teachers	+20	20	+16	19	+20	28
		Evolution of teachers' relationships with children	+53	41	+35	43	+35	25
3	Better relationships with parents	Change in the quantity of time children and parents spend together (reported by children)	+13	15	+11	19	+11	27
		Change in the quality of time children and parents spend together (reported by children)	+16	15	+9	19	+6	27
		Change in the quantity of time children and parents spend together (reported by parents)	+17	12	+19	9	+20	18
		Change in the quality of time children and parents spend together (reported by parents)	+23	12	+19	9	+17	18
4	Better relationships with classmates	Evolution of children's relationships with classmates (self-reported)	+11	14	+21	16	+21	22
5	Better relationships with schoolmates	Evolution of children's relationships with schoolmates (self-reported)	+6	12	+10	13	+14	21
6	Increased autonomy	Evolution of children's responsibility (self-reported)	+29	18	+21	20	+31	26
		Evolution of children's autonomy reported by the parents	+27	14	+20	15	+28	20
7	Increased vitality	Evolution of children's physical activity (self-reported)	+38	22	+31	23	+40	29
		Evolution of children's physical activity (reported by the parents)	+36	18	+26	14	+28	20
		Evolution of children's energy levels reported by the parents	+34	18	+30	14	+31	19
Children not involved in the BHP								
8	Increased vitality	Evolution of children's vitality (self-reported)	+13	7	+13	9	+8	2
9	Increased self-esteem	Evolution of children's self-esteem (self-reported)	+3	6	+19	5	+2	1
10	Better relationships with teachers	Evolution of children's relationships with teachers	+2	7	-13	1	-2	0
		Evolution of teachers' relationships with children	+22	20	+30	43	+25	37

11	Better relationships with classmates	Evolution of children's relationships with classmates (self-reported)	+8	7	+7	8	0	1
12	Better relationships with schoolmates	Evolution of children's relationships with schoolmates (self-reported)	-2	6	+3	9	0	1

Parents of children involved in the BHP

13	Better relationships with teachers	Evolution of parents' relationships with teachers	+16	19	17	14	+21	23
		Evolution of teachers' relationships with parents	+31	35	+45	43	+25	36
14	Better relationships with children	Change in the quantity of time children and parents spend together (reported by parents)	+17	12	+19	9	+20	18
		Change in the quality of time children and parents spend together (reported by parents)	+23	12	+19	9	+17	18
		Evolution of parents' relationships with children	+16	11	+13	8	+26	17
15	Increased vitality	Evolution of parents' physical activity	+14	11	+14	11	+26	18
		Evolution of parents' energy levels	+15	10	+15	8	+22	16
16	Increased self-esteem	Evolution of parents' self-esteem	+9	4	+11	8	+16	16
17	Increased satisfaction with the school	Evolution of parents' satisfaction with the school	+23	19	+14	14	+17	23
		Change in the number of positive comments parents make about their children's school	+22	19	+15	14	+18	23

Teachers directly involved in the BHP

18	Better relationships with parents	Evolution of teachers' relationships with parents	+31	35	+45	43	+25	36
		Evolution of parents' relationships with teachers	+16	19	+17	14	+21	23
19	Better relationships with children	Evolution of teachers' relationships with children	+53	41	+35	43	+35	25
		Evolution of children's relationships with teachers	+20	20	+16	19	+20	28
20	Better relationships with colleagues	Evolution of teachers' relationships with colleagues	+19	29	+40	34	+35	35

21	Increased self-esteem	Evolution of teachers' self-esteem	+25	22	+30	30	+25	27
22	Increased vitality	Evolution of teachers' physical activity	+50	48	+30	30	+25	27
		Evolution of teachers' energy levels	+44	43	+55	38	+35	25
23	Increased competence	Evolution of teachers' competence (in using the project planning and management skills)	+45	47	+44	38	+32	38
24	Increased sense of meaning and purpose	Evolution of teachers' sense of meaning and purpose	+31	31	+35	34	+35	29
Teachers not directly involved in the BHP								
25	Better relationships with colleagues	Evolution of teachers' relationships with colleagues	+31	16	+16	14	+25	13
26	Increased self-esteem	Evolution of teachers' self-esteem	+25	11	+3	19	0	14
27	Increased vitality	Evolution of teachers' physical activity	+38	15	+6	16	+16	21
		Evolution of teachers' energy levels	+19	19	+22	18	+22	21
28	Increased sense of meaning and purpose	Evolution of teachers' sense of meaning and purpose	+38	13	+16	8	+9	8

Table 33. Indicators measured for the SROI by stakeholder across three schools
Note: all figures are in per cent.

