

“Meeting Place: Dialogue” Programme in Russia. Social Return on Investment Analysis

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List of abbreviations

EVZ Foundation – Foundation “Remembrance, Responsibility and the Future” (Erinnerung Verantwortung Zukunft)

CAF Russia– the “CAF” Charitable Foundation for Philanthropy Development

SROI – Social Return on Investment

TG – target group

NPO – non-profit organisation (including state-funded, municipal, religious, etc.)

MPDP – “Meeting Place: Dialogue” Programme

WWII – Second World War

HSE – Higher School of Economics of the Russian Federation

EXECUTIVE SUMMARY

This report describes the process and presents the outcomes, findings and recommendations of an SROI analysis of “Meeting Place: Dialogue” programme (MPDP) implemented by CAF Russia with the support of EVZ Foundation to support former prisoners and victims of the German national socialist regime in WWII.

Due to substantial difficulties in data collection in light of COVID-19 pandemic, this analysis initially designed as an evaluation was approached as a forecast, and recommendations are provided throughout the report for further impact data collection and analysis within the programme as it is expected to continue for another three years.

The analysis has shown that MPDP creates positive changes for four key stakeholder groups: the older people, their relatives, volunteers and specialists involved in the project. Although potentially relevant negative outcomes were identified for all stakeholder groups within the qualitative stage of data collection, they were not confirmed to be significant to meet the materiality criteria.

The SROI ratio of MPDP is 3.55:1, which means that it is effective from the investment point of view and for every ruble invested in the programme, 3.55 rubles worth of social and economic outcomes is created for its stakeholders. The outcomes for older people account for 81% of the overall value of programme outcomes, outcomes for relatives – for 10%, and outcomes for volunteers and specialists for 6% and 3% respectively.

Within the analysis attempts were made to identify stakeholder segments and differences in outcomes for them to support impact management and decision making within the programme. As a result, one of the major recommendations has been implemented and relatives who used to be indirect programme beneficiaries are now included in it as one of the target groups, so it is expected that in the future the programme will create more value for relatives of former Nazi prisoners and victims.

For the sake of transparency, this report will be adapted and shared with key programme stakeholders to verify its findings and discuss how MPDP could improve its impact.

Chapter 1 – INTRODUCTION

This chapter provides a concise description of MPDP design and activities supported and explains the objectives of this SROI analysis.

“Meeting Place: Dialogue” Programme

Programme for support “Meeting Place: Dialogue” (MPDP) was launched by EVZ Foundation in 2009. Its beneficiaries are Belorussian, Russian and Ukrainian NPOs that work to improve the quality of life of the elderly people in their countries. EVZ Foundation views the people who survived the Nazi regime not only as those in need of support – the aim of the programme is to contribute to recognition of what they achieved in life.

The annual program budget is EUR 1.2 million and it promotes effective use of national systems of social support along with creation and development of sustainable support structures for the Nazi victims in the countries.

The target group of MPDP are the people affected by German national-socialism in WWII: former prisoners of ghettos and concentration camps, ostarbeiters, captive Soviet soldiers, etc. The Foundation supports projects that provide social assistance and support dialogue to contribute to preservation of memory of Nazi victims. Therefore, it welcomes projects involving different generations as volunteers assisting the TG.

EVZ Foundation delegated the coordination of MPDP to three organisations in Belarus, Ukraine and Russia. The coordinators are responsible for announcing the calls for applications and general management of the programme and also for provision of ongoing support and networking opportunities to the projects and organisations that receive funding

The key objective of MPDP is to recognize the suffering of the people persecuted by the Nazi regime, pay tribute to their lives and contribute to improvement of their current quality of life in the countries involved in the programme. The projects supported involve both active elderly people and those who have reduced mobility or are immobile and cannot leave their dwellings.

The programme vision for the projects supported includes the following aspects:

1. People who suffered from the Nazi regime are active members of community, have the opportunities to socialize and enjoy public recognition and respect.
2. Non-profits involve active community members to provide additional support to the Nazi victims and ensure this support is effective and regular.
3. Different generations engage in dialogue and relationships are built on the basis of peer support and mutual responsibility.
4. Representatives of the TG have access to assistance that enables them to remain independent and live at home as long as possible.
5. The state and society recognize the achievements of Nazi regime survivors and create the best possible living conditions for them.

The CAF Charitable Foundation for Philanthropy Development has been managing the MPDP since 2012. Over the time, 12 calls for applications were announced within the programme and 152 projects were supported by 72 organisations and in 2020 additional support for material aid to TGs in light of COVID-19 was provided for 22 organisations.

The key source of funding for MPDP are the funds provided by EVZ Foundation. The annual budget for the call for applications in Russia is EUR 300,000. The NPOs whose projects are selected for support within a call for proposals get funding as purposeful donations in Russian Rubles to implement the projects submitted for the call.

The duration of a project can be up to 24 months depending on the contents, how many people from the TG are involved and the previous experience and track record of the organization. The funding amount varies from EUR 5,000 to EUR 20,000 per year.

The objective of the calls for applications is to select and fund the best non-profit projects aimed at supporting people who suffered from the Nazi regime. As the programme developed, another objective emerged – to support the projects of experienced NPOs to disseminate best practices.

The target groups (TGs) of the program are those who are supported by the project team, specialists and volunteers. The target groups have changed as the programme progressed, and at present they are as follows:

- **Target group 1 (TG1):** people in Russia who suffered from the Nazi regime – former concentration camp prisoners, ostarbeiters, victims of the Holocaust, dwellers of besieged Leningrad, children of Stalingrad.
- **Target group 2 (TG2):** people who lived in the regions occupied by the Nazi troops in WWII.
- **Family members** of people from TG1 and TG2 and **their close relations**, responsible for the daily support and care.¹

The projects may work with active mobile representatives of TG1 and TG2, but priority in the calls for applications is given to those that involve work with immobile and fragile people who suffered from the Nazi regime, their family members and close relations who are responsible for the daily care and support provision.

The first stage of any project has to involve some simple yet effective measures to engage fragile people with reduced mobility, e.g. providing them with assistance and transportation to attend project activities and get back home. People who are immobile and in need of ongoing care and their relatives may be engaged gradually, starting with an introductory meeting with the person and his/her family members, establishing trust and relations with the family, assessing the elderly person's needs, etc.

In light of the COVID-19 pandemic, the current programme cycle demands that the projects combine online and face-to-face work with TGs and plan for emergency transformation to online formats and distant support in case it is impossible to implement face-to-face activities.

The areas of activity for the TGs (including fragile and immobile people) supported by the grant competition include:

- Preservation of health and physical shape
- Diverse leisure to satisfy intellectual and learning needs
- Support in access to medical and social services
- Assistance at home (to augment but not to repeat or replace the services provided by the state)
- Information and consultations on a wide variety of topics
- Assistance to family members and close relations who provide daily care and support ("respite", daycare centers for the elderly, etc.)
- Exchange of experience and best practice among organizations involving those that have been supported within WPDP earlier: consultations, mentoring, training, internships, etc. It is important that the best practices are not only shared but also implemented to improve the quality of life for TGs.

The activities listed above can be implemented individually or in group format and for immobile and fragile people may include support to get them to the actual place of activity.

Individual material aid to TGs is also possible, but it can only be supported in a case-by case basis and the amount of support within the programme is limited. The reasons for such limitations are that (1) the elderly people's basic needs are usually more or less satisfied, and (2) if this is not the case the organisations are encouraged to turn to individual donors for such support, as this is something that can be easily communicated and that people can relate to.

¹ The family members and caregivers of TGs were included in the programme in 2021 as another target group among other things based on the results of the present evaluation and as there is more and more need to work with fragile and immobile people within the projects and this can only be done with the support of their regular caregivers

The projects for funding are selected by a Jury involving independent experts, representatives of EVZ Foundation and programme team at CAF Russia based on a set of criteria, including the formal ones and the ones related to the project contents and activities.

Objectives of the SROI analysis

MPDP has been supported by EVZ Foundation for a substantial period of time and with substantial amount of funding. Though the programme includes regular and detailed narrative and financial reporting both by the non-profits that receive funding and by CAF Russia, there is a need to get more quantitative data on the outcomes brought about by the programme and the value of these outcomes for the final stakeholders to ensure that the programme actually creates value for money for all TGs. Thus, the first objective of the present SROI analysis was to prove that the MPDP is effective from the investment perspective.

More importantly, however, is to note that the programme has been going through continuous transformation over the years in Russia and in other countries where it is implemented. This was caused by a number of factors including first of all the ageing of the TG members, the changes in social, economic and political context in the three countries, and other factors. Therefore, within this analysis it was even more important to find insights and data that could support management decision-making to further improve the positive impact of the programme.

Chapter 2 – THE CONTEXT: Overview of existent research in the subject area of the Programme

This chapter presents an overview of relevant research in the field of needs and problems faced by the elderly people including former Nazi victims in Russia and Ukraine. The overview is provided to outline the context in which MPDP is implemented and also to prove the relevance of its outcomes discussed below to the actual needs of TGs of the programme.

Studies on living conditions and needs of elderly people in the Russia are extremely rare and not regular, even at the regional level. We have not been able to find any studies conducted at the federal level. Obviously, there are no such works in relation to people affected by German National Socialism, who are part of this social group.

At the same time, we believe that the results of the few studies that we were able to find about the needs of people aged 75+ may well be applicable to our target group, taking into account the traumatic nature of their past. According to researchers, any genocides leave their intractable imprints on the survivors for many decades after the end of traumatic events². It is important to understand that former prisoners demonstrate a lower level of life satisfaction, more cognitive impairment and a higher level of anxiety, depression, a tendency to isolation and difficulties in expressing emotions. Many researchers confirm the existence of survivor syndrome with facts - elderly people who have been injured earlier are often more vulnerable to stress in old age.

Another important fact is the very rapid obsolescence of information obtained as a result of studies of the condition and needs of victims of National Socialism. This is primarily due to the age of the target group and the rapidly changing physical condition of people. We notice this ourselves and often hear from our grantees that even during the implementation of one project, the condition of participants changes significantly (physical mobility, intellectual and moral state). I.e. for the purposes of this review, only relevant studies dated 2019, at most 2018, can be applied, or it makes sense to analyze general trends and conclusions on the needs of the target group, without taking into account quantitative indicators and statistical distributions of data.

So, the key areas of sociological studies in relation to the elderly are their physical, psychological and emotional state, as well as their financial and social situation. Information about all these areas is necessary for the effective implementation of MPDP, and the further review will focus on them.

In addition, differentiation of the target group on the basis of mobility is essential for this review, since physical mobility largely determines the psychological and emotional state of a person.

Due to general shortage of sociological research concerning victims of National Socialism, in 2015 CAF Russia initiated and conducted two studies on the condition and needs of victims of National Socialism:

1. Together with the ANO "Center for Independent Sociological Research" - "A qualitative study of the needs and support measures provided to people with limited mobility affected by National Socialism. Recommendations to improve the service."
2. Together with the ANO Analytical Center of Yuri Levada (ANO Levada Center) - "Study of the state and needs of victims of National Socialism in the Russian Federation".

These studies allowed us to get a more complete picture of the condition and needs of the main target group (for 2015), focusing on people with limited mobility.

In addition, we were able to obtain research data from the Kiev International Institute of Sociology, which were commissioned by the EVZ Foundation in 2014, 2017 and 2019.

In 2019, the HSE Institute of Social Policy, with the support of the International Federation of the Red Cross and Red Crescent and the World Bank, conducted a pilot study "The needs of the elderly population in

² Fridman, A, Bakermans-Kranenburg, Mj., Sagi-Schwartz, A., Van Ijzendoorn, Mh. (2011) Coping in old age with extreme childhood trauma: Aging Holocaust survivors and their offspring facing new challenges. *Aging & Mental Health*. Vol.15(2):232-242.

medical and social services" in three regions of Russia (the Republic of Karelia, Orel Region and the Republic of North Ossetia Alania).

Thus, this review includes more or less detailed information and data from the following research papers:

1. "A qualitative study of the needs and support measures provided to people with limited mobility affected by National Socialism. Presentation of recommendations to improve the service" (2015)³, ANO "Center for Independent Sociological Research", St. Petersburg.
2. "Research of the state and needs of victims of National Socialism in the Russian Federation" (2015)⁴, ANO Analytical Center of Yuri Levada (ANO Levada Center), Moscow.
3. "The needs of the elderly population in medical and Social Services"⁵ (2019), HSE Institute for Social Policy with the support of the International Federation of the Red Cross and Red Crescent and the World Bank.
4. "Public awareness of the problems of victims of National Socialism in Ukraine (2014, 2017, 2019)", Kiev International Institute of Sociology, Kiev⁶.

The review is structured as a sequential and parallel analysis of the data of these studies on the blocks of issues, including:

- Social context
- Financial conditions and needs
- Physical condition and needs, mobility
- Psychological and emotional state, mood
- Social status and needs
- Social activities, activism, volunteering

The characteristics and needs of low- and non-mobile representatives of the target group are highlighted separately. Obviously, this division into blocks is conditional, because they are all interconnected and often one state is an integral part, cause or consequence of another.

Social context

In this section, we will present the social reality important for our target group and its state.

Almost all respondents (96%) noted that there are problems that complicate their lives. Most of all, former Nazi prisoners are concerned about poor health and difficulties in obtaining medical care (treatment). This was indicated by 74% of respondents. A quarter (26%) noted fatigue, 20% - illness of loved ones, 18% - everyday difficulties. A rather low percentage of those (12%) for whom loneliness is a problem turned out to be unexpected. At the same time, there is a comparatively low (only 10%) need for attention and communication. Perhaps this is due to the fact that most do not have their basic needs met, so they care about them more.⁷

³ Research methods used: focused biographical interviews, problem-oriented interviews with caregivers (relatives or specialists); problem-oriented interviews with experts (researchers, officials, psychologists, etc.). Sample: 16 interviews with Nazi victims in Saint-Petersburg and Leningrad region, 12 interviews with caregivers – family members and professionals, 5 interviews with representatives of non-profit organisations, 10 interviews with experts.

⁴ 615 questionnaires filled in and processed, including 252 in Velikie Luki and 363 in other 22 regions of Russia. Only former child prisoners were surveyed in Velikie Luki

⁵ https://www.hse.ru/data/2019/10/10/1527999987/02-03%20Selezneva-Sinyavskaya_08-10-2019_RU.pdf

The pilot stage of research was carried out in three regions of Russia: Karelia Republic, Orel Region and Republic North Ossetia – Alania. Research methods used: statistical analysis of the data of nationwide and regional surveys, interviews (with elderly people - 29; with staff of organizations working with elderly people - 19; with heads of departments of healthcare and social services - 18) and focus-groups - 15.

⁶ Research was carried out by Kiev International Institute of Sociology in 2014, 2017 and 2019. The survey included 110 settlements 110 in all regions of Ukraine except for the Autonomous Republic of Crimea. In Donetsk and Lugansk Regions people were surveyed only in territories controlled by Ukraine. As a result, 2035, 2040 and 2021 responses were received in respective years.

⁷ Based on "Research of the state and needs of victims of National Socialism in the Russian Federation" (2015)

The most urgent need and anxiety of the elderly is the maximum preservation of health and the ability to take care of oneself. One of the key factors in maintaining health at old age is lifestyle and disease prevention. In maintaining health, elderly people rely primarily on their own efforts and (perhaps excessively) on non-medical measures: communication, good mood, the meaning of life. Healthy lifestyle is not common for all elderly people, e.g. not all of them know what kind of nutrition is healthy.⁸

Participants note the biased attitude of doctors towards elderly patients. The idea of the "age norm" and the "diseases of old age" widespread among doctors, is often perceived as a refusal to provide medical care and interpreted as a meaningless action.

Obtaining high-quality medical care for the elderly with limited mobility requires the assistance of third parties. Successful and effective interaction with the social and medical care system requires perseverance and motivation not always present in the elderly people.

As for medical care (relevant for 100% of respondents), the main difficulties include: inability to get help within walking distance, shortage of specialist doctors and equipment for diagnostic examinations in public medical organizations (according to both patients and doctors), insufficient development of transport networks, including within the locality, difficulties with paperwork for medical care, inaccessible environment (in hospitals), high cost of prescribed medications.

Only about half of the elderly people in need of social services receive them. The population places the greatest trust in employees of state social service institutions. Volunteers, employees of NGOs and commercial organizations appear to be less reliable suppliers. The elderly believe that social services should be free.

The homes of the elderly are very often perceived by them and those who care for them as a place of survival. The home space of elderly people living alone, and often living in a family, does not always provide a sufficient level of security. Often the housing of the elderly requires repair or high-quality cleaning. In most cases, the living space of the elderly is not perceived as a resource for prolonging their life. The elderly themselves cannot afford cleaning, repairs or serious transformations of living space. Social and patronage workers, and often relatives, turn a blind eye or simply do not know about the little everyday problems that can cause serious inconvenience to the elderly.

For lonely elderly people, the organization of grocery shopping and delivery is a significant problem. Usually this function is performed by social or patronage workers from social service centers or public organizations. The need to transfer money to assistants for the purchase of products and other necessary goods can cause misunderstanding and mutual resentment. On the one hand, an elderly person who transfers money to a social worker is not immune from manipulation. On the other hand, a social worker is not protected in any way from complaints from clients who may forget or mix up the amounts.