Annex 7

'Choice experiment' text

'For our research, you have helped us identify outcomes of the BHP that are important for your personal wellbeing. In this workshop we would like to try to estimate the financial value of these outcomes for you. This will take us about 30 minutes. Everyone will have an opportunity to speak, and all opinions are equally important.

1. To begin with, let's spend a few minutes reflecting on things that make you happy or could make you happier in your everyday life. These could be things that make your life easier or more comfortable. They can be small things as well as extravagant things.
2. [After a few minutes] Please share your thoughts with the group and I'll make a note on the board/flipchart.
3. I'll now give out a list of things identified by another group, in Moscow, as making them feel happy.

Please have a look at the printouts, and then for a few minutes discuss with the person next to you to see if you disagree with any items on the list. We're not expecting you to agree with everything but we want to make sure we don't miss anything.

Also, please tell us if you've thought of anything else that makes you happy, i.e. in addition to the items on the board/flip chart and the list

Write the answers on post-it notes.

4. Now, let's rank these things according to how important they are to you, the first being the most important and the last one being the least important.
5. Finally, please now estimate:
 - a) how much money you would need to obtain the things that are material (e.g. a new car, a bigger flat)
 - b) how much money you would gain from the things that generate income (e.g. a new job).
6. Now that we've estimated the cost of the material things and the money that would be generated by the income-generating things, we can put values on the non-material things using our ranking. Do you agree with the following values as the minimum ones for the non-material things that affect your wellbeing?

Thank you very much for your time.

Annex 8

Choice experiment results by school

Ranking	Elements of wellbeing	Annual value (RUB)	Estimated value (RUB)
Children			
1	Relationships with teachers		150,500
	Relationships with parents		150,500
	New clothes and shoes	40,000	
	More pocket money (rub 1000 a day)	261,000	
2	Self-esteem		120,000
	Autonomy		120,000
	Relationships with classmates		120,000
	Relationships with schoolmates		120,000
	Tasty and healthy food	120,000	
3	Vitality		70,000
	A trip to moscow/to the seaside	120,000	
	Visit to a waterpark with family and friends	20,000	
Parents			
1	Relationships with children		138,667
	Vitality		138,667
	Satisfaction with the school		138,667
2	Relationships with teachers		138,667
	Self-esteem		138,667
3	Owning your own flat/house	333,333	
	Opportunities for travel	200,000	
	Culture and leisure	120,000	
	Additional education/training	10,000	
	A new computer	30,000	
Teachers			
1	Vitality		296,333
	Good relationships with pupils		296,333
	Good relationships with parents		296,333
2	Good relationships with colleagues		296,333
	Self-esteem		296,333
	Meaning and purpose		296,333
	Competence		296,333
	Opportunity for travel	200,000	
	Owning your own flat/house	333,333	
	Being able to buy a cake every week	52,000	
	An additional source of income	600,000	

Table 34. Choice experiment results by stakeholder, Novgorod school 18

Ranking	Elements of wellbeing	Annual value (RUB)	Estimated value (RUB)
Children			
1	Relationships with parents		150,000
2	Vitality		150,000
	Self-esteem		150,000
	Yamaha aerox motorbike	150,000	
3	Relationships with classmates/schoolmates		60,000
	Relationships with teachers		60,000
	A trip to paris	100,000	
	Sony playstation 4	20,000	
4	Autonomy		15,000
	A new computer/tablet	20,000	
	A new snowboard/bicycle	15,000	
	Tickets to a rock-concert	10,000	
Parents			
1	Health		
2	Relationships with children		600 000
	Additional source of income	600,000	
3	Self-esteem		266 667
	Vitality		266 667
	Owning your own flat/house	266,667	
4	Relationships with teachers		200 000
	Satisfaction with the school		200 000
	Opportunities for travel	200,000	
Teachers			
1	Vitality		164 444
	Relationships with pupils		164 444
	Relationships with parents		164 444
2	Relationships with colleagues		164 444
	Self-esteem		164 444
	Meaning and purpose		164 444
	Competence		164 444
	Opportunities for travel	120,000	
	Owning your own flat/house	133,333	
	Additional source of income	240,000	

Table 35: Choice experiment results by stakeholder, Ropsha school

Ranking	Elements of wellbeing	Annual value (RUB)	Estimated value (RUB)
Children			
1	Relationships with parents		130,500
	Self-esteem		130,500
	More pocket money	130,500	
2	Relationships with teachers		75,125
	Relationships with classmates		75,125
	Relationships with schoolmates		75,125
	Vitality		75,125
	Autonomy		75,125
3	A trip abroad (to Europe)	100,000	
	A new computer	50,000	
	A bicycle	20,000	
Parents			
1	Relationships with children		243,333
	Vitality		243,333
2	Self-esteem		243,333
3	Satisfaction with the school		243,333
	Relationships with teachers		243,333
4	Additional education/training	40,000	
	Opportunities for travel	200,000	
	Owning your own flat/house	133,333	
	Additional source of income	600,000	
Teachers			
1	Vitality		266,667
	Good relationships with colleagues		266,667
	Good relationships with pupils		266,667
2	Self-esteem		266,667
3	Meaning and purpose		266,667
	Competence		266,667
4	Owning your own flat/house	266,667	

Table 36. Choice experiment results by stakeholder, Sobinka

The values were assigned to material wellbeing elements in the following way:

- Where a flat (apartment) was mentioned, the stakeholders were asked to state the amount of money they would need to buy it, and this amount was then divided by 15 (the average number of years between a Russian moving into a new flat/house and the flat/house starting to require financially significant renovation, 15 years being an average life cycle of interior finish materials, furniture and homeware (Gosstroy 1964)) to calculate the annual value of a flat to the new owner. As can be seen from the tables above, various different prices were stated by the stakeholders at the different locations.
- Where an additional source of income was mentioned, the participants were asked to state the amount of money they would like to receive, on a monthly basis, in order to then calculate the annual value that would be generated by that source of income
- Where an opportunity to travel was included, the stakeholders came up with an average cost of two trips per year for a family of three (the average size of a household in Russia is 2.5 people in urban areas and 2.8 people in rural areas (Rosstat 2015); most families in the schools where the research was carried out had only one child)
- Where children mentioned more pocket money they were asked to provide daily amounts that were multiplied by the number of working days in a year (365 days minus 104 Saturdays and Sundays)
- For goods/services, stakeholders were asked to come up with the prices which were then compared to prices from open sources; average annual amounts were calculated, where needed, by multiplying the price by the number of goods/services needed per year. .g. an average ticket to a water park costs RUB 500, so for a group of friends numbering four people an average visit would cost RUB 2,000, and the children mentioned they would like to be able to go to a water park 10 times per year, which gives us the annual cost of RUB 20,000.

The alternative approaches to applying willingness to pay methodology for valuation of wellbeing outcomes would involve finding out the market prices of goods and/or services that stakeholders could purchase to achieve similar changes in their wellbeing.

For instance, in case with vitality this could be the price for a year of gym membership, which is RUB 26,500 on average for Saint-Petersburg and Leningrad Region (Ropsha)⁷, RUB 17,000 in Novgorod⁸, and RUB 32,000 in Vladimir Region (Sobinka)⁹.

The proxies for outcomes associated with parents' satisfaction with the school could be obtained by calculating the average amount parents in Russia are ready to pay annually for their children's education, which would be RUB 63,000 based on data from Romir research company¹⁰.

For the teachers' outcomes associated with increased professional competence we could use the average cost of an advanced teacher training course in Russia, which would be around RUB 10,000. However, as we worked with schools in the areas where infrastructure is not very well developed, and these services either do not exist or are not easily accessible, we did not feel it would be appropriate to use country-level or regional data for the valuation. Also, there were certain outcomes (e.g. increased self-esteem or increased sense of meaning and purpose) that could not be easily valued by using equivalent marketed goods or services.

The valuations obtained within a choice experiment gave us an opportunity to find out the use value of the outcomes we create for our particular stakeholder groups and to compare the outcomes by ranking them in order of importance. Thus, the choice experiment methodology was considered more appropriate given the stakeholders and outcomes for this SROI.