The results of studies of the urban environment show its impact on social isolation of the elderly. The lack of places in urban spaces adapted for walking and socializing of elderly people hinder the maintenance and development of their social ties. The presence of such places allows the elderly to keep in touch with society, "see and hear" what is happening, to support their sense of inclusion in social life. In Russia, despite the measures taken at the legislative level to create a barrier-free environment for the disabled, there are still a lot of obstacles for the elderly, who want to integrate into society.

Elderly people are aware of the existence of a social taxi, or other ways of moving are available to them. Obstacles to active participation in life, as a rule, are the lack of desire and motivation. For many, participation in public events is too costly in terms of physical and emotional strength. Also, the reason is often self-doubt, loss of the habit of leaving the house.

Financial conditions and needs

The participants of the studies (in Russia) mostly have increased pensions due to disability, the status of a Nazi prisoner, or as they are over 80 years old. Their monthly budget is usually sufficient to meet basic

⁸ "Public awareness of the problems of victims of National Socialism in Ukraine (2014, 2017, 2019)", Kiev International Institute of Sociology, Kiev

needs. The lack of financial resources is not so acutely felt by respondents, because they don't feel they should pay for medical care, and elderly Russians would like to receive in-kind benefits (that is, the right to receive free medical care), and not their monetary equivalent.

In Ukraine, the standard of living of elderly people is lower than the standard of living of the rest of the population, most of them indicated that they live below the poverty line. 20% of respondents aged 70+ years indicate they cannot afford even to buy all the food and groceries they need. Only 14% have savings that allow them to make additional expenses. 65% of the victims of National Socialism from among the respondents need help, including 42% in need of financial support.⁹

A significant part of the target group's budget is the cost of medications. The right to free medicines, which people in Russia have, is not always possible to realize. For the elderly living in a family, usually paying for the necessary products is not an issue.

Physical state and needs, mobility

The target group is characterized by serious health problems. Many of them need constant medical supervision. However, visiting a doctor in an outpatient clinic or organizing a doctor's home visit for elderly people with limited mobility is often associated with a number of obstacles. In cases where mobility is not completely lost, a visit to the polyclinic is organized accompanied by one of the family members or a social worker. Accordingly, an elderly person turns out to be dependent on an accompanying person. In a situation where the mobility of an elderly person is limited to such an extent that he/she is unable to go outside the home, dependence on third parties turns out to be almost total, and then the success of solving the problem depends, among other things, on the relationship developed between the elderly and the caregiver. In the case when caregivers are insufficiently motivated to help, the problem may remain unresolved for a long time.

In general, respondents rate their health as average or poor (92%). The majority of respondents (88%) have chronic diseases. Almost half of the respondents (48%) were assigned a disability group.

Personal hygiene procedures for most informants, including urban ones, due to age and health status, are beginning to pose problems. For some, it is absolutely impossible to do this without outside help. For others, going to the shower or taking a bath is associated with so many risks that they prefer to do with daily wiping. Bathrooms are not always (in fact, almost never) equipped with even the most elementary devices: handrails, anti-slip mats, benches.

Basically, people under the age of 75 are still able to serve themselves and do not need outside help. Bedridden patients prefer help from family and relatives. Applying to social service institutions seems undesirable to them. In this vein, the prospects for the development of kinship care are obvious.

Psychological and emotional state, mood

The social circle of most research participants is limited. Many friends and relatives either already died, or they themselves are in the same low-mobility condition, and communication mainly boils down to telephone conversations. And, of course, the older the person, the narrower the circle of their loved ones.

Loneliness is often presented as an inevitable companion of aging. In some cases, loneliness arose as a feeling acquired as a result of the loss of close relatives. Those who live alone spoke about loneliness. For those who live with families, young family members, as a rule, are busy at work and often reduce their communication with relatives with limited mobility to the necessary minimum care for them. The quantity and quality of interpersonal contacts in such cases may not meet the needs of the elderly in communication.

It cannot be said that loneliness does not burden the elderly, but in their perception, it is normalized. Loneliness can be perceived, among other things, as a blessing compared with complete dependence on loved ones or social services employees.

The life of many respondents is characterized by a situation of social exclusion. Researchers identify five signs of social exclusion: low standard of living, lack of security, lack of involvement in activities valued by

⁹ Based on "Research of the state and needs of victims of National Socialism in the Russian Federation" (2015)

others, lack of decision-making power, lack of support or contact with family, friends or the wider community. A person can be considered to suffer from social exclusion if at least three signs apply to him/her.¹⁰

If we look at the factors of individual risks of social exclusion of the elderly, it turns out that the state of health is crucial. In all dimensions, in any country, the older people are the more excluded, the worse their state of health.¹¹

Important factors of social exclusion lie in the transformation of the family and lifestyle changes that occur with aging. With age, the probability of living alone increases. Studies show that about a quarter of older people aged 80 live alone, and the proportion of such people is growing in proportion to the increase in age.¹²

The situation becomes particularly acute when elderly people almost completely lose their mobility and stop leaving home. On the one hand, a closed existence in the home space is certainly a limitation and significantly complicates any form of social integration. On the other hand, the possibility of independent living in your own house or apartment is an advantage. Living at home is an important self-determination factor for the elderly. Even if the dwelling is very modest, it is much appreciated. Home space is the immediate environment of existence on which elderly people with limited mobility rely heavily in their daily lives. For the elderly, the house, whatever it may be, is a space of certainty, security, independence.

In addition to poor health and cognitive impairments, older people are characterized by increased vulnerability and need for psychological help. Often it is the state of helplessness and frustration, and not real health problems, that make them go to the doctor.

"... many elderly people call for medical help not because they are really ill, but simply because they have no one to talk to. And therefore, they can invent some symptoms."

"They need care, attention, sometimes they come just to talk, to discuss some problem, that is, they don't even need a doctor, but as a social worker, a psychologist, a gerontologist... listen, help, tell and talk – and it's easier for them, and the pressure is normal."

The feeling of loneliness is burdened by a feeling of boredom. The range of activities available to elderly people with limited mobility is narrow. The elderly often try to do the housework themselves, without outside help. Reading and needlework - once favorite activities of many - have to be limited, since most of them have problems with their eyesight with age.

In addition to loneliness and boredom, loss of interest in life is a recurrent issue. It is noteworthy that the explanation of the reason for the loss of interest in life is rational: it is interesting to live while there is a goal, and the goal is associated with the lives of other people: children and grandchildren.

Often the psychological state of the participants is determined by traumatic memories. Despite the fact that the time distance between what they experienced during the war and today is very large, and many of them never had a chance to talk about their experience, rethink it and accept it, get rid of it.

Elderly people with limited mobility experience lack of attention, lack of communication, lack of recognition of the value of their lives. There is a potential need for social inclusion, but it is often poorly realized. For its disclosure, it is necessary to create favorable conditions and fully meet the basic needs for adequate medical care, household arrangements, personal hygiene issues, etc.

According to the results of a quantitative study¹³, the majority of respondents assess their mood as normal and even (57%), however, the percentage of people experiencing fear, tension, longing and irritation is 32%.

¹⁰<https://www.iser.essex.ac.uk/bhps>

¹¹Jehoel-Gijsbers, G., Vrooman, C. 2008. Social Exclusion of the Elderly – A Comparative Study of the EU Member States. ENEPRI Research Report. 57

¹²Burns, V., Lavoie, J-P., Rose, D. 2012. Revisiting the Role of Neighbourhood Change in Social Exclusion and Inclusion of Older People. Journal of Aging Research. Volume 2012 (2012), Article ID 148287

¹³ "Research of the state and needs of victims of National Socialism in the Russian Federation" (2015) , ANO Analytical Center of Yuri Levada (ANO Levada Center), Moscow

28% of respondents mostly spend time alone. If a person does not spend free time with his family, then, most likely, he spends it alone. Only 9% spend their free time with friends.

Basically, everyday life does not involve communication and social contacts. The survey showed that 66% of respondents almost never or very rarely go to visit or receive guests.

Respondents in the regions where the "Meeting Place: Dialogue" program operates lead a more active lifestyle. Of course, this is due to the opportunities that the Program projects create or open for former prisoners. It is obvious that increased social activity of the respondent can indicate an improvement in the quality of life and indirectly serve as an indicator of the success of overcoming such problems of an elderly person as loneliness and isolation from society.

Older people support initiatives to organize active leisure. They prefer collective classes.

"... I have three or four devices for maintaining health. At home, there is not always an opportunity use them, it is much easier for me to exercise as part of a group ..."

"You come to the center [of rehabilitation for the elderly] - you feel dizzy, you barely walk. And you stay among people, and it becomes easier. This communication is very important for us!"

It is important to remember that maintaining social contacts and independence are important aspects of mobility. When mobility is limited, these two most important aspects of inclusion in social life suffer. However, it should be remembered that the inability to leave the house does not completely take away these two aspects, but modifies them. With the onset of low mobility, the usual order of communication changes, but the person himself does not change. To compensate for the resulting deficit, it is important to understand how sociable a person was at earlier stages of his life. Independence is also not completely leveled. With the onset of low mobility, the range of actions that can be performed without assistance narrows. Individual feasible practices begin to play a special role in preserving the self-image.

Social status and needs

A family, even one living separately, is extremely important for the elderly. Children and grandchildren, especially if they turn out well, are a source of meaning and purpose in life. The life of the elderly is not very eventful. The question of memorable, vivid events that have occurred recently was asked to all participants of the research. Visits or phone calls of children and grandchildren were called as such.

The family gives the most comfortable feeling of security and stability for the elderly. Older people value contacts with loved ones more. Even in the case of rare contacts and distanced existence, family members remain a source of confidence for the elderly, a justification for the life they have lived, a motive for prolonging activity.

Social activities, activism, volunteering

The regulatory field in Russia perceives elderly people with limited mobility almost exclusively as recipients of social assistance. Meanwhile, the feeling of one's own independence, the ability not only to receive help from others, but also to benefit oneself, are the most important conditions for overcoming social exclusion and prolonging the period of activity. Those who wish to communicate and lead an active lifestyle find opportunities for this, regardless of obstacles that could be considered fatal.¹⁴

It can be noted that in the Russian Federation there is now a flourishing of "silver volunteering", opportunities are being created for the elderly to engage in social activity. A similar increase in willingness to help is demonstrated by the results of a study conducted in Kiev. Compared to 2014, the number of those who are ready to help among elderly people under the age of 70 increased from 62% in 2014 to 81% in 2017.

The overwhelming majority of respondents consider it important that society knows as much as possible about the existence of Nazi concentration camps and about prisoners. 93% of participants in Russia and

¹⁴ "A qualitative study of the needs and support measures provided to people with limited mobility affected by National Socialism. Presentation of recommendations to improve the service" (2015), ANO "Center for Independent Sociological Research", St. Petersburg

about 70% of participants in Ukraine answered this question in the affirmative. Often in this context, participants see their mission and realize social activity by conducting "lessons of courage" in schools, meetings with young people, etc.

Moreover, respondents note the presence of interest in this topic among different categories of people. Many respondents believe that their past experience is important for relatives and friends, and, conversely, they see low interest on the part of officials.

In general, if we talk about internal activity and responsibility for one's life, then a very low level of these indicators is recorded here. About 90% of respondents most in need for outside help have not applied for help anywhere over the year preceding the survey. However, the observed indicators indicating the passivity of the surveyed audience are generally characteristic of older Russians.

Conclusions

The social context in present-day Russia does not fully meet the basic needs of older people. The main difficulties are associated with the easy and timely receipt of qualified medical care. At the moment, in order to receive medical care, it is necessary to engage an accompanying person, which for the older people requires recognition of the limitation of their independence. The anxiety of elderly people to the loss of the ability to self-care is most acute.

In the Russian Federation, despite the measures taken at the legislative level to create a barrier-free environment for the disabled, there is still a noticeable shortage of spaces adapted for communication of the elderly in large cities. In case of limited mobility, a person finds himself/herself confined in the space of their own home. The urban environment is poorly adapted and not friendly towards the elderly with limited mobility.

The financial condition of the target group can be estimated as average, the monthly budget is usually sufficient to meet basic needs. A significant part of the target group's budget is the cost of medicines. In most cases, people do not have free funds to meet the needs of a higher level (in leisure, travel, etc.). The physical condition of the target group is characterized by serious health problems. Many of them need constant medical supervision. Almost half of the respondents (48%) are assigned a disability group.

The psychological state of the target group is characterized by the presence of post-traumatic effects, increased anxiety and criticality, on the one hand. A feeling of loneliness and a narrowing of the number of contacts – on the other. At the same time, this state of affairs is perceived by people as normal, characteristic of their age.

The preservation of social contacts and independence are the most important factors of social inclusion. It is important to understand that with the onset of low mobility, these factors are not completely lost. It is important to have a positive perception of the available resources, among which are the preserved physical capabilities of the elderly, the adaptation of home space not only for a safe existence, but also for the maximum preservation of independent living.

The family is a source of stability and security for the elderly, no matter how the relationship develops in it. For the elderly people with limited mobility, their children and grandchildren are the link with society and the world.

Opportunities for social activity are rather conventional, and mainly include activities of patriotic nature. However, active elderly people find opportunities for social activities and volunteering. Such activity largely contributes to the reduction of negative factors in psychological and physical condition.

This review provides a comprehensive outlook on the key areas of life affecting wellbeing of the elderly people that should be addressed by social programmes, MPDP included, and as will be shown further, the programme has an impact on some of the areas described above for its TGs.

Chapter 3 – KEY STAGES OF THE SROI ANALYSIS

This chapter presents an overview of SROI, its principles and how these principles were followed by the practitioners in the course of SROI of MPDP.

What is SROI

Social Return on Investment (SROI) is an approach to measure the effectiveness of investments in social projects and programmes based on a set of principles and enabling to measure and account for social, environmental and economic value of outcomes. It builds upon the financial CBA analysis model, but includes a broad range of so called soft or intangible outcomes and makes it possible to compare the aggregate value of outcomes with the investment in the programme or project¹⁵.

Stakeholders (people affected by the project) are at the core of SROI analysis, so it focuses on the outcomes (changes) that are material (relevant and significant) for people and organisations involved in the project. SROI uses monetary units to convey the value of outcomes to stakeholders which makes it possible to calculate the return on investment ratio using the formula below:

$$SROI = \frac{\text{outcomes} \times \text{impact}}{\text{inputs}},$$

where **outcomes** is the aggregate value of all material outcomes for all project stakeholders – positive and negative, expected and unexpected, **impact** is to what extent the outcomes were caused by the project, and **inputs** are all investments in the project, both monetary and in-kind.

Thus, the SROI ratio 3:1 means that for every ruble invested in an intervention a value equivalent to three rubles is produced in the form of outcomes for various stakeholders.

Monetary units for SROI are units to measure value, not the actual cost of outcomes for stakeholders. They are used first of all to enable comparison of outcomes with inputs in an intervention in social sphere and draw conclusions about its investment effectiveness.

A positive SROI ratio that exceeds one (e.g. 2:1) means that the social project has positive outcomes, and the value of the outcomes is twice the value of the investment in the project. If the ratio is positive but less than one, it does not necessarily mean that the project is not effective, maybe the “payback period” is longer and further analysis is required in the future. And finally, any negative SROI ratio means that the project is ineffective because it does more harm than good.

There are two types of SROI analysis:

- **evaluative SROI** — when the SROI ratio is calculated retrospectively based on the actual outcomes achieved by an intervention;
- **forecast SROI** — when we are projecting the expected outcomes and their value into the future.¹⁶

This SROI analysis was initially planned as an evaluative SROI, and it does evaluate the average outcomes and impact of MPDP over the course of one year, but due to the difficulties encountered in the course of the data collection and the COVID-19 restrictions that seriously affected stakeholder engagement, a decision was made to approach it as a forecast based on SVI recommendations provided in the document “Stakeholder Involvement during COVID-19 and implications for SVI Assurance and Accreditation”¹⁷ and provide recommendations for more thorough data collection in the future, as the MPDP is expected to continue for at least the next three years. Though the activities of MPDP have been implemented over the course of 10 years, the outcomes are approached as happening over the course of an average year of the

¹⁵ <https://www.socialvalueint.org/guide-to-sroi>

¹⁶ *ibid*

¹⁷ <https://static1.squarespace.com/static/60dc51e3c58aef413ae5c975/t/60ec61cc7ace170731a9b4b8/1626104268566/SVI-Response-to-Covid-19-and-application-of-Principle-One.pdf>

programme for the sake of transparency and feasibility of calculations and also due to the limitations posed by the data – we were not able to collect good enough data on outcomes for each of the 10 years of MPDP,

The Principles of Social Value and how they were applied in this analysis

SROI is a principles-based approach¹⁸, and it is very important to understand and adhere to the principles in the course of SROI analysis.

The Principles of Social Value help to make decisions that take a wider definition of value into account, to increase equality, improve wellbeing and environmental sustainability. They are generally accepted social accounting principles and are important for accountability and optimising social value. The Principles have been drawn from principles underlying social accounting and audit, sustainability reporting, cost benefit analysis, financial accounting, and evaluation practice.

An account of social value is a story about the changes experienced by people. It includes qualitative, quantitative and comparative information, and it is very important to follow the principles at every stage in the analysis to make sure this information is presented in a comprehensive and transparent way.