7 fitness.profsefera.ru/_abonement_v_fitnes_klub_tseny

8 <http://go.2gis.com/9zb8>

9 <http://go.2gis.com/lz4xep>

10 <http://www.finanz.ru/novosti/lichnyye-finansy/rossiyane-v-krizis-ne-gotovy-oplachivat-obrazovatelnye-uslugi-1000737182>

Annex 9

Information used to calculate CAF BHP programme expenses per school by year

Expense Items	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Staff salaries	768,164	1,323,958	1,913,390	2,183,925	1,235,758	718,425	401,541
Social Insurance	154,221	264,474	443,292	508,220	273,625	200,809	96,960
Office rent	188,182	489,051	933,453	781,161	300,241	252,000	278,962
Training		72,910		8,950			78,439
Post and courier services	2,364	12,554	2,848	1,718	6,089	769	168
Office supplies	5,168	10,998	11,816	22,408	3,642	1,480	1,329
Communications (phone, fax, internet)	43,973	92,966	167,979	146,613	64,060	48,131	55,014
Equipment maintenance	28,929	59,360	106,682	109,512	47,656	36,000	39,851
Equipment purchase			35,223	41,662			9,035
Travel	170,302	196,262	306,271	271,535	58,166	239,487	231,596
Other expenses			3,000			662	
Domain name registration				85,933	115,267	19,070	48,450
Printed materials		311,500			243,000		
Computer expendables			3,980				
PR				179,850			
Events	16,351	10,620	2,735	1,342	518	694	2,326
Specialists' fees	3,939	40,647	71,449	95,915	161,417	32,411	381,383
Contractors (legal entities)	65,700	75,240	932,804	272,900	50,000	125,000	244,237
Bank charges	8,314	15,486	26,669	27,052	11,913	9,000	9,768
Indirect expenses (legal, admin, finance)	289,067	578,978	1,036,934	1,108,039	450,685	365,400	404,496
	1,744,674	3,555,006	5,998,524	5,846,735	3,022,035	2,049,337	2,283,555

Table 37: BHP expenses - total by year in Russian roubles

Year	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Number of schools funded within the BHP	12	13	20	23	9	17	15

Table 38: Number of schools funded within the BHP, by year

Glossary

Attribution	An assessment of how much of the outcome was caused by other organisations or people (UK Cabinet Office 2012).
Autonomy	Feeling free to do what you want and having the time to do it (nef 2009).
Benefit period	How long the outcomes of an intervention last.
Competence	Feeling accomplishment from what you do and being able to make use of your abilities (nef 2009)
Counterfactual	A measure of the amount of outcome that would have happened even if the activity had not taken place.
Displacement	An assessment of how much the outcome has displaced other outcomes (UK Cabinet Office 2012).
Drop-off	The deterioration of an outcome over time (UK Cabinet Office 2012).
Expert Committee	A collective body of the BHP comprising experts in nutrition, healthy lifestyle and education who evaluate the applications submitted to the BHP and inform funding decisions.
Impact	The difference in an outcome for participants taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last (UK Cabinet Office 2012).
Indicator	Well-defined measure of an outcome (UK Cabinet Office 2012).
Inputs	The contributions made by each stakeholder necessary for the activity to happen (UK Cabinet Office 2012).
Line of accountability	A line on a ToC diagram to the left of which the outcomes the intervention can account for are located.
Line of evaluation	A line on a ToC diagram to the left of which the outcomes included in the evaluation are located.
Materiality	Having the potential to affect the readers' or stakeholders' decisions (UK Cabinet Office 2012).
Meaning and purpose	Feeling that what you do in life is valuable, worthwhile and valued by others (nef 2009).
Outcome	The changes resulting from an activity. The main types of change from the stakeholders' perspective are unintended and intended, positive and negative change (UK Cabinet Office 2012).
Output	A way of describing the activity in relation to each stakeholder's inputs in quantitative terms (UK Cabinet Office 2012).
Proxy	An approximation of value where an exact measure is impossible to obtain (UK Cabinet Office 2012).
Recall bias	The inability to accurately recall attitudes and behaviors held in the past (Colosi & Dunifon 2006).

Social development	The outcome comprising changes in the children's relationships with teachers, parents, classmates and other schoolmates calculated as the weighted average of those relationship outcomes based on their relative importance to the children.
Stakeholders	People, organisations or entities that experience change whether positive or negative as a result of the activity that is analysed (UK Cabinet Office 2012).
Supportive relationships	The extent and quality of interactions in close relationships with family, friends and others who provide support (nef 2009).
Valuation	Process of assigning monetary values.
Vitality	Having energy, feeling well-rested and healthy and being physically active (nef 2009).
Wellbeing	The dynamic process that gives people a sense of how their lives are going through the interaction between their circumstances, activities and psychological resources (nef 2009).

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Stakeholders	Program Area	Outcome	Indicator	Source	No Change (over 5 years)	Attribution (to be defined by the program)	Proxy description	Proxy score	Proxy year	Annual value	Total value	Report period	Report 17	Report 18	SROI calculation			Discount rate	Total (discounted)				
															Value year 1 (total present)	Value year 2 (total present)	Value year 3 (total present)						
Group 1: 2015-2018	male	Quality of life	Product of life expectancy and health	Life expectancy	30%	10%	Life expectancy	70.00	2015	5,129	100,000	1	2.5%	100%	50%	0	40,129	100,000	80,251	0	243,694	212,110	31,238
		Quality of life	Product of life expectancy and health	Life expectancy	31%	17%	Life expectancy	70.00	2016	6,349	193,104	1	2.5%	100%	50%	0	46,426	193,104	96,682	0	294,632	265,656	28,976
		Quality of life	Product of life expectancy and health	Life expectancy	28%	11%	Life expectancy	70.00	2017	7,570	185,757	1	2.5%	100%	50%	0	52,880	185,757	92,717	0	314,119	300,858	13,261
		Quality of life	Product of life expectancy and health	Life expectancy	29%	11%	Life expectancy	70.00	2018	8,801	178,453	1	2.5%	100%	50%	0	59,239	178,453	89,585	0	337,277	328,943	8,334
		Quality of life	Product of life expectancy and health	Life expectancy	60%	23%	Life expectancy	70.00	2019	9,991	169,121	1	2.5%	100%	50%	0	66,598	169,121	82,646	0	361,367	353,919	7,448
		Quality of life	Product of life expectancy and health	Life expectancy	60%	23%	Life expectancy	70.00	2020	11,182	160,000	1	2.5%	100%	50%	0	73,957	160,000	76,043	0	385,460	378,967	6,493
	female	Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2015	2,039	100,000	1	2.5%	100%	50%	0	16,313	100,000	83,687	0	119,999	100,000	19,999
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2016	2,488	193,104	1	2.5%	100%	50%	0	19,762	193,104	101,141	0	139,903	139,903	0
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2017	2,937	185,757	1	2.5%	100%	50%	0	23,207	185,757	98,190	0	158,396	158,396	0
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2018	3,386	178,453	1	2.5%	100%	50%	0	26,656	178,453	107,281	0	177,937	177,937	0
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2019	3,835	169,121	1	2.5%	100%	50%	0	30,105	169,121	116,172	0	196,277	196,277	0
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2020	4,284	160,000	1	2.5%	100%	50%	0	33,554	160,000	125,163	0	204,617	204,617	0
Group 2: 2015-2018	male	Quality of life	Product of life expectancy and health	Life expectancy	30%	10%	Life expectancy	70.00	2015	5,129	100,000	1	2.5%	100%	50%	0	40,129	100,000	80,251	0	243,694	212,110	31,238
		Quality of life	Product of life expectancy and health	Life expectancy	31%	17%	Life expectancy	70.00	2016	6,349	193,104	1	2.5%	100%	50%	0	46,426	193,104	96,682	0	294,632	265,656	28,976
		Quality of life	Product of life expectancy and health	Life expectancy	28%	11%	Life expectancy	70.00	2017	7,570	185,757	1	2.5%	100%	50%	0	52,880	185,757	92,717	0	314,119	300,858	13,261
		Quality of life	Product of life expectancy and health	Life expectancy	29%	11%	Life expectancy	70.00	2018	8,801	178,453	1	2.5%	100%	50%	0	59,239	178,453	89,585	0	337,277	328,943	8,334
		Quality of life	Product of life expectancy and health	Life expectancy	60%	23%	Life expectancy	70.00	2019	9,991	169,121	1	2.5%	100%	50%	0	66,598	169,121	82,646	0	361,367	353,919	7,448
		Quality of life	Product of life expectancy and health	Life expectancy	60%	23%	Life expectancy	70.00	2020	11,182	160,000	1	2.5%	100%	50%	0	73,957	160,000	76,043	0	385,460	378,967	6,493
	female	Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2015	2,039	100,000	1	2.5%	100%	50%	0	16,313	100,000	83,687	0	119,999	100,000	19,999
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2016	2,488	193,104	1	2.5%	100%	50%	0	19,762	193,104	101,141	0	139,903	139,903	0
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2017	2,937	185,757	1	2.5%	100%	50%	0	23,207	185,757	98,190	0	158,396	158,396	0
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2018	3,386	178,453	1	2.5%	100%	50%	0	26,656	178,453	107,281	0	177,937	177,937	0
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2019	3,835	169,121	1	2.5%	100%	50%	0	30,105	169,121	116,172	0	196,277	196,277	0
		Quality of life	Product of life expectancy and health	Life expectancy	20%	15%	Life expectancy	70.00	2020	4,284	160,000	1	2.5%	100%	50%	0	33,554	160,000	125,163	0	204,617	204,617	0