The overview of the principles and how they were applied for the SROI analysis of MPDP are presented in Table 1 below

Table 1. The principles of social value and their application in the SROI analysis of MPDP

No	Principle	Description	How it was applied for SROI analysis of MPDP
1	Engage stakeholders	Stakeholders are people or organisations that experience change as a result of the activity and they be best placed to describe the change. Stakeholders need to be identified and then involved in consultation throughout the analysis, so that the value and the way it is measured is informed by those affected by the activity	Key programme stakeholders were identified in the initial stage of the analysis and involved at all stages as much as possible. The stakeholders include: TG representatives, specialists working with them within the projects, relatives of TG representatives, and volunteers
2	Understand what changes	The analysis should account for the actual outcomes of the activity, i.e. its Theory of Change should be verified with stakeholders to include positive and negative, intended and unintended outcomes	The data collection tools for the analysis were developed in a way to enable reporting not only expected positive outcomes, but also unexpected positive and negative outcomes of the programme. The qualitative stage of data collection preceded the quantitative to include the unexpected outcomes in the questionnaire and measure them along with expected ones
3	Value things that matter	When measuring the impact of an activity, it is necessary to consider the relative importance of outcomes for different stakeholders. This should be the basis for recommendations on further development of the programme/project	The questionnaire did not include the question about relative importance of outcomes to stakeholders, because the majority found it difficult, and we had limited communication with stakeholders at quantitative stage due to the pandemic and lockdowns but we used relevant sociological research data on the importance of various aspects of life for Russians to further calculate financial proxies so that they would reflect the relative value of outcomes to stakeholders
4	Only include what is material	The materiality of outcomes/changes is a combination of two characteristics – relevance to stakeholders and their needs, and significance, i.e. whether the result is achieved to the extent that affects stakeholders' decisions	All outcomes included in the SROI analysis meet the relevance (qualitative) and significance (quantitative) criteria, i.e. they are important for stakeholders and the amount of change against the outcomes
5	Do not overclaim	It is necessary to take into account that other people and organisations may influence the outcomes of an intervention for stakeholders, as well as changes that	The question on impact of MPDP was included in the questionnaires for all stakeholders in the quantitative stage of data collection and further included in the SROI model

¹⁸ <https://www.socialvalueint.org/principles>

		would have happened anyway – even without a project/programme	
6	Be transparent	The process and results of SROI analysis should be presented in a report in detail and in a way that would enable the readers to make a decision if the assumptions and conclusions as well as recommendations for decision-making in the report are well-based and adequate	The full report on SROI analysis was prepared in two languages (English and Russian) and after it is assured, it will be shared with the key stakeholders, non-profit organisations involved in the programme and wider sector to discuss and confirm the results, findings and recommendations
7	Verify the result	The results of SROI analysis should be verified by stakeholders themselves and if possible, by an independent assessor	Besides discussion of the report with key stakeholders report will be submitted for an independent assurance by SVI

Throughout the report the Principles of Social Value are referenced to support the assumptions and conclusions made by the practitioners in the course of SROI analysis.

SROI process and stakeholder engagement

Due to the limitations of the COVID pandemic the data collection for the SROI took longer than expected so the whole analysis took over two years and included the following stages:

Establishing scope and identifying key stakeholders

First of all, a decision was made to analyze the outcomes of the programme for stakeholders involved in the projects that were implemented in 2019-2020. However, as some of the organizations funded had been previously supported within MPDP and could have stakeholders that had been involved in the programme earlier, a decision was made to involve in the data collection all accessible stakeholders of the non-profits, even from earlier years.

This stage was conducted in 2019 and included training for the staff of the programme and representatives of six non-profits that had been involved in the programme for a number of years (the programme of training and list of participants are included in this report as [Annex 1](#)). During the training participants were introduced to the basics of SROI and involved in identifying stakeholders and creating draft outcome maps for them.

As a result, the following stakeholders were identified for MPDP and in a discussion, decisions were made on their inclusion in / exclusion from the analysis. The results of this work are presented in Table 2 below.

Table 2. MPDP Stakeholder Analysis

No	Stakeholder group (subgroups)	What changes for them	Included or excluded	Rationale
1	Target group 1 (mobile/immobile, single/living with relatives)	They attend meetings or get individual support at home, which affects their wellbeing, including: <ul style="list-style-type: none"> individual wellbeing (vitality, positive emotions) 	included	The two target groups are the main beneficiaries of MPDP and the main changes as a result of the projects supported are expected for them
2	Target group 2 (mobile/immobile, single/living with relatives)	<ul style="list-style-type: none"> social wellbeing (new connections, feeling supported) savings/extra spending (thanks to consultations on benefits or because they start cooking for the meetings, want to buy new clothes to go out, etc.) 	included	
3	Relatives of TG 1 and 2 (family members and caregivers, living together/visiting)	They are involved in communication with project staff, get extra free time when the older person takes part in programme activities, their relationships with the older person may change and the direction of change can be different	included	As the condition of people in the TGs of MPDP becomes worse with time, their relatives are more and more involved in the programme and affected by it
4	Specialists working with TGs (age, specialty, type of engagement – temporary or permanent employment)	They are providing tailored services to a specific group of very old and often fragile people which may affect their attitude towards this group, as well as their professional knowledge and skills	included	Specialists get a unique experience of working with the new target group which affects both their professional knowledge, skills and practice and their everyday life

5	Volunteers (young or silver-age volunteers)	Through work with the elderly people they acquire new knowledge and skills, change their attitudes towards ageing and fill their life with more meaning and purpose, while at the same time can experience burnout due to the difficulties associated with volunteering for the TGs of MPDP	included	Volunteers make a deliberate choice to take part in this programme and some of them are involved in it quite deeply, thus we should expect material outcomes for them
6	Project partners (organisations)	Get access to additional resources and knowledge/training for specialists, develop cross-sector	excluded	The partner organisations were at first included in the scope, but after focus group discussions it became clear that they do not report any material outcomes they would not have achieved without MPDP
7	Local communities	Through occasional involvement in activities and information on the programme in the media learn more about people from the TG and recognize their achievements and the hardships they had to face	excluded	It was impossible to organize data collection from local communities, so for the purpose of not overclaiming they were excluded from the SROI
8	Mass media	Publish information and materials on MPDP, learn more about the TGs and recognize their achievements and the hardships they had to face	excluded	No material outcomes are expected – there is traditional increase in the interest of the media to WWII and the people who witnessed it on certain dates like May 9 (Victory Day in Russia) and June 22 (the day of Nazi invasion in the USSR), but the tone of publications is mostly heroic and patriotic, in line with the general narrative about Russia's involvement in WWII, so there is little space for the programme to influence the information field
9	Doctors, social workers and other professionals working with the TG on a daily basis	Thanks to MPDP the TG may be more positive in the interaction with these stakeholders, thus the workload and risks for burnout are reduced	excluded	MPDP addresses very specific TGs while the stakeholders have to work with much wider range of elderly clients/patients, so no material outcomes are expected

As can be seen from Table 2, the stakeholders included in the SROI analysis were the main beneficiaries of MPDP, their relatives/caregivers providing support to fragile/immobile people on daily basis, specialists and volunteers working with the elderly people within the projects.

At this stage we also identified potential basis for segmentation of different stakeholders that was further tested in later stages of data collection

Outcomes mapping

After stakeholders were identified, training participants were engaged in mapping the expected outcomes for each stakeholder group, and as a result draft outcome maps were developed by stakeholder to illustrate how the programme activities lead to various outcomes. The participants also listed the potential negative outcomes for each of the stakeholders to be further confirmed/eliminated in the qualitative data collection stage.

Based on the outcomes maps developed for each stakeholder group, sets of questions with prompts were developed for qualitative data collection ([Annex 2](#) to this report). Qualitative data collection was carried out by the programme managers and representatives of non-profits who attended the training during 2019. The numbers of stakeholders involved in focus group interviews at different locations within the qualitative stage are summarized in Table 3 below.

Table 3. Stakeholder engagement at qualitative stage

Stakeholder	Location	Numbers involved
TG1 and TG2	Penza	36
	Saint-Petersburg	0
	Tula	15
	V. Novgorod	15
	V. Luki	15
	TOTAL	81
Relatives and caregivers	Penza	1

	Saint-Petersburg	6
	Tula	0
	V. Novgorod	2
	V. Luki	0
	TOTAL	9
Specialists	Penza	1
	Saint-Petersburg	8
	Tula	7
	V. Novgorod	2
	V. Luki	1
TOTAL	19	
Volunteers	Penza	29
	Saint-Petersburg	0
	Tula	6
	V. Novgorod	0
	V. Luki	0
TOTAL	35	

The qualitative data collection stage took place before COVID-19 restrictions were introduced, so we managed to involve substantial numbers of stakeholders. The only exception were the relatives of the TG as they were not directly involved in the projects and inevitably harder to reach. The data collection was based on saturation principle to ensure no significant outcomes/facts were omitted.

In the course of the qualitative stage the outcome maps for all stakeholders involved in the SROI were refined and all outcomes clarified for them. More detailed information on outcomes of MPDP for every stakeholder group can be found below in [Chapter 4](#).

Evidencing outcomes and giving them a value

Based on the results of qualitative data collection tools were developed to collect quantitative data on outcomes from all stakeholders ([Annex 3](#)).

It should be noted that quantitative data collection was expected to take place early in 2020 but it had to be moved to late 2020 – early 2021. The main reason for the change in schedule was that when the quantitative questionnaire was tested with the TGs of MPDP it became obvious that older people will require assistance to fill it out, and this should be individual assistance in person which could not be provided due to COVID-19 lockdowns and the people being in high-risk group. Thus, a decision was made to postpone the quantitative data collection until the lockdown is over, and the actual data collection took place only late in 2020 – early in 2021.

The questionnaires for TG 1 and 2 were filled in by staff or volunteers of organisations implementing the projects, and after that the information was entered into the online questionnaire. For the other stakeholders online questionnaires were available on <https://onlinetestpad.com/> platform. The questionnaires contained information on outcomes for stakeholders and perceived programme impact. The question on relative importance of outcomes to stakeholders was excluded at this stage, thus for valuation purposes (anchoring) we had to use third-party research on importance of different life aspects to people in Russia in light of COVID-19¹⁹.

Table 4 below contains information on the number of stakeholders from each group involved in quantitative data collection.

¹⁹ <https://wciom.ru/analytical-reviews/analiticheskii-obzor/zdorove-semya-i-bezopasnost>

Table 4. Stakeholder engagement at quantitative stage

Stakeholder	Total number in the projects	Number involved
TG1 and TG 2	5,475	451
Relatives and caregivers	2,245 ²⁰	71
Specialists	132	84
Volunteers	2,732	234
Total	10,584	840

As there were no questions on relative importance of outcomes in the questionnaires, we had to use third-party research data on relative importance of different aspects of life to Russian people in light of COVID-19 pandemic²¹ to be able to use anchoring approach and calculate the value of outcomes to stakeholders. Details of the calculation are included in this report as [Annex 4](#).

Establishing impact

As can be seen from [Annex 3](#), the questionnaires for quantitative data collection included a general impact question “To what extent did the project influence the outcomes for you?” This was done on purpose, not to overcomplicate the questionnaires for the target group, and in questionnaires for other stakeholders the same pattern was followed for the sake of consistency. Thus, the quantitative data on **counterfactual** and **attribution** were collected with one question. For the future we can recommend to use two different questions where possible, to make it clearer for participants what is being asked of them.

In this case, as the programme deals with fragile people, for many of them the counterfactual could actually be negative, i.e. they would have gotten worse without the programme. However, in this case when the questionnaire was tested the risk of the questions being understood in the wrong way outweighed the risk of not gathering exact impact data.

The example question for counterfactual would be “*How would you have felt if you had not taken part in the project?*” (*much worse, a little worse, about the same, a little better much better*). The question for attribution would be: “*Besides the project, who/what else helped you achieve this change? Please rate how much they contributed to the change on a scale from 1 to 5, where 1 is “not at all” and 5 is “a lot”*”

The stakeholders whose contribution was not analysed in detail in this report but who are likely to have an impact on the outcomes for TGs include the relatives, social workers, friends and acquaintances not involved in MPDP, as well as other programmes and commercial service provision for TG that may exist in the same areas.

Displacement of outcomes happens when instead of solving a particular problem, we displace it to another target group/geographical area, etc. When programme outcomes for various stakeholders were discussed, we specifically checked that the fact that Nazi victims in the regions of MPDP get more support and assistance does not mean that in neighbouring regions support becomes less, for instance, or that they are losing some other benefits they would have received if they did not engage in the programme. In fact, the programme is specifically controlled for displacement, and it does not allow duplicating or replacing any of the services/support an older person can receive from the state. The information on such support is carefully analyzed within the programme and an overview of types of support is presented in this report as [Annex 5](#). Thus, no displacement of outcomes has been identified at focus-groups or based on any other sources of qualitative data so the questionnaire did not include the question on displacement of outcomes. Although none of the focus-group interviews (e.g. Q10 in the Focus-group Guide for TG 1 and 2 – [Annex 2](#)) indicated any other organisations or programs providing similar support to the TG, for the future this potential displacement should always be borne in mind.

²⁰ Estimated number: based on questionnaire data, 41% TG respondents live with relatives, family, spouses, etc., thus they have at least 1 relative. To produce the estimate the percentage was applied to the total number of TG1 and 2 in the projects

²¹ <https://wciom.ru/analytical-reviews/analiticheskii-obzor/zdorove-semya-i-bezopasnost>

Calculating SROI

Based on the quantitative data, impact data and valuation, the SROI model was developed for MPDP. The duration of outcomes was discussed during focus-group interviews (see, for example, Q8 in the Focus-group Guide for TG 1 and 2 – [Annex 2](#)) and was established at a maximum of 2 years with 50% annual drop-off for the purpose of not overclaiming and given the old age of TGs and the fact that some of the outcome only exist as long as the people are involved in the intervention – e.g. physical activity for older people, savings/extra spending associated with their involvement in the programme, free time for the relatives, etc. Overall, it should be noted that most focus group participants noted the need for continuous support within the programme for the outcomes to be really sustainable.

The discount rate of 4.6% used to calculate NPV for the SROI calculation is based on a research into the social discount rate and its application in Russian context by HSE University.²² 4.6% is the average rate for Russia, according to the research, but it may vary from less than 3% to over 5% depending on the region.

The model was further tested for sensibility to different components, the results can be found further in [Chapter 5](#).

Reporting, using and embedding

Based on the data collected and analyzed within the evaluation a report outlining the process, key findings and conclusions of the evaluation as well as recommendations that could help maximize social value created by MPDP was written and will be submitted for independent assurance to Social Value International.

After the assurance is completed, the report will be produced in Russian, and also shorter versions and visuals will be produced to communicate its findings to all stakeholders and discuss the recommendations provided for future decision-making within the programme.

Chapter 4 – HOW MPDP CREATES CHANGE

This chapter presents an overview of MPDP activities and the final versions of outcome maps for each of the stakeholder groups included in the SROI analysis verified with qualitative and quantitative data and discusses potential segmentation.

MPDP activities

The design of projects that have been implemented within MPDP in various years may differ depending on the situation in general, the location and the resources available. However, certain types of activities are compulsory for any project application submitted within the programme and Table 5 below presents a brief overview of these activities along with inputs in these activities by each stakeholder group. It should be noted that for the sake of clarity the activities have been conventionally distributed by stakeholder most impacted by a certain activity, but it is clear from the programme overview above, that all stakeholders will be involved in and impacted by all programme activities presented in the table.

No	Stakeholder	Inputs	Activities
1	TG 1 and 2	N/a	Preservation of health and vitality <ul style="list-style-type: none">- group meetings with healthcare specialists- practical classes to learn different health preservation techniques- meetings and individual consultations by healthcare professionals for TG representatives Diverse leisure activities and a range of activities to address developmental and learning needs <ul style="list-style-type: none">- interest-based meetings and classes- excursions, going to theaters and museums- trips to the countryside- regular meetings at the TGs' places of residence

²²<https://cyberleninka.ru/article/n/sotsialnaya-stavka-diskontirovaniya-v-rossii-metodologiya-otsenka-mezhregionalnye-razlichiya/viewer>

			<ul style="list-style-type: none"> - activities involving biographic methods and approaches <p>Increasing accessibility of medical and social services (all components are compulsory)</p> <ul style="list-style-type: none"> - consultations on access to services provided by the state - assistance with relevant paperwork to apply for medical and/or social services - providing transportation and supervision of service provision <p>Help about the house (not provided by state-funded social workers)</p> <p>Other information/consultation support</p>
2	Relatives of TG 1 and 2	N/a*	<p>Assistance to relatives of TG 1 and 2 and other people responsible for day-to-day care</p> <ul style="list-style-type: none"> - teaching the relatives the basics of homecare - psychological and other support - respite services - assistance in finding a nurse - consultations on access to state-funded services including assistance with paperwork
3	Specialists	N/a**	<p>Exchange of best practices in the field of working with TG 1 and 2, including preparatory work, assessment of resources, consultations and mentoring for the accepting party, assistance in practical work with TGs by specialists from more experienced organization, joint activities for TG representatives (feasible before COVID-19)</p>
4	Volunteers	2,742,293	<p>Support of TG by volunteers</p> <ul style="list-style-type: none"> - engagement campaigns and training for volunteers - home visits - activities aimed at creating stable pairs of volunteers and TG members - volunteers supporting group project activities (before COVID)

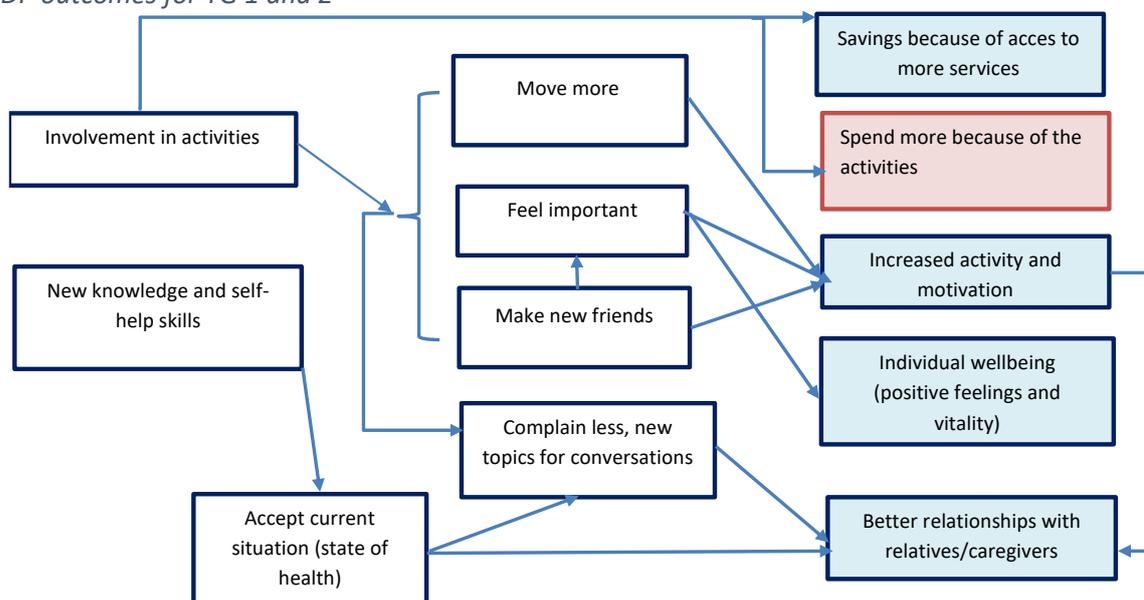
*Expenses incurred by Relatives as a result of their older family members' involvement in MPDP were accounted for in Outcomes so listing them here would be double-counting

**Specialists are paid by the projects for their work with TG, so their time is paid for and not included as an input

Outcomes for TG 1 and 2

The key programme outcomes for TGs 1 and 2 are presented below in Figure 1. It should be noted that in the qualitative stage we did not identify any substantial differences in outcomes between TGs 1 and 2, so a decision was made to test the potential segmentation of the target group in the quantitative stage.

Figure 1. MPDP outcomes for TG 1 and 2



As it can be seen from the diagram in Figure 1, representatives of the TG get new knowledge and information on how they can improve their state of mental and physical health and at the same time they become involved in programme activities. This results into them accepting better their deteriorating state of health and complaining less about it.

Involvement in activities results into people moving more, feeling more important and making new friends.

As a result, older people say that they either save money because they get access to free services and sometimes assistance in accessing extra benefits from the state. Besides, their activity and motivation increase along with individual wellbeing, which has to do with both their vitality and emotional state. Finally, according to the older people who live with relatives, the programme has a positive impact on their relationships with relatives/caregivers.

451 TG representatives from 21 geographic locations took part in the quantitative research. 80% respondents were female and 20% male, the majority (61%) aged between 80 and 89, 20% younger than 89 and 21% older than 89. 59% respondents said they were living alone at the time of the survey.

The staff and volunteers that were actively involved in collecting data from the TG were responsible for explaining the purpose of evaluation and the scales to the older people taking the survey. However, of course, the outcomes data collected using scales is inevitably subjective and should be treated with caution. To minimize the chance that the data collected are completely wrong, similar data on key outcomes for the TG were also collected from other stakeholders who were able to observe them more or less regularly throughout the projects. These responses were collected for the purpose of confidence and credibility of data collected from the TGs and were not included in the SROI calculation but they showed similar direction of change and sometimes even greater amount of change for the TGs.

Activity and Motivation

Approximately half of the survey participants (44%) noted that their physical activity increased. This is mainly due to their participation in projects: events, excursions, physical exercises.

"We often go for a walk with other project participants, we went to theaters, and attended almost all the events that were organized for us"

"I started doing Nordic walking, I started walking a lot, I don't walk alone, but with other project participants. I do joint gymnastics, go to yoga – I exercise as much as I can)."

"Most importantly, I don't sit in front of the TV, in my free time I draw in nature, participate in art exhibitions ... I started attending gymnastics, I felt better. I love excursions, I learned a lot of new things for myself."

18% respondents indicated a slight decrease in physical activity, 64% of them believe that it has nothing or little to do with their participation in projects. One of the main reasons, in addition to age-related health problems, was the need for self-isolation due to the COVID-19 pandemic.

"Since the virus is here, there are almost no meetings, so I go outside mostly only to buy groceries"

In terms of potential stakeholder segments, increase in physical activity was noted by 44% of women and 42% of men. Slightly less than half of female survey participants (43%) did not notice any changes, among men, 23% said that their activity remained unchanged. At the same time, there are significant differences in the responses of respondents who noted a decrease in physical activity: 14% are women, 34% are men. Thus, it appears that overall female MPDP participants are more physically active overall, and men tend to need more support in terms of being physically active.

As for differences between participants living alone and those who live with a family no significant differences were identified as can be seen from Table 5, but again, it looks like TG representatives living on their own are in general more physically active, do the programme impact for this outcome is slightly less for them compared to their peers living with families and relatives.

Table 5. Changes in physical activity – segmentation by type of residence

	Living alone	Living with family, relatives
increased	41%	47%
no change	44%	32%
decreased	15%	21%

Table 6. Changes in physical activity – segmentation by age

	Under 80	80 and older
increased	55%	41%
no change	25%	42%
decreased	20%	17%

As for age segments, people over 80 are more fragile and have less opportunities to increase their physical activity, thus the programme impact is greater on the younger age segment under 80.

Socialization (acquaintances, communication)

For the elderly, especially for single people, socialization becomes the main incentive to a more active life, new hobbies and activities, a variety of impressions. A key role is played by the expansion of the social networks: 70% of the survey participants noted that their social circle expanded, including 27% claiming that it became much wider – many new friends have appeared.

"I'm old and at first I was worried that it was not so nice to communicate with me. Well, who would be pleased to communicate with an old person, and then realized that the children (volunteers) need us to communicate themselves."

Only 4% of respondents have narrowed their social networks, mostly due to their deteriorating health.

"We don't have classes, but we meet for memorable dates and trips. When I was mobile, everything was fine. It was the only opportunity to personally see the comrades who survived the siege"

For the survey participants, it is important not only to expand communication, but also to communicate more often. 59% of respondents claimed they communicated more often. Moreover, even those who did not change their social network (26% of respondents) noted that they began to communicate more often

"I am a lonely person. I used to be a very secretive, unsociable, and now, probably, everything changed and I can't get enough of communication."

"Everyone knows each other, events are a good opportunity to meet. In the 90s we often met when our society was starting to work. Then communication became minimal. and now it resumed again. We are waiting for the restrictions to be lifted and a cure for the coronavirus to be found so that we can meet again"

In terms of gender segmentation, 71% female and 64% male respondents noted that they expanded social networks, while 74% male and 55% female respondents said they socialized more often. So we can see that male participants are probably less inclined to expand their social network, but MPDP influences the frequency of communication for them more.

The outcomes associated with broader social networks are more significant for older people who live alone compared with their peers living with family or relatives, also the positive change is greater for people under 80, because they have more mobility and more opportunities to socialize – Tables 7 and 8.

Table 7. Changes in social networks – segmentation by type of residence

	Living alone	Living with family, relatives
Much broader – many new friends	28%	25%
Broader – 1-2 new friends	47%	37%
No change	21%	32%

More narrow	4%	5%
Much more narrow	0%	1%

Table 8. Changes in social networks – segmentation by age

	Under 80	80 and older
Much broader – many new friends	40%	24%
Broader – 1-2 new friends	33%	46%
No change	24%	26%
More narrow	3%	4%
Much more narrow	0%	0%

As for frequency of communication, those respondents who were not single report more positive change, because they obviously have more opportunities for communication, and positive change is greater for people under 80 for the same reason (see Tables 9 and 10).

Table 9. Changes in frequency of socialization – segmentation by type of residence

	Living alone	Living with family, relatives
Much more often	31%	32%
More often	20%	39%
About the same	37%	22%
Less often	9%	6%
Much less often	3%	1%

Table 10. Changes in frequency of socialization – segmentation by age

	Under 80	80 and older
Much more often	49%	27%
More often	20%	30%
About the same	25%	32%
Less often	5%	9%
Much less often	1%	2%

90% of all respondents are confident that they will continue to communicate with new acquaintances, even if there are no more programme meetings and events.

Individual wellbeing (vitality and mood)

Physical and, most importantly, psychological well-being are key for older people's wellbeing. Many project participants, complaining about natural health problems at their age, nevertheless noted that their well-being improved in connection with the project (50%).

"I'm not thinking about the disease, but about going to the event. I don't have time to be sick. I see doctors less often."

Of the 15% of survey participants who noted a slight deterioration in their vitality, this is associated with age-related health problems.

"I maintain my health in all ways. I take medications, undergo annual hospitalization, go out as much as I can, but old age is old age."

Mood plays a crucial role in the level of well-being, it affects both physical and psychological condition. 63% of respondents believe that their mood improved and almost all (98%) associate it with participation in projects.

"There is no time to be sad. I spend time with my great-grandchildren, socialize with my friends, listen to phone conferences"

"The advice of the gerontologist helps not only my health, but also my mood. I began to see myself in a different way and because of this, my mood is much better than a couple of years ago."

Only 5% of the survey participants indicated that their mood had deteriorated a little. But no one connects this with projects, the main reason is the pandemic and the inability to leave their homes and participate in events.

"It is all about the coronavirus pandemic. The inability to communicate face-to-face, it made life less fun."

From the gender perspective, there have been no substantial differences in vitality outcome: improvement was noted by 50% women and 51% men, and 14 women and 22% men said it became worse. As for the mood, positive changes were reported by 60% women and 74% men, and 4% and 9% respectively reported a negative change for this outcome.

Only one female respondent makes a connection between the negative change in her mood and the project, but in fact, this negative change is also due to COVID limitations

"We meet less and less often. I miss our tea parties!"

As for type of residence, there are no substantial differences in vitality outcomes, but there are less positive changes in the mood of older people who live alone. Obviously, this needs further exploration to understand what additional assistance they might require to achieve more positive outcomes.

Table 11. Changes in vitality and mood – segmentation by type of residence

	Vitality		Mood	
	Living alone	Living with family	Living alone	Living with family
Much better	21%	26%	31%	31%
A little better	29%	25%	24%	43%
About the same	37%	31%	40%	20%
A little worse	14%	18%	5%	6%

Table 12. Changes in vitality and mood – segmentation by age

	Vitality		Mood	
	Under 80	80 and older	Under 80	80 and older
Much better	36%	19%	41%	29%
A little better	18%	30%	36%	31%
About the same	27%	36%	16%	36%
A little worse	18%	14%	7%	5%

Relationships with relatives

40% of the survey participants believe that their relations with relatives improved, and 59% note that they remained the same.

"In classes with the gerontologist, and psychologist, I learn various interesting tips that help me communicate with relatives"

"I have something to tell my relatives about, they are simply amazed at how my husband and I are so energetic. I also began to be more tolerant towards other people, too, as the psychologist suggested - not to concentrate on the lives of others - to fill my own life with joy"

"Relationships are better because they were tired of my sad mood, and now I am much more cheerful, there is no time to be discouraged"

The majority of survey participants (80%) believe that their relatives have positive attitude towards their participation in projects.

As for gender differences, 54% male and 37% female respondents noted that their relationships with relatives improved. None of the male participants reported any deteriorations, and only three females reported that the relationships became worse.

"Everything is ok with my daughter, and with my grandson, they [relationships] deteriorated. We live together but hardly communicate"

"All my life passed in the village, I don't want to go to the city, but they don't want to go to the village. That's it, and this is what I am trying to resolve with a volunteer"

Obviously, the positive impact on relationships with relatives is greater for male MPDP participants, and this difference needs to be explored further. The case might be that men are traditionally less involved in the family and spend less time with children so later in life there are less causes for conflicts and misunderstanding.

It is also reasonable that this outcome is achieved less for single people who may have little or no connection with their family.

As for age groups, those under 80 improved their relationships with relatives more, which could be explained by the fact that communication with family at this age is in general better.

Table 13. Changes in relationships with relatives – segmentation by type of residence

	Living alone	Living with family, relatives
Much better	12%	11%
Better	21%	39%
The same	67%	49%
Worse	0%	1%

Table 14. Changes in relationships with relatives – segmentation by age

	Under 80	80 and older
Much better	14%	11%
Better	40%	26%
The same	46%	63%
Worse	0%	1%

Savings or extra spending

Elderly people are very sensitive to questions about saving or additional expenses, primarily because of their low personal income.

58% of the survey participants noted that participation in the project contributed to saving their money or receiving additional financial assistance/benefits²³. 28% replied that they did not receive any savings/benefits.

"They arrange tea parties for us, they give us gifts. We go to a beauty salon, a theater, I would not be able to afford everything myself"

"Since I participate in many events, engage in all interesting activities, go on excursions, I certainly save my pension. The project helps me to live a full, rich life."

Participation in projects activities is always free (classes, tours, expert consultations, services by volunteers), in addition, the project participants receive material support (food, gifts). However, 6% of respondents noted that they had additional expenses in connection with their participation in projects.

"Expenses to buy tickets to museums. But they are not substantial, I'm interested and I'm ready to pay extra for it. My daughter will always support me if I don't have enough money."

"I had to buy an abacus for 300 rubles for mental arithmetic classes, but I did it for me. In addition, I pay for museums, while the road is free. And I also try to be beautiful, I buy new beads, blouses sometimes so that they don't see me as an old lady."

There are no substantial differences in this outcome in terms of gender or age, but the people who live alone are less likely to report any savings due to the project (36% reported no savings compared with 15% among those living with relatives). This may be because single older people bear the responsibility for all

²³ The list of benefits provided to participants by project is included in the Report as [Annex 6](#)

living expenses, so most of their budget goes into regular payments like commodities, medication, etc., which cannot be changed by the program.

Overall, we see that most stakeholders report positive changes across all outcomes, and for those who did not experience positive change in most cases the situation remained the same – all the cases where negative change was reported against certain outcomes were analyzed above and in most cases they are associated with the age and deteriorating physical state of TG which is inevitable and complicated by the COVID-19 restrictions.

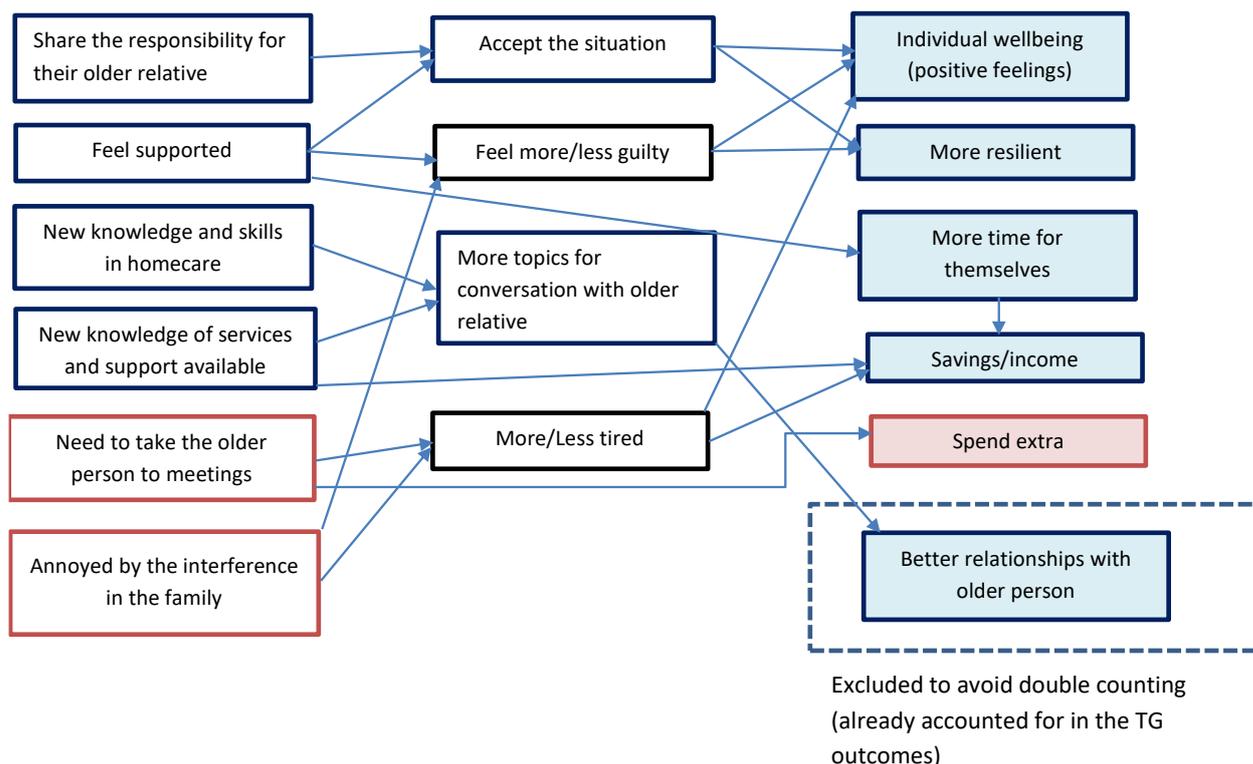
Absence of change is a very important point that should be explored in further analyses of the programme because for projects dealing with fragile elderly people absence of negative change could actually be an important achievement. The counterfactual (deadweight) was not properly factored in the calculations because of difficulties in collecting relevant data from stakeholders, but the likely outcomes for stakeholders in the absence of the programme should definitely be explored more in-depth when the circumstances are more favourable.