Discount rate	4.0%
Year 1 (total present)	1,700,000
Year 2 (total present)	1,600,000
Year 3 (total present)	1,500,000
Year 4 (total present)	1,400,000
Year 5 (total present)	1,300,000
Year 6 (total present)	1,200,000
Year 7 (total present)	1,100,000
Year 8 (total present)	1,000,000
Year 9 (total present)	900,000
Year 10 (total present)	800,000
Year 11 (total present)	700,000
Year 12 (total present)	600,000
Year 13 (total present)	500,000
Year 14 (total present)	400,000
Year 15 (total present)	300,000
Year 16 (total present)	200,000
Year 17 (total present)	100,000
Year 18 (total present)	0
Year 19 (total present)	0
Year 20 (total present)	0
Year 21 (total present)	0
Year 22 (total present)	0
Year 23 (total present)	0
Year 24 (total present)	0
Year 25 (total present)	0
Year 26 (total present)	0
Year 27 (total present)	0
Year 28 (total present)	0
Year 29 (total present)	0
Year 30 (total present)	0
Year 31 (total present)	0
Year 32 (total present)	0
Year 33 (total present)	0
Year 34 (total present)	0
Year 35 (total present)	0
Year 36 (total present)	0
Year 37 (total present)	0
Year 38 (total present)	0
Year 39 (total present)	0
Year 40 (total present)	0
Year 41 (total present)	0
Year 42 (total present)	0
Year 43 (total present)	0
Year 44 (total present)	0
Year 45 (total present)	0
Year 46 (total present)	0
Year 47 (total present)	0
Year 48 (total present)	0
Year 49 (total present)	0
Year 50 (total present)	0

Student's ID	Population Size	Outcome	Indicator	Source	Net Change (Estimate of impact)	Attribution (Net Impact/Source)	Proxy description	Proxy source	Proxy value	Annual value (Proxy value/365)	Total annual period (Proxy value/365)	Amount of value gained		Drop-off		
												Project Y1	Project Y2			
Grade 6	15	social development	Proportion of students who are confident in their own abilities	Self-assessment survey	20%	10%	Self-assessment survey	Self-assessment survey	100,000	4,000	10,000	100%	100%	0%		
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
0	0															
Grade 7	14	social development	Proportion of students who are confident in their own abilities	Self-assessment survey	25%	15%	Self-assessment survey	Self-assessment survey	100,000	4,000	15,000	100%	100%	0%		
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
Grade 8	14	social development	Proportion of students who are confident in their own abilities	Self-assessment survey	30%	20%	Self-assessment survey	Self-assessment survey	100,000	4,000	20,000	100%	100%	0%		
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
Grade 9	13	social development	Proportion of students who are confident in their own abilities	Self-assessment survey	35%	25%	Self-assessment survey	Self-assessment survey	100,000	4,000	25,000	100%	100%	0%		
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
Grade 10	13	social development	Proportion of students who are confident in their own abilities	Self-assessment survey	40%	30%	Self-assessment survey	Self-assessment survey	100,000	4,000	30,000	100%	100%	0%		
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
Grade 11	13	social development	Proportion of students who are confident in their own abilities	Self-assessment survey	45%	35%	Self-assessment survey	Self-assessment survey	100,000	4,000	35,000	100%	100%	0%		
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
Grade 12	12	social development	Proportion of students who are confident in their own abilities	Self-assessment survey	50%	40%	Self-assessment survey	Self-assessment survey	100,000	4,000	40,000	100%	100%	0%		
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0
															0	0



CAF Charities Aid
Foundation

10 St Bride Street, London EC4A 4AD

Tel: 03000 123 000

www.cafonline.org

Charities Aid Foundation registered address:
25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4TA

CAF

Russia

24/7 Myasnitskaya str., Building 1,
Entrance 10, Floor 4, Office 102,
Moscow, 101000

Email: cafrussia@cafrussia.ru

www.cafrussia.ru