For those stakeholders who reported negative changes, according to their own comments they were mostly connected with their deteriorating state of health and the situation with COVID-19 that put a lot of limitations on the lives of TG. These negative changes were mostly observed across all outcomes except for social wellbeing, as even given worse health and lockdowns communication was still possible online or via phone, etc.

Outcomes for relatives

The outcomes for relatives of TGs 1 and 2 of MPDP are presented in the diagram in Figure 2 below.

Figure 2. MPDP outcomes for relatives



Though not directly involved in MPDP, relatives of TG 1 and 2 are very likely to be affected by its activities and the outcomes for them are not universally positive. When their older relative becomes involved in the programme they may feel relief because they share responsibility for him/her with somebody and feel support but depending on the situation in the family they may also be annoyed by the fact that new people interfere in their family and communicate with older member. If they are involved in the programme, relatives may get new knowledge both in homecare and in the benefits and support they are entitled to by the state, which can result into them feeling less guilty, accepting the situation and becoming more resilient, and could also lead to extra income or savings for the whole family. Finally, the fact that the older person

goes to the meetings can be both positive and negative: relatives could get respite and more time for themselves, but they may also need to take the older person to meetings and even spend extra money for this (food, clothes, tickets, etc.).

There is currently very little information on outcomes for relatives, because they are much harder to reach and though the findings of this analysis suggest that the outcomes are mostly positive, they should be studied further and more attention should be paid to relatives as programme stakeholders, as they are starting to have an increased effect on outcomes for the TGs.

71 relatives of TG 1 and 2 aged from 25 to 83 from 14 locations took part in the quantitative survey.

80% of relatives noted that they participated in project activities together with their relative or on their own.

74% of the relatives participating in the survey reacted positively to the fact that their relative participated in the project. 23% were neutral, and only 2% had negative attitude to this fact.

As the sample of TG relatives was based on self-selection, there is risk that some of the TG relatives who chose not to fill in the survey had less positive experience of MPDP. However, the responses we have demonstrate negative changes along with positive, so they may be considered more or less representative of the whole group of stakeholders. For the future it is recommended to pay more attention to involving relatives at all stages of data collection to further verify the outcomes in this SROI and look out for any significant differences in experience of MPDP as the basis for segmentation.

Personal well-being (positive emotions)

77% of the survey participants noted that their mood became better when their relative started participating in the project ("much better" - 54%, "a little better" - 23%). According to respondents, this is mainly due to the fact that relatives participating in the program also became more positive, their mood improved, new interests appeared.

"I take care of my mother, her health is deteriorating, I often go to hospital with her, I needed some kind of discharge, I needed to distract myself. The project helped me to distract myself (I attended 2 events), helped me get psychological support (in person and by phone), helped me better understand my mother and pay more attention to my own health (physical and mental)."

"My grandmother is 94 years old! She is still on her feet, but she often gets sick, complains a lot, and of course I am tired. I was waiting for changes from the project: getting knowledge on homecare and how to support my own mental health, and wanted so much to have a respite by doing something other than work and care. The project taught me a lot, I attended several classes with a psychologist (I learned the exercises for my grandmother and worked on improving my mood myself)"

In connection with the project, 84% of respondents more often began to experience positive emotions from communicating with their older relative – a participant in the project.

"Mom's mood is better thanks to the volunteers who visit her, support her on the phone, give various interesting tasks all the time, are interested in her success. This is very inspiring for both her and for me as a son."

"I am very busy at work, there is not enough time for my mother, thanks to the project there was help and positive emotions."

Resilience

87% of respondents indicated that it became easier for them to cope and they are more optimistic about what may come due to changes in their perception of their capabilities/duty towards their relative - participant of the project. The support, assistance and new knowledge and skills that they received thanks to the participation of their relative in the project became important for the survey participants.

"I did not expect that someone would replace me in caring for my mother, but I received help through new knowledge on homecare, psychological and volunteer help"

"To be honest, I didn't have any high expectations from the project, I thought: they take the old ladies somewhere, I just have trouble (I need to be accompanying her). But after visiting several events with my aunt, I realized that this project would help me too – I received medical and psychological consultations about on her senility and began to find compromise with my

aunt, thanks to various events and my aunt became softer, more accommodating, the relationship improved."

Thanks to the activities of the projects, the relatives of the participants were able to improve communication – the topics for communication expanded, mutual understanding improved, interest in joint classes appeared. 80% of the survey participants noted that communication with an elderly relative in the process of participating in the project has become better.

"My health improved thanks to the medical volunteers: they helped regulate the intake of medications, gave recommendations for proper care, my mood improved thanks to going to events, which had a positive effect on our relationship."

"When my aunt became a participant in the project, a lot changed. She was happy to go to meetings, go on excursions, found new friends. And our relationship with her became much better, we began to communicate more and spend time together"

Free time

47% of respondents noted that in connection with the project, the amount of their free time increased. First of all, this is due to the fact that relatives participating in the project have new hobbies, attend classes, excursions. At the time, they are "supervised" by the project organizers and volunteers, which gives respondents free time.

"Previously, I had to take my mom for a walk in the park every weekend, now she goes there with a friend from the project."

"He has someone to communicate with, except relatives. Dad began to find their own activities: made a photo album, after the filming of "Living portrait" began to write memoirs."

"My mother found friends, she now communicates not only with me, she has "things to do": she draws, writes, and we get help when we need a car to get to the hospital or to an event".

43% respondents did not notice any changes in the amount of free time and 10% noted that there was less free time for them. Basically, the decrease in free time is due to the need to accompany their relatives - project participants to classes and events. Although the projects also provide useful activities for the companions, free time is reduced anyway.

"I take care of my relative myself, I turn to other family members very rarely. After all, we now attend all events and master classes together"

"Just as I expected, in connection with my relative's participation in the project, I needed to bring him and take him away, because I don't trust anyone except myself or those whom I know and trust well, and these are definitely not those young guys who call themselves volunteers and offer their help. Knowing mom, she would obviously give them money with the phrase: "Well, you're wasting your time on me, probably hungry, buy yourself something to eat," and we don't have a lot of money anyway. And in my opinion, this project did not bring anything good to our family."

Savings / income / expenses

53% of the survey participants noted that their family expenses decreased with the start of their relative's participation in the project. At the same time, 5% of relatives participating in the survey indicated that expenses had increased. The survey participants primarily associate the savings with the free project activities, as well as with the receipt of food packages, gifts, the help of volunteers and expert advice.

"We did not pay for participation in the project, but received a lot - classes with specialists, food packages, psychological consultations, a visit to a movie, all sorts of treats during meetings – both for mom and the accompanying person."

"In my opinion, participation in the project helped to save from 150 to 500 rubles a month, of course, when we were on forced self-isolation due to the ban on holding events and, accordingly, the lack of activities for the project (there were calls about well-being, delivery of gifts for May 9 and a grocery set), there were of course slightly increased costs, as a result, expenses remained at about the same level as before the project."

"About 3,000 rubles a month increased expenses spent on trips across the city to the project venue and back, on her trips to "friends", to buy sweets, cookies for tea with friends."

In terms of segmentation for this group of stakeholders, as can be seen from Table 15, the outcomes associated with positive feelings and resilience are slightly better for those relatives who were more

involved in projects, and on the contrary the improvement in free time is more for those not so involved in projects. As for the savings/extra spending, there were no substantial differences between the segments.

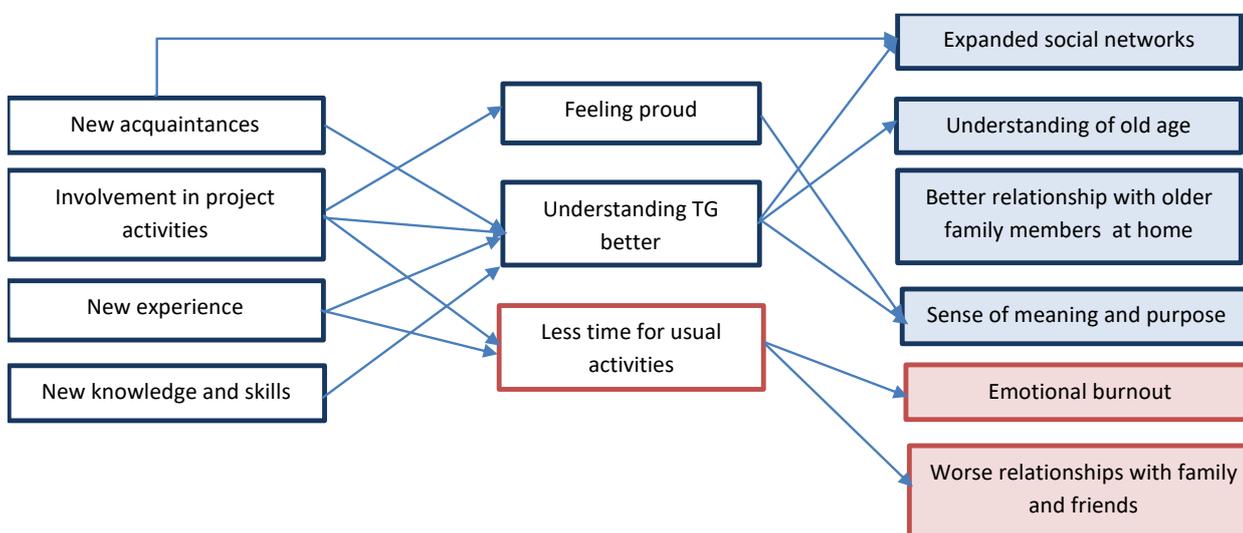
Table 15. Changes for relatives – segmentation by involvement in MPDP

Wellbeing	Frequently involved	Rarely or not involved
Much better	68%	54%
A little better	26%	23%
No change	6%	23%
A little worse	0%	0%
Much worse	0%	0%
Resilience	Frequently involved	Rarely or not involved
Much better	48%	41%
A little better	45%	46%
No change	6%	13%
A little worse	0%	0%
Much worse	0%	0%
Free time	Frequently involved	Rarely or not involved
Much more	16%	24%
A little more	32%	23%
No change	35%	43%
A little less	16%	9%
Much less	0%	1%
Spending	Frequently involved	Rarely or not involved
Much less	13%	10%
A little less	42%	43%
No change	39%	41%
A little more	6%	4%
Much more	0%	1%

Outcomes for volunteers

The outcomes of MPDP for volunteers are presented in Figure 3 as a diagram.

Figure 3. Outcomes of MPDP for volunteers



As can be seen from diagram in Figure 3, volunteers may also experience negative outcomes in the course of MPDP. When they first become involved in activities they meet new people, get new experience and knowledge and skills, this results into better understanding of the TG and how they can be supported as well as feeling proud because they are involved in socially important activities. However, volunteering also means less time for other activities, which can lead to emotional burnout or deteriorating relationships with family and friends. The positive outcomes volunteers report include expanded social networks, better understanding

of old age, better relationships with their own older relatives as a result of better understanding of their needs and constraints, and increased sense of meaning and purpose in life thanks to the nature of their volunteering.

234 volunteers aged from 13 to 83 from 20 locations took part in the online survey.

Social networks

94% of the volunteer survey participants indicated that their social circle expanded. Of these, 98% consider this a positive change, and 64% respondents indicated that these changes are strongly related to their participation in the project.

"It was difficult for me to start working in the project, few people could be lured to events, meetings. And now there is more trust, and freedom. Communication is more frequent, including in social media."

"Many new acquaintances appeared thanks to the project. Up to 200 people come to the general weekly meetings, if the gathering is in the street - even more"

Relationships with older people at home

82% of respondents indicated that their attitude towards older people and their character traits improved recently. 18% - noted that the attitude did not change.

57% of the survey participants recently became less likely to conflict / argue with their elderly relatives / people in the street. And only 8% - noted that they began to argue more often, but they do not make a connection between this change and MPDP.

"It was difficult for me to connect and communicate with the elderly. My attitude changed dramatically with my involvement in the project, I became more attentive and responsive to people's requests, treat my old relatives and project participants assigned to me more responsibly. I try to visit them every week, fulfill their requests. Psychologists and project managers explained a lot to me, taught me how to communicate with the elderly, what to do with them."

63% of volunteers began to communicate more often with their grandparents/elderly relatives. 72% - claim that in general relationships became better.

"My grandparents are young and healthy people, I treat them with respect. But when I found out that there are people in our city who were in a Nazi concentration camp as children during the war, and when I met them, I imagined that they were my grandparents. I felt sorry for everyone, and I decided that I would help the elderly."

Sense of meaning and purpose

The surveyed volunteers noted that it was important for them to feel that what they do in life is important and necessary for other people. 92% of respondents indicated that this feeling intensified with the start of participation in the project.

"I have never in my life heard so many words of gratitude from my humble participation in the project. Veterans are very pleased with the attention, they note that every event of the project brought them satisfaction and joy and they look forward to new meetings"

"Since I accompanied veterans to events, I always noted how their mood improved, how they were waiting for something special. They dressed smartly for the celebrations, put on their medals, and even we felt proud for the veterans and for ourselves as we were involved at least a little in their lives."

Emotional burnout

Emotional burnout is an acute problem for volunteering. However, the volunteers participating in the survey noted that in fact they had a desire to stop volunteering less often than before (41%). Only 5% indicated that they thought about stopping volunteering more often.

"It seems to me that the veterans did not expect such long-term care and attention. Of course, veterans are not forgotten in the city, but these are one-off events for the holidays, and in the conditions of the project, attention to the elderly has not weakened for almost a year. They are very grateful to all the participants of the project. I decided for myself that I would keep in touch with veterans, since we became friends and they rely on me."

"Such events are very important for elderly people, communication, workshops, physical training, etc. When I hear words of gratitude from them, I want to work even more for them."

Perception of the old age

The respondents paid special attention to the change in the perception of the elderly/of old age recently, indicating that this perception changed for the better (86%). The survey participants noted that they began to understand and accept older people more, were less annoyed with project participants, began to sympathize with their own grandparents. The volunteers participating in the survey stopped being scared of old age, they learned that it is interesting to communicate with older people.

"I live alone, and old age scared me because you become fragile, I tried not to think about it. When I was involved in the project as a volunteer, I realized that there are always people who are ready to help an elderly person and decided that if I help elderly people, then someone will help me in the future, it calmed me down."

"Although I am at a decent age myself, I have been communicating more with younger people, I lead an active lifestyle. Since the beginning of the project, I had my own beneficiaries, whom I help as a volunteer. I began to understand older people more, they opened up for me, there was a desire to support veterans, brighten up the lives of some lonely people with communication and care"

Relationships with family and friends

Participation in projects also had an impact on the relationships of volunteers with their families and friends. 50% of respondents noted that recently they began to communicate more often with their old friends / acquaintances. At the same time, this communication became better for 58% of respondents. And only 2% indicated that communication became worse and it has nothing to do with their participation in projects.

"Helping the old and weak is a special mission, it affects a person. For example, it seems to me that I became softer, more tolerant, kinder, more patient not only to the elderly, but also to my parents, and sister"

"I have old friends and I always tell them about my successes, but they are not very active and they say all the time - Natalia, why do you need this? And I still go and do good deeds, because I need it, I want to do a lot!"

Also, the survey participants (78%) noted that they almost never or less often than before had disputes/ conflicts on the topic of volunteering

"I took part in other projects not related to helping the elderly, of course, they were good, but this one is just exactly what I needed"

"There have been personal changes in me, I am not a young person myself, but in the project I realized that the life of older people can be rich and meaningful and this is important for me"

"The desire to help people, especially the elderly, is something everyone can relate to. My students and I have such a need, so we are devoting ourselves to this project"

As for potential segmentation, we explored differences in outcomes for young volunteers under 50 and those aged 50 and older, and discovered that, as can be seen from Table 16, the positive outcomes for the former group are more significant, which is reasonable because they learn more within the projects while for their older peers some of the outcomes could be less relevant.

Table 16. Changes for volunteers – segmentation by age

Social networks	Under 50	51 and older
Expanded a lot	45%	57%
Expanded a little	47%	38%
No change	5%	5%
Narrowed a little	2%	0%
Narrowed a lot	1%	0%
Relationships with older people at home	Under 50	51 and older
Much better	66%	45%
Better	22%	29%

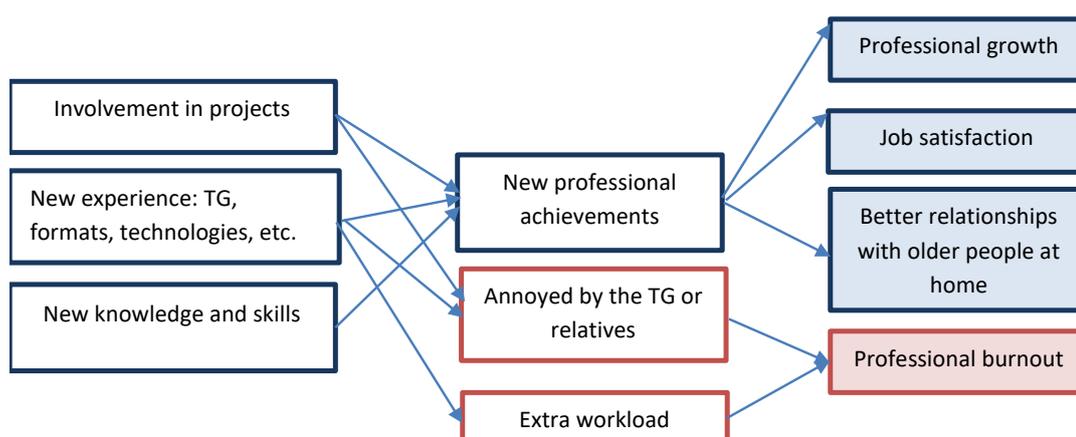
No change	12%	25%
Worse	0%	0%
Much worse	0%	0%
Sense of meaning and purpose	Under 50	51 and older
Increased a lot	56%	57%
Increased a little	34%	37%
No change	10%	6%
Decreased a little	0%	0%
Decreased a lot	0%	0%
Understanding old age	Under 50	51 and older
Much better	58%	43%
Better	32%	40%
No change	11%	18%
Worse	0%	0%
Much worse	0%	0%
Emotional burnout (desire to quit)	Under 50	51 and older
More often	2%	2%
A little more often	3%	3%
No change	40%	59%
A little less often	10%	8%
Less often	38%	25%
Relationships with family and friends	Under 50	51 and older
Much better	26%	33%
Better	20%	41%
No change	52%	25%
Worse	1%	1%
Much worse	2%	0%

Overall, the volunteers reported positive changes as a result of their involvement in MPDP and those who reported negative changes did not make a connection between these changes and MPDP. For the future, however, it is recommended to involve a more representative sample of volunteers and analyze any negative outcomes that emerge in connection with MPDP to manage them effectively.

Outcomes for specialists

Diagram in Figure 4 presents the outcomes of MPDP for specialists working with TG in the projects.

Figure 4. MPDP outcomes for specialists



As can be seen from the diagram, the specialists and volunteers have a similar positive outcome of improved relationships with older people in their families related to the nature of project activities. They also share a potential negative outcome – professional burnout that could stem from increased workload and being annoyed with older people in the projects. On the contrary, positive outcomes are associated with

new knowledge and skills and experience acquired within the projects and professional achievements associated with them. They could lead to increased job satisfaction and increased professionalism.

84 specialists aged 18 to 83 from 18 locations took part in the survey.

Professional growth

Almost all specialists (95%) who took part in the survey noted positive changes in their professional activities related to participation in the project. They gained new professional knowledge and experience that will be useful to them in the future. 4% of respondents indicated that there were no changes, and only 1 person noted some negative changes.

"The project gave me new professional experience with older people. Using photo therapy technology, I learned to understand their social and psychological problems"

"I am a psychologist and I am teaching a course of positive psychology through art therapy. It was my first experience in working with the elderly, I learned a lot, although it is more interesting for me to work with younger pensioners as a specialist."

Specialists also highly value their work achievements in the project: 31% - excellent, 63% - good, 6% - satisfactory.

Job satisfaction

In general, 81% of respondents are more satisfied with their work, 14% do not note any changes, and only 5% indicate slightly less satisfaction.

Personal satisfaction with the results of the project is also highly appreciated by specialists, the majority (94%) rate it at 4-5 points out of 5 possible.

"In another project, there would be a different field of activity, a different range of tasks. Perhaps the degree of satisfaction with the results of the work would also be high, but these results would be different"

"This project makes it possible to be free and creative, communicate a lot (with older people and partners), look at things from another perspective"

Relationships with older people in the environment

An important change for the specialists participating in the survey was the change in their attitude towards the elderly and their character traits. 81% of respondents noted that their attitude improved, 19% indicated that the attitude did not change.

At the same time, 80% of the specialists who participated in the survey began to conflict/argue less often with their elderly relatives/people in the street.

"The project, in my opinion, is unique. The opportunity to communicate with a group of people that went through so much at such young age became the most important event in my life. Many former prisoners live alone. Our communication was an relief for them and a great joy for us. These unforgettable meetings, sincere communication will forever remain in our memory"

"I used to work only with children, I like working with older people even more. Older people really like memory classes, they have motivation to learn and excitement. I'm much more interested in them"

Professional burnout

Working with the elderly requires patience and effort, in addition to knowledge and skills. And many specialists may have a desire to change jobs, negative feelings towards colleagues and patients. However, only 4% of respondents in our survey indicated that they had such thoughts. On the contrary, 56% of the survey participants replied that they had less willingness to change jobs or negative feelings about their work than before.

"I work with other TGs in different projects, I don't get such content and pleasure. We have already become one big family with them, and this is wonderful motivation to improve our work, learn new things, and implement best practices."

"Veterans are a difficult category for me, especially in the village, they are not active, they have to be persuaded to come to the event, it is difficult to get them out of the house. It is

especially difficult to look at the sick and fragile people and find words of comfort and support for them, but we are trying."

For the specialists, no grounds for segmentation were proposed, but, as impact measurement continues, this question may be reviewed to understand how they can be motivated and supported within the projects. The negative outcomes reported by some of the survey participants, were connected to their overall situation at work, not only MPDP. However, they should be taken into account and activities proposed for the projects to prevent professional burnout and stop specialists from leaving the projects.

Conclusions

As has been demonstrated by the qualitative and quantitative data, MPDP creates change for representatives of TGs 1 and 2, and their relatives as well as volunteers and specialists involved in the projects.

For this SROI no material negative outcomes emerged as a result of quantitative data collection, but in the qualitative stage some relevant negative changes were outlined for almost every stakeholder group. As the sample of those who filled in the surveys was quite small compared to the whole group and self-selected (i.e. all survey participants volunteered to fill in the surveys), further data collection is recommended to confirm the presence of positive and marginal nature of negative changes within MPDP.

The tools used for the data collection can be improved to make them shorter and easier to fill in for participants, and the data collection can be embedded in the programme.

Valuation of outcomes

SROI uses monetary proxies to convey the value of outcomes to stakeholders, so it is very important to identify the correct proxies that would really reflect the value of outcomes to particular stakeholders. There are a number of approaches to valuation from using third-party proxies adjusted for purchasing power parity²⁴ to choice experiments involving stakeholders (e.g. Value Game²⁵). For this SROI anchoring approach was used for valuation of outcomes, but the methods for identifying the anchor values were different depending on stakeholder group. This approach requires establishing the relative importance of outcomes to stakeholders and using it as weights to calculate the value of outcomes based on one anchor value that is most obvious or easily established with stakeholders.

Relative importance of outcomes

In the process of data collection for this SROI, the questions of relative importance of outcomes were included in the focus group guides but were not formalized properly so that they could later be used as weights for the anchoring approach. Therefore, third-party research has been used to assign those weights. The third-party research used was a survey of a representative sample of 1,600 Russians aged over 18 by the All-Russian Center for Research of public opinion (WCIOM) carried out in May 2020²⁶. The respondents were asked to establish on a scale from "very important" to "not important at all" the importance of such aspects of their lives as health, safety, income, career, relationships with family, etc. The outcomes that were the closest to the ones evaluated within this SROI were selected from the extensive list of the survey and their rating in % was used as weights. These weighting data are not ideal for the purpose of this analysis as they represent the value of outcomes for an average Russian, not the representatives of the specific stakeholder groups. But given the limitations put on other opportunities for valuation in 2020 by the COVID restrictions, they were used with the recommendation for the future to involve stakeholders and confirm the relative importance of outcomes for them.

Anchor values

For TG 1 and 2 and for the Relatives of TG 1 and 2 the anchor values were derived from quantitative data: in the questionnaire they were asked to provide their estimates of how much they spent or saved/received per month in connection with their/their relative's involvement in the project. The average expenses

²⁴ https://en.wikipedia.org/wiki/Purchasing_power_parity

²⁵ <http://www.valuegame-online.org/>

²⁶ <https://wciom.ru/analytical-reviews/analiticheskii-obzor/zdorove-semya-i-bezopasnost>

indicated by stakeholders were further subtracted from the average savings/ benefits or earnings (for relatives) and the resulting figures were used as proxies for the economic outcome “Increased savings/income” for both groups. These figures were also later used as anchors to calculate the proxies for other outcomes related to wellbeing.

As for the volunteers and specialists, no similar data were available for them, so the average market values of services that would produce similar outcomes (as identified by stakeholders) were used with them:

- for the volunteers an average cost of a personality development training was used as a proxy to value the outcome “Expanded social networks”
- for specialists average cost of advanced training courses in rehabilitation/social work was used as a proxy for the outcome “Professional growth”

Both values were based on information from open sources and estimated very conservatively based on the assumption that only one respective course was needed both for volunteers and for specialists to achieve relevant outcomes. These conservative values were further used to calculate the value of other outcomes to stakeholders using the weights from WCIOM survey. More details of the calculations may be found in [Annex 4](#).

Chapter 5 – THE SROI MODEL

This chapter describes the main components of the SROI model for MPDP and the results of its sensitivity testing.

Extrapolation

Though we had substantial numbers of TG representatives and volunteers who filled in the questionnaires in the quantitative stage of data collection, they represented less than 10% of the whole stakeholder groups (451 out of 5,475 and 234 out of 2,732 respectively). The situation with relatives was even worse (71 out of at least 2,245), while with specialists it was better (84 out of 132). Thus, we did not feel confident in the data to extrapolate the results to the whole stakeholder group. Therefore, a decision was made for SROI modelling to adjust the programme inputs for the number of TG representatives and volunteers who filled in the surveys.

Valuing programme inputs

The quantitative survey was filled in by 541 out of 5,475 representatives of TG 1 and 2, thus to adjust the inputs for this number of stakeholders, we needed to first get information on all financial resources invested in the implementation of MPDP, divide it by the total number of TG in the projects to obtain “per capita” value and then multiply the figure by the number of respondents who filled in the questionnaire.

Details of the calculations are provided in Table 17 below

Table 17 A and B. Calculating the value of financial inputs: CAF expenses and grant funds

A.

CAF programme expenses	Total over the course of MPDP	Number of years ²⁷	Number of TG	Number of TG surveyed	Inputs for the SROI	As % of the overall MPDP budget
Fixed costs (programme manager 1FTE+overhead)	6,777,936	8			847,242	10% ²⁸
Variable costs (all other programme costs)	16,022,583		5,475	451	1,319,851	
Total adjusted inputs					2,167,093	

B.

Project funding	Total over the course of MPDP	Number of projects supported	Avg no. of projects per year	Number of TG	Number of TG surveyed	Inputs for the SROI
Fixed costs (est. 10% of funding)	4,353,552	152	14			400,985
Variable costs (rest of project funding)	39,181,965			5,475	451	3,227,592
Total adjusted inputs						3,628,577

Total monetary inputs for SROI (A+B)	5,795,670
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²⁷ In Russia MPDP was implemented since 2012, i.e. the number of years is accounted for by 2020

²⁸ The 10% share of fixed project costs was further applied to calculate the value of inputs in the form of project funding in Table B

SROI approach requires that all inputs in an intervention are valued and included in the model. As MPDP projects involve a lot of volunteers, it was necessary to value their input along with financial investment by CAF Russia. The number of volunteers who filled in the survey was 234 out of 2,732. As the financial input in the projects was adjusted based on the number of TG who responded to the survey, the same adjustment was done for the volunteers. We did not have exhaustive data on the amount of time volunteers spent on the projects, so the calculation was based on the assumption that their input in the projects is at least one full working day per month, and volunteers' input was calculated based on the information on average salary of a social worker in Russia from the Ministry of Labor (RUB 21,485)²⁹ and the number of volunteers who filled in the questionnaires. The details are provided in Table 18 below:

Table 18. Calculating the value of inputs by volunteers

Projects	Avg. monthly salary of a social worker in Russia, RUB	Daily "rate" of a volunteer's services, RUB	Annual input by one volunteer, RUB	Number of volunteers surveyed	Input for model (adjusted), RUB
All projects involved in the SROI	21,485	977	11,719	234	2,742,293

This the total inputs including project funding, programme and administrative expenses by CAF Russia and volunteers' work were RUB 8,206,686.

Calculating SROI and analyzing value distribution

After the total value of inputs was calculated it was compared with the total value of outcomes produced by MPDP for the four groups of stakeholders: TG, relatives, volunteers and specialists working in the projects. The results of the calculation are presented below and the SROI ration of MPDP programme is 1:3.55.

Table 19. Calculating MPDP SROI

Total value of outcomes, RUB	30,287,300
Total value of inputs, RUB	8,537,937
SROI (Total value of outcomes/total value of inputs)	3.55

This means that MPDP is effective from investment perspective and for every ruble invested in the programme it produces a RUB 3.55 worth of social and economic outcomes for its stakeholders.

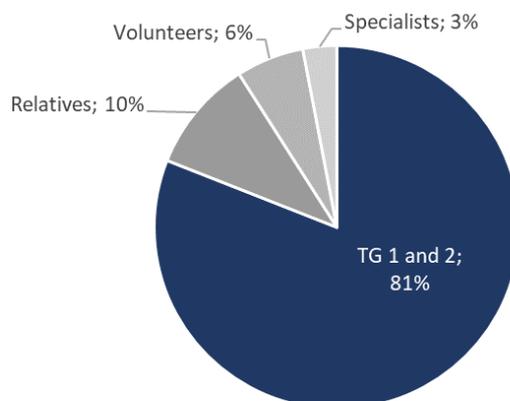
From the point of value distribution (Figure 5), the programme creates the most value (81%) for its TGs – elderly people who suffered from the Nazi regime in WWII.

The relatives are the second group of stakeholders in terms of value creation – they account for 10% of all the value created by the programme, but it became clear during the analysis, that they are playing an increasingly important part in the programme and their attitude towards and involvement in the programme can affect substantially its outcomes for their elderly relatives.

The volunteers account for 6% of the total value created by MPDP and 3% of the value created is for the specialists involved in the projects and working directly with the target group

²⁹ <https://russia.trud.com/salary/692/81316.html> - this salary was used for the calculation based on the nature of services provided by volunteers within the projects

Figure 5. MPDP value distribution



The value distribution reflects the design and objectives of MPDP: the main value creation is for the TGs. Relatives, although not directly involved in the programme activities, are also influenced by them and their involvement in the programme can have effects on the outcomes for TGs. Volunteers are less affected as for them the programme is one of many opportunities to put their willingness to help people into practice. However, for many of them the choice of MPDP for volunteering was meaningful and conscious. AS for specialists, they are still implementing their professional competencies though maybe with new target groups, so though there is some value for them, it is not substantial.

Sensitivity testing

SROI ratio should not be viewed as one exact figure, because of potential differences of experience for different stakeholders as well as the fact that it is based in many ways on assumptions made by the practitioner working on the analysis.

Thus, sensitivity testing to estimate the range of SROI ratio should be done for the model after it is complete.

Sensitivity testing was done for the MPDP SROI model, and its results are presented below in Table 20.

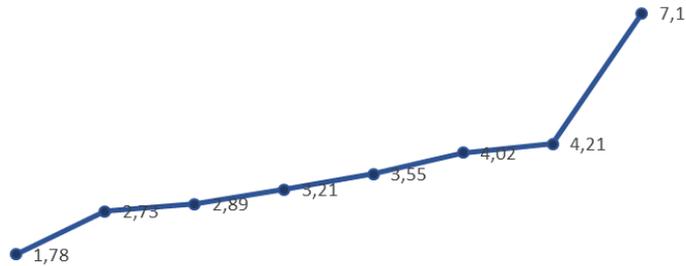
Table 20. Sensitivity testing for MPDP SROI Model

Adjustment to the Model	SROI ratio
Values halved	1.78
Drop-off at 100% for all outcomes	2.73
Attribution + deadweight increased by 25%	2.89
Displacement at 30% for all outcomes	3.21
None	3.55
Drop-off 50% for all outcomes	4.02
Attribution + deadweight reduced by 25%	4.21
Values*2	7.10

Thus, the SROI ratio of MPDP varies from 1.78 to 7.10 depending on assumptions the model is based on. The model is very sensitive to the value of outcomes and it can be recommended in the future to apply different approaches to valuation, in particular for volunteers and specialists where the anchor values used for this research were the market value of certain trainings that might produce similar outcomes. However, this valuation does not necessarily reflect the actual value of MPDP outcomes for these stakeholders.

The variation of SROI ratio is presented in graphic for in Figure 6 below.

Figure 6. MPDP SROI ratio variation



Conclusions and recommendations

The SROI ratio of MPDP is 3.55:1, which means that it is effective from the investment point of view and for every ruble invested in the programme, 3.55 rubles worth of social and economic outcomes is created for its stakeholders. The outcomes for older people account for 81% of the overall value of programme outcomes, outcomes for relatives – for 10%, and outcomes for volunteers and specialists for 6 and 3% respectively.

Based on the sensitivity analysis, we can say that depending on the assumptions, the SROI ratio may vary from 1.78 to 7.10 and further data collection is required to confirm the findings in this report. The recommendations for future data collection have been provided throughout the report and will be embedded in the next MPDP cycle starting in 2022.

The facts discovered in the course of this analysis enable us to provide certain recommendations that could help CAF Russia improve the value creation within MPDP.

Social impact measurement

- To enable ongoing social impact measurement and management within the programme it is recommended to work on quantitative data collection forms to make them shorter and more user-friendly for all stakeholders, especially the older people.
- Try to engage more stakeholders, as relevant negative outcomes were identified within the current analysis, and the sample of TG, relatives and volunteers was self-selected and too small to say definitively that they are not achieved on significant scale
- Some aspects of the MPDP SROI model can be improved: the valuation for outcomes of volunteers and specialists should be approached based on more stakeholder engagement, potentially using value game.
- For the TG and relatives, information should be gathered on relative importance of outcomes to make anchoring valuation more precise.
- More data should be collected on attribution and counterfactual separately, because in this case the counterfactual could actually be negative, and the value created by the programme could be underestimated.

Social impact management

1. Work more with TG relatives (implemented – relatives were made the third TG of the programme in 2021): as older people age and become more fragile, they are more and more dependent on relatives and other caregivers, thus it will be difficult to create positive change for them without engaging with relatives, and the positive impact of the programme might decrease.
2. Work further on the stakeholder segments identified in this report:
 - a. Single older people who value more some of the programme outcomes (like social wellbeing) definitely require extra support to achieve some of them, especially the economic ones. One of the possible approaches could be to include additional support measures (including material aid) for TG representatives living alone
 - b. Pay attention to relatives actively involved in the programme – make sure this is not a burden for them, and they can still achieve the outcomes for their individual wellbeing.
 - c. Support older volunteers, as the positive impact for them seems to be less against the majority of outcomes, maybe introduce additional motivation and activities specifically for them.
3. Ensure continuous support of the TG: as it was identified by this research, some of the outcomes both for the TG and for other programme stakeholders drop-off immediately if the programme stops. This is because MPDP works with a very vulnerable and not very resourceful group who do not have a lot of options and whose life expectancy is extremely short – thus, it is necessary to provide continuous support to projects, as it is already being done – experienced organisations can apply for two-year funding.

4. Discuss the findings of this SROI analysis with all stakeholders, programme donor – EVZ Foundation and programme partners in other countries to discuss the findings and further decisions that could be made based on them to optimize the value creation within the programme.

List of annexes

[Annex 1](#) – Programme of Social impact measurement training and list of participants

[Annex 2](#) – Focus group interview guides for the qualitative stage

[Annex 3](#) – Questionnaires for the quantitative data collection online

[Annex 4](#) – Valuation of outcomes

[Annex 5](#) – Information on support for TGs in Russian regions

[Annex 6](#) – Support/benefits accessed by the TG within MPDP by project

[Annex 7](#) – SROI Model

Annex 1

SROI Seminar – January 2019

PROGRAMME

DAY 1 – What is social value. SROI stages 1-3

Introduce participants to the definition of social value and the seven principles of social value. Formulate the ten impact questions that need to be answered within the SROI analysis..

Besides the theoretical knowledge the participants will apply them in practice by working with the impact map for Meeting Place: Dialogue. By the end of day 1, they will fill in the information on stakeholders, inputs and outcomes for every stakeholder and identify the material outcomes that will be further analyzed within the SROI. The day will conclude by a discussion of potential indicators to measure the outcomes

Timing for Day 1:

10:00 – 11:30	Introductions, objectives of the training, expectations What is social value and why measure it? Ten impact questions and seven principles of social value
11:30 – 11:45	break
11:45 – 13:30	Stakeholders: definition, stakeholders of MPDP and their input in the projects
13:30 – 14:30	lunch
14:30 – 16:00	Project outcomes and outcome chains, theory of change and materiality criteria
16:00-16:15	break
16:15 – 18:00	Collecting outcomes data: subjective and objective indicators, wellbeing and how it can be measured

END OF DAY 1

DAY 2 – SROI analysis – stages 4-6. SROI reporting: assurance and accreditation. Embedding SROI.

Discuss specific SROI aspects such as deadweight, attribution, displacement, drop-off that need to be accounted for not to overclaim impact. Participants will learn how they can be measured and draft the questionnaires for quantitative data collection. A separate session will discuss valuation and its meaning for SROI. By the end of the day participants will finish working on the draft impact map for MPDP and calculate SROI for the programme.

In the final part of the training participants will review examples of SROI reports, discuss assurance and accreditation. Besides, attention will be paid to embedding impact measurement and management in the organisations.

Timing for Day 2:

10:00 – 11:30	Reflections and questions on Day 1 Valuation and proxies
11:30 – 11:45	break
11:45 – 13:30	Do not overclaim: deadweight, attribution and displacement
13:30 – 14:30	lunch
14:30 – 16:00	Calculating SROI: payback period, social discount
16:00-16:15	break
16:15 – 18:00	Conclusions and further planning: data collection, valuation, reporting

END OF DAY 2

List of participants

No	Organisation	Participant(s)' position(s)
1	Volgograd Jewish Community Center	Head of the Center
2	Star Port Foundation, V.Novgorod	Head of the Foundation
3	Novocherkassk Center for Social Services	Project Coordinator
4	Demyansk Center for Social Services	Director
5	Siberian Center for Social Development, Kurgan	Director Specialist in biographic work
6	Harmony, Saint-Petersburg	Head of Organisation Project coordinator
7	The CAF Charitable Foundation for Philanthropy Development	Programme Director Programme Manager Programme Administrator

Annex 2

FOCUS GROUP GUIDE – TG 1 AND 2

Hello!

I am happy to meet you here today, thank you very much for agreeing to talk to me, this conversation will definitely be very important and interesting for me. Hopefully for you as well. My name is _____. I manage 'Meeting Place: Dialogue' program at CAF Russia, and today, I would like to talk to you about _____ and _____ projects, in which you have participated. Mostly I would like to focus on what changed in your life thanks to these projects, and who else was impacted.

I expect that our conversation won't take more than an hour and a half. This meeting is not intended as a test, there are no right or wrong answers. It is important for me to hear your opinions and ideas about the project in order to understand how to change it for the better for you and new projects participants.

If you don't mind, I would like to record our conversation. In this way, I won't miss any important information and neither will I be distracted during the conversation while writing things down. We are going to talk to many people and if we don't keep record of every conversation, important insights may be lost.

If you have no objections, let's get started. First, I would like to get to know you better:

1. Please tell me about yourself. What is your name? How old are you? Do you live alone or with someone else? How long have you been participating in the project?
2. How did you find out about the project and why did you decide to take part in it?
3. What were your expectations from the project? Have these expectations been met? Please clarify.

Please tell me more about the project:

4. What did you enjoy the most about it? Why?
5. Did you have any difficulties in the course of the project? Please, specify. Did any other participants have any difficulties?
6. What has changed for you personally/in your life as a result of your participation in the project? What changes are the most significant for you?
7. In your opinion, other project participants have experienced the same or different changes and outcomes? Why do you think so?
8. If the project comes to an end, would these changes persist or disappear? Would they last for long?
9. Did you expect to experience all these changes? Did anything unexpected happen to you in the course of the project? Please tell me more about it.
10. What would you do if you weren't involved in the project? Are there other places nearby where it is possible to get the same services for free, communicate, etc.? Are there any paid services?

We believe that although the project is very important, it is not the only factor of change in your life.

11. Who/what else has influenced your life and contributed to these changes?
12. Who else, apart from you, has been impacted by the project (for example friends and family members, volunteers, employees of the organization and the organization itself, etc.)?
13. What do you like most about the project? What would you like to change?

FOCUS GROUP GUIDE – RELATIVES

Hello!

I am happy to meet you here today, thank you very much for agreeing to talk to me, this conversation will definitely be very important and interesting for me. Hopefully for you as well. My name is _____. I manage 'Meeting Place: Dialogue' program at CAF Russia, and today, I would like to talk to you about _____ and _____ projects, in which you have participated. Mostly I would like to focus on what changed in your life thanks to these projects, and who else was impacted.

I expect that our conversation won't take more than an hour and a half. This meeting is not intended as a test, so there are no right or wrong answers. It is important for me to hear your opinion and ideas about the project in order to understand how to change it for the better for you and new projects participants.

If you don't mind, I would like to record our conversation. In this way, I won't miss any important information and neither will I be distracted during the conversation while writing things down. We are going to talk to many people and if we don't keep record of every conversation, important insights may be lost.

If you have no objections, let's get started. First, I would like to get to know you better:

1. Please tell me about yourself. What is your name? For how long have you been engaged in the project?
2. How did you find out about the project and why did you decide to take part in it?
3. What were your expectations from the project? Have these expectations been met? Please clarify.

Please tell me more about the project:

4. What did you enjoy the most about it? Why?
5. Did you have any difficulties in the course of the project? Please, specify. Did any other participants have any difficulties?
6. What has changed for you personally/in your life as a result of your participation in the project? What changes are the most significant for you?
7. Have you noticed changes in your family members who take part in the project?
8. If the project comes to an end, would these changes persist or disappear? Would they last for long?
9. What would you do if you weren't involved in the project? Are there other places nearby where it is possible to get the same services for free, communicate, etc.? Are there any paid services?

We understand that although the project is very important, it is not the only factor of change in your life.

10. Who/what else has influenced your life and contributed to these changes?
11. Who else, apart from you, WAS impacted by the project (for example friends and family members, volunteers, employees of the organization and the organization itself, etc.)?

FOCUS GROUP GUIDE – VOLUNTEERS

Hello!

I am happy to meet you here today, thank you very much for agreeing to talk to me, this conversation will definitely be very important and interesting for me. Hopefully for you as well. My name is _____. I manage 'Meeting Place: Dialogue' program at CAF Russia, and today, I would like to talk to you about _____ and _____ projects, in which you have participated. Mostly I would like to focus on what changed in your life thanks to these projects, and who else was impacted.

I expect that our conversation won't take more than an hour and a half. This meeting is not intended as a test, so there are no right or wrong answers. It is important for me to hear your opinion and ideas about the project in order to understand how to change it for the better for you and new projects participants.

If you don't mind, I would like to record our conversation. In this way, I won't miss any important information and neither will I be distracted during the conversation while writing things down. We are going to talk to many people and if we don't keep record of every conversation, important insights may be lost.

If you have no objections, let's get started. First, I would like to get to know you better:

1. What is your name, how did you find out about the project, and why did you decide to participate in it?
2. What are you responsible for in the project, how long have you been participating in the project. What is it that you specifically do in the project?
3. What would you do if you weren't participating in the project? Are there other volunteering opportunities in your university/town? Have you tried them out? What is your experience in this respect?
4. When you decided to participate in the project, what were your expectations? Have these expectations been met? Please clarify.
5. Did you have any expectations, that haven't been met?

Please tell me more about the project:

6. What has changed for you personally/in your life as a result of your participation in the project? What changes are the most significant for you?
7. In your opinion, were these changes the same for all project volunteers? Why do you think so?
8. What have you enjoyed most about the project? Why?
9. Have you had any difficulties in the course of the project? Please, clarify. Have other volunteers had any difficulties?
10. How do your parents/family members/friends feel about your volunteering activities?
11. Did something unexpected happen to you in the course of the project? Please tell me more about it.
12. If you interact with the TG, what changes have you noticed in them?
13. If the project comes to an end, would these changes persist or disappear? Would they last for long?

We believe that although the project is very important, it is not the only factor of change in your life.

14. Who/what else has influenced your life and contributed to these changes?
15. Who else, apart from you, has been impacted by the project (e.g. friends and family members, volunteers, employees of the organization and the organization itself, etc.)?
16. What do you like most about the project? What would you like to change?

FOCUS GROUP GUIDE – SPECIALISTS

Hello!

I am happy to meet you here today, thank you very much for agreeing to talk to me, this conversation will definitely be very important and interesting for me. Hopefully for you as well. My name is _____. I manage 'Meeting Place: Dialogue' program at CAF Russia, and today, I would like to talk to you about _____ and _____ projects, in which you have participated. Mostly I would like to focus on what changed in your life thanks to these projects, and who else was impacted.

I expect that our conversation won't take more than an hour and a half. This meeting is not intended as a test, so there are no right or wrong answers. It is important for me to hear your opinion and ideas about the project in order to understand how to change it for the better for you and new projects participants.

If you don't mind, I would like to record our conversation. In this way, I won't miss any important information and neither will I be distracted during the conversation while writing things down. We are going to talk to many people and if we don't keep record of every conversation, important insights may be lost.

If you have no objections, let's get started. First, I would like to get to know you better:

1. Tell me please what is your name and how long have you been working on the project
2. What is your role in the project?
3. How did you find out about the project and why did you decide to participate?
4. Did you have any professional or personal expectations from participating in the project? Have these expectations been met? Please specify.

Please tell me more about the project:

5. What aspects of the project were the most important/interesting/pleasant for you? Why?
6. Did you have any difficulties while implementing the project? Please, tell me about in detail.
7. What has changed for you personally/professionally as a result of participating in the project? What changes were the most significant for you?
8. In your opinion, other project participants had the same results or something might have happened differently to them? Why do you think so?
9. If the project comes to an end, would these changes persist in your life?
10. Has anything unexpected happened to you in the course of the projects (e.g. while working with project participants or in the team, while communication with partners/family members)? Please, explain.
11. What kind of changes have you noticed in the course of the project in the TG/their family members, someone else impacted by the project? What were these changes all about, were they planned? Please explain.
12. Has anything unpleasant happened with the project participants or their family members? Have everyone enjoyed the project?
13. What did you like most about the project? What would you like to change in it?

FOCUS GROUP GUIDE – PARTNER ORGANISATIONS

Hello!

I am happy to meet you here today, thank you very much for agreeing to talk to me, this conversation will definitely be very important and interesting for me. Hopefully for you as well. My name is _____. I manage 'Meeting Place: Dialogue' program at CAF Russia, and today, I would like to talk to you about _____ and _____ projects, in which you have participated. Mostly I would like to focus on what changed in your life thanks to these projects, and who else was impacted.

I expect that our conversation won't take more than an hour and a half. This meeting is not intended as a test, so there are no right or wrong answers. It is important for me to hear your opinion and ideas about the project in order to understand how to change it for the better for you and new projects participants.

If you don't mind, I would like to record our conversation. In this way, I won't miss any important information and neither will I be distracted during the conversation while writing things down. We are going to talk to many people and if we don't keep record of every conversation, important insights may be lost.

If you have no objections, let's get started. First, I would like to get to know you better:

1. Please tell me what is your name, what organization do you represent?
2. For how long have you been working with the project?
3. What role do you play as a partner/participant in the project? What do you do exactly?
4. How did you find out about the project and why did you decide to participate in it?
5. Did you have any expectations from your participation in the project? Have they been met? Please, clarify.

Please tell me more about the project:

6. Which aspects of the project were the most important/interesting/pleasant for you? Please explain why?
7. Did you have any difficulties in the course of the project? Please clarify.
8. What has change for your organization as a result of participating in the project? What changes are the most important for you?
9. If the project comes to an end, would these changes in your work persist? For how long?
10. Do you have partnerships with any other social projects? How is it different from your partnership with this project?

Annex 3

QUESTIONNAIRE – TARGET GROUPS

Dear friend!

You participate in _____ project in the framework of 'Meeting Place: Dialogue' program. And we would like to know how this project has impacted your life.

For this, please respond the questions below. Please try to recall your life before you have started to participate in the project and evaluate how (or whether) this project has impacted your life. We will ask you questions on different types of changes and how the project has impacted them. There are no right or wrong answers, please, find the answer that best represents your opinion.

This poll is absolutely anonymous, all answers will be used only in an aggregated form. What we need is to understand how we can make this project better for you and its other participants.

Do you agree to fill in the questionnaire? YES NO

1. GENERAL INFORMATION (to be filled in by the employee of an organization/a volunteer)

1.1. Gender M F

1.2. Age _____ years old

1.3. When did the person start to participate in the project (please specify a month and a year)

_____20____

1.4. Who the person lives with?

- alone
- with a spouse
- with children
- with other family members
- other (please clarify) _____

STARTING FROM Q. No. 1.5. THE TG REPRESENTATIVE HIM/HERSELF ANSWERS THE QUESTIONS

1.5. Have you heard about _____ project? YES NO

2. YOUR MOOD AND VITALITY

2.1. How did your vitality change in the last year?

- It became much better
- It became slightly better
- It didn't change
- It became slightly worse
- It became much worse

Please explain your answer

2.2. How did your mood change in the last year?

- It became much better
- It became slightly better
- It didn't change
- It became slightly worse
- It became much worse

Please explain your answer

- 2.3. To what extent is this related to your participation in the project (with the fact that you come here/that a social worker/volunteer visits you at home)?
- Very strongly related
 - Strongly related
 - Medium related
 - Nearly unrelated
 - Completely unrelated

3. YOUR ACTIVITY AND MOTIVATION

- 3.1. How did your physical activity change in the last year?
- I am much more active
 - I am more active
 - It didn't change
 - I am less active
 - I am much less active

Please explain your answer

- 3.2. To what extent is this related to your participation in the project (with the fact that you come here/that a social worker/volunteer visits you at home)?
- Very strongly related
 - Strongly related
 - Medium related
 - Nearly unrelated
 - Completely unrelated

4. YOUR SOCIAL CIRCLE

- 4.1. In the last year, your relations with your family members became:
- Much better
 - Better
 - Didn't change / Remained the same
 - Worse
 - Much worse
 - I don't have any family members

Please explain your answer

- 4.2. How do your family members feel about your participation in the project (that you come here/that a social worker/volunteer visits you at home)?
- Negatively
 - Neutrally
 - Positively

- 4.3. How did your social circle change in the last year?

- It became much broader: many new friends
- It became broader: 1-2 new friends
- It didn't change
- It became smaller
- It became much smaller

- 4.4. How often did you communicate with friends and acquaintances in the last year?

- Much more often than before
- More often than before
- The same as before
- Less often than before
- Much less often than before

4.5. To what extent is this related to your participation in the project (with the fact that you come here/that a social worker/volunteer visits you at home)?

- Very strongly related
- Strongly related
- Medium related
- Nearly unrelated
- Completely unrelated

4.6. Did you have conflicts with other project participants?

- YES, often
- YES, there were several conflict situations
- NO

4.7. How comfortable did you feel after participating in group events?

- Very comfortable
- Rather comfortable
- Rather uncomfortable
- Very uncomfortable

Your comment:

4.8. In your opinion, will you continue communicating with your new acquaintances, if there are no general meetings and events?

- We will definitely stay in touch
- We will be communicating when there is a chance
- Most likely, we will stop communicating

5. YOUR EXPENSES

5.1. In your opinion, have your participation in the project (the fact that you come here/that a social worker/volunteer visits you at home) contributed to having more personal savings and receiving some additional help and benefits?

- No
- Rather no
- Neither no, nor yes
- Rather yes
- Yes

Please comment on your answer:

5.2. Have you incurred new expenses in connection with your participation in the project?

- No
- Rather no
- Neither no, nor yes
- Rather yes
- Yes

Please comment on your answer:

5.3. If you can, please indicate here the approximate amount of savings/costs in rubles

MONTHLY AVERAGE

Savings _____

Costs _____

THE FOLLOWING QUESTIONS ARE PURELY THEORETICAL, THERE WILL BE NO CHANGES, YOU WILL STILL RECEIVE AID FOR FREE. BUT WE JUST NEED TO UNDERSTAND IF THIS AID IS VALUABLE FOR YOU

5.4. Would you participate in the project events if they were paid?

- Definitely yes
- I think yes
- I think not
- Definitely not

5.5. What is the maximum amount of money you ready to pay per one event? RUB _____

5.6. Imagine that the participants received a monetary compensation instead of project events. What is the minimal compensation that you would be ready to get for not having those events, if it were provided for?
RUB _____

YOUR EXPECTATIONS FROM THE PROJECT

Please evaluate whether your personal expectations from participating in the project have been met:

- They have been completely met
- They have been met partially
- They haven't been met
- Not at all

You may write down a comment if you'd like to

QUESTIONNAIRE – RELATIVES

Dear friend!

Your elderly family member is taking part in one of the projects in the framework of 'Meeting Place: Dialogue' program. We would like to ask you how this project impacted his/her life.

For this, please respond the questions below. Please try to recall your life before you started to participate in the project and evaluate how (or whether) this project has impacted your life and the life of your family member. We will ask you questions on different types of changes and on how the project impacted them. There are no right or wrong answers, please, find the answer that best represents your opinion.

This survey is anonymous, all answers will be used only in an aggregated form. We need to understand how we can make this project better for you and other participants.

1. Have you ever participated in any project events together with your family member or without him/her?
 - I haven't participated
 - I have participated once or twice
 - I have frequently participated
 - I know nothing about 'Meeting Place: Dialogue' program
2. How did you feel about your family member participating in the project?
 - Negatively
 - Rather negatively
 - Neutrally
 - Rather positively
 - Positively
3. What mood were you in before your relative started to participate in the project?
 - Very bad
 - Rather bad
 - Normal
 - Rather good
 - Very good
4. How did your mood change when your family member started to participate in the project?
 - It became much better
 - It became slightly better
 - It didn't change
 - It became slightly worse
 - It became much worse
5. Has your idea of your opportunities/duties towards your family member changed in connection with the project?
 - I've started to feel much better
 - I've started to feel a little better
 - I haven't noticed any changes
 - I've started to feel a little worse
 - I've started to feel much worse
6. How did your knowledge and skills in terms of communicating with your elderly family member change in connection with your participation in the project?
 - They became much broader
 - They became slightly broader
 - They didn't change
 - They became slightly smaller
 - They became much smaller
7. How did your communication with your elderly family member change in the course of participating in the project?
 - It became much better
 - It became slightly better
 - It didn't change
 - It became slightly worse
 - It became much worse
8. How did your relations with your elderly family member change in the course of participating in the project?
 - They became much better
 - They became slightly better
 - They didn't change
 - They became slightly worse
 - They became much worse
9. You started to have positive emotions from communicating with your family member in the course of the project:
 - Much less often
 - Slightly less often
 - The same amount as before
 - Slightly more often
 - Much more often

10. How did your free time change in connection with the project? During the project you had:
- Much more free time
 - Slightly more free time
 - The same amount of free time
 - Slightly less free time
 - Much less free time
11. After participating in the project, you started to involve other family members in caring for the elderly family member in order to reduce your workload...
- Much less often
 - Slightly less often
 - With the same frequency as before
 - Slightly more often
 - Much more often
12. To what extent were your expectations from the project met?
- Completely
 - Partially
 - My expectations weren't met
 - Not at all

Please clarify:

13. How have your family spending changed with the start of your family member participation in the project?
- Decreased a lot
 - Slightly decreased
 - Hasn't changed
 - Slightly increased
 - Increased a lot
14. Please indicate the approximate amount of costs/savings per month in connection with the project, according to your estimates:
RUB _____
15. To what extent all changes listed above are related with your family member participation in the project of 'Meeting Place: Dialogue' program?
- Very strongly related
 - Strongly related
 - Medium related
 - Slightly related
 - Completely unrelated

Please comment on your answer:

Please fill in the following questionnaire on how you assess the changes for your elderly family member.

There are no right or wrong answers, please, find the answer that best represents your opinion.

6. **MOOD & WELL-BEING**

6.1. How did the well-being of your family member change in the last year?

- It became much better
- It became slightly better
- It didn't change
- It became slightly worse
- It became much worse

6.2. How did the mood of your family member change in the last year?

- It became much better
- It became slightly better
- It didn't change
- It became slightly worse
- It became much worse

6.3. To what extent, in your opinion, is this related to the participation of your family member in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

Please comment on your answer:

7. ACTIVITY & MOTIVATION

7.1. How did the physical activity of your family member change in the last year?

- He/she became much more active
- He/she became slightly more active
- It didn't change
- He/she became slightly less active
- He/she became much less active

7.2. To what extent is this related to the participation of your family member in the project in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

Please clarify:

8. SOCIAL NETWORKS

8.1. How did your family member's social networks change in the last year?

- became much broader (many new friends)
- became broader (from 1 to 2 new friends)
- didn't change
- became more narrow
- became much narrower

8.2. How often did your family member communicate with his/her friends and acquaintances?

- Much more often
- Rather more often
- As usual
- Slightly less often
- Much less often

8.3. To what extent is this related to the participation of your family member in the project in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

Please clarify:

16. To what extent, in your opinion, the expectations of your family member from participation in the project have been met?

- Completely
- Partially
- Expectations haven't been met
- Not at all

QUESTIONNAIRE – VOLUNTEERS

Dear friend!

You have received this questionnaire due to your participation in _____ project in the framework of 'Meeting Place: Dialogue' program. We would like to know how this project has impacted your life. For this, please respond the questions below. Please try to recall your life before you have started to participate in the project and evaluate how (or whether) this project has impacted your life. There will ask you questions on different types of changes and how the project has impacted them. There are no right or wrong answers, please, find the answer that best represents your opinion.

This poll is absolutely anonymous, all answers will be used only in an aggregated form. What we need is to understand how we can make this project better for you and its other participants.

Would you like to fill in the questionnaire? YES NO

9. General information

- 9.1. Gender M F
- 9.2. Age _____ years old
- 9.3. When did you start to participate in the project? (please, specify year and month)
_____ 20_____

10. Recently your social circle has:

- Expanded significantly
- Expanded slightly
- Not changed
- Narrowed slightly
- Narrowed significantly

10.1. If your social circle has expanded, how do you see this change? Do you see it as a:

- Very positive change
- Mostly positive change
- Absolutely insignificant change
- Mostly negative change
- Absolutely negative change

11. To what extent are these changes related to your participation in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

12. How has your attitude towards older people and their personality traits changed recently? It became:

- Much better
- Slightly better
- Hasn't changed
- Slightly worse
- Much worse

12.1. Recently you have started to argue with your elderly relatives/people on the street:

- Much more often
- More often, than before
- Without change, as much as before
- Less often than before
- Much less often

13. To what extent are these changes related to your participation in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

14. Recently you have been communicating with your grandmothers/grandfathers/elderly relatives:

- Much more often than before
- Slightly often than before
- Without change
- Slightly less often than before
- Much less often than before

14.1. Could you say that this communication has become:

- Much better
- Slightly better
- Hasn't changed
- Slightly worse
- Much worse

15. To what extent are these changes related to your participation in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

16. Recently your attitude towards old age became:

- Significantly more positive
- Slightly more positive
- Hasn't changed
- Slightly more negative
- Significantly more negative

16.1. If your attitude towards old age has changed, please check **all** options that correspond to your opinion and add your options of something is missing in your opinion:

- I am no longer frightened of old age
- I have started to better understand and accept elderly people
- Now, I am less annoyed by such traits of older people as slowness, forgetfulness, etc.
- I have started to feel compassion towards grandmas and granddads, I want to help and support them
- I have understood that they might be interested to talk with
- I have understood that they are interesting people
- Our option: _____

17. To what extent are these changes related to your participation in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

18. It is important for all of us to feel that what we do is important and necessary for other people. Has this feeling changed when you started to participate in the project and if so, in what way?

- It increased significantly
- It increased slightly
- It hasn't changed
- It decreased slightly
- It decreased significantly

19. Do you agree that volunteering helps to cope with personal issues and worries?

- Yes, I absolutely agree
- I am more likely to agree than to disagree
- I am more likely to disagree than to agree
- I'm not sure

19.1. Have there been situations in your life when volunteering helped you or someone you know to solve personal issues?

- Yes, in some way or another it happens all the time
- I think so, there have been several such situations
- No, I don't remember such stories
- On the contrary, volunteering may sometimes negatively affect a person's life
- Definitely not, I have seen how volunteering impedes people and creates problems with their close ones

20. Recently, your attitude towards and perception of volunteering has become:

- Much better
- Better
- Hasn't changed
- Worse
- Much worse

21. Recently you have had a desire to stop volunteering:

- Much more often than before
- More often than before
- The same amount as before

- Less often than before
- Much less often than before

22. How do you evaluate project outcomes?

- Excellent
- Good
- Satisfactory
- Bad
- Very bad

23. How do you evaluate your work in the framework of the project?

- Excellent
- Good
- Satisfactory
- Bad
- Very bad

Please comment on your answers to the two previous questions:

24. Recently you have communicated with your old friends/acquaintances:

- Much more often than before
- Rather more often than before
- The same amount as before
- Slightly less often than before
- Much less often than before

24.1. Could you say that this communication has become:

- Much better
- Slightly better
- Hasn't changed
- Slightly worse
- Much worse

25. You have disputes/arguments on the topic of volunteering:

- Much more often than before
- Quite often
- As often as with other topics
- Much less often than before
- Basically never

26. To what extent are these changes related to your participation in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

27. Would you be able to get the same results for yourself in another project/while engaging in another activity?

- Definitely not
- Probably not
- Probably yes
- Definitely yes

Please comment on your answer:

Please fill in the following questionnaire on how you assess the changes among the project participants with whom you interact.

There are no right or wrong answers, please, find the answer that best represents your opinion.

28. MOOD & WELL-BEING OF THE TARGET GROUP REPRESENTATIVES

28.1. How did the well-being of the TG representatives change in the last year?

- It became much better
- It became slightly better
- It didn't change
- It became slightly worse
- It became much worse

28.2. How did the mood of the TG representatives change in the last year?

- It became much better
- It became slightly better
- It didn't change
- It became slightly worse
- It became much worse

28.3. To what extent, in your opinion, is this related to the participation of the TG representatives in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

Please comment on your answer:

29. ACTIVITY AND MOTIVATION OF THE TG REPRESENTATIVES

29.1. How did the physical activity of the TG representatives change in the last year?

- They became much more active
- They became slightly more active
- It didn't change
- They became slightly less active
- They became much less active

29.2. To what extent is this related to the participation of the TG representatives in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

Please, comment on your answer:

30. SOCIAL CIRCLE OF THE TG REPRESENTATIVES

30.1. In the last year, the relations of the TG representatives with their relatives:

- Became much better
- Became better
- Didn't change
- Became worse
- Became much worse

30.2. How do the relatives of the target group participants generally feel about their engagement in the project?

- Negatively
- Mostly negatively
- Neutrally
- Mostly positively
- Positively

30.3. How did the social circle of the TG representatives, with whom you worked, generally change in the last year?

- It became much broader (many new friends)
- It became broader (from 1 to 2 new friends)
- It didn't change
- It became smaller
- It became much smaller

30.4. How often did the TG representatives, with whom you worked, communicate with their friends and acquaintances in the last year?

- Much more often
- Rather more often
- As usual
- Slightly less often
- Much less often

30.5. To what extent is this related to the participation of the TG representatives in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

Please, comment on your answer:

30.6. Have you ever observed/resolved conflicts between project participants?

- YES, often
- YES, there have been several conflict situations
- NO

30.7. How comfortably, do you think, the TG representatives feel themselves after participating in group activities?

- Very comfortably
- Rather comfortably

- Rather uncomfortably
- Very uncomfortably

PROJECT EXPECTATIONS

31. Please indicate to what extent, in your opinion, the expectations of the TG representatives from participation in the project have been met:

- Completely
- Partially
- Expectations haven't been met
- Not at all

QUESTIONNAIRE – SPECIALISTS

Dear colleagues!

You are participating in the _____ project in the framework of 'Meeting Place: Dialogue' program. We would like to know what kind of changes (if any) you and your wards have undergone in the course of the project.

For this, we would like to ask you to fill in the questionnaire below. Please, try to remember your life and your ward's life before the start of the project and evaluate how different aspects of your life and work have changed and have been impacted by the project.

This is not a knowledge test and neither it is an assessment of the success of the project. It is important for us to get the most objective picture of changes and see how the project impacts them. There are no right or wrong answers, please, find the answer that best represents your opinion.

Do you agree to feel in the questionnaire? YES NO

1. **Gender** _____ M F
2. **Age** _____ years old
3. **When did you begin to participate in the project?** _____ (please, specify year and month)

Work-related changes

4. Do you notice any changes in your professional activity in connection with your participation on the project?

- Significant positive changes
- Somewhat positive changes
- No changes
- Somewhat negative changes
- Significant negative changes

5. Could you say that you have recently gained new professional knowledge and experience that will be useful to you in the future?

- Definitely yes and in connection with the project
- Yes, but it is unrelated to the project
- Yes, but I doubt that it will be useful for me in the future
- No

6. How has your attitude towards older people and their personality traits changed recently? Has it become:

- Much better
- A little better
- The same as before
- A little worse
- Much worse

7. Recently you have started to argue with your elderly relatives/people on the street:

- Much more often
- More often than before
- With the same frequency as before
- Less often than before
- Much less often

8. Recently you have been feeling that you are generally satisfied with your job:

- Much more often
- A little more often
- The same amount
- Slightly less often
- Much less often

9. Recently you have been feeling a desire to change your job or have negative feelings towards your colleagues and wards:

- Much more often than before
- Rather more often than before
- The same as usual
- Rather less often than before
- Much less often than before

10. Recently you have had _____ join events, professional contacts, joint activities with professionals from other organizations, institutions and entities:

- Much more
- A little more
- The same amount
- A little less
- Much less

11. In your opinion, does the work on the project impact your professional activities?

- It does so very much and in a positive way
- It does so rather positively
 - It does not
- It does rather negatively
- It does so quite negatively

12. Compared with the time of the start of the project, your experience in the field of fundraising:

- Is now positive and has increased a lot
- Is now positive and has increased slightly
- Hasn't changed
- I now have negative experience
- After participating in the project, I understand that I definitely don't want to do it

13. Did you have to stay at work after business hours or work during weekends in the course of the project?

- Significantly more often than before
- Slightly more often than before
- With the same frequency
- Less often than before
- Much less often than before
- I didn't have to

14. How do you evaluate project outcomes?

- Excellent
- Good
- Satisfactory
- Bad
- Terrible

15. How do you evaluate your work on the project?

- Excellent
- Good
- Satisfactory
- Bad
- Terrible

16. Please, rate your personal satisfaction with the project outcomes on a scale from 1 to 5, where 1 is not at all satisfied and 5 is completely satisfied:

17. Would you like to continue working with this target group?

- Yes, of course
- Rather yes, than no
- It doesn't matter to me which group to work with
- Rather no, than yes
- Definitely not

18. To what extent are all above listed changes related with your participation in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

19. Could you get the same results for yourself in another project/doing other activity?

- Definitely not
- More likely not, than yes
- More likely yes, than not
- Definitely yes

Please, comment on your answer:

Please fill in the following questionnaire on how you assess the changes among the project participants with whom you interact.

There are no right or wrong answers, please, find the answer that best represents your opinion.

32. MOOD & WELL-BEING OF THE TARGET GROUP REPRESENTATIVES

32.1. How did the well-being of the TG representatives change in the last year?

- It became much better
- It became slightly better

- It didn't change
- It became slightly worse
- It became much worse

32.2. How did the mood of the TG representatives change in the last year?

- It became much better
- It became slightly better
- It didn't change
- It became slightly worse
- It became much worse

32.3. To what extent, in your opinion, is this related to the participation of the TG representatives in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

33. ACTIVITY AND MOTIVATION OF THE TG REPRESENTATIVES

33.1. How did the physical activity of the TG representatives change in the last year?

- They became much more active
- They became slightly more active
- It didn't change
- They became slightly less active
- They became much less active

33.2. To what extent is this related to the participation of the TG representatives in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related
- Completely unrelated

Please, comment on your answer:

34. SOCIAL CIRCLE OF THE TG REPRESENTATIVES

34.1. In the last year, the relations of the TG representatives with their relatives:

- Became much better
- Became better
- Didn't change
- Became worse
- Became much worse

34.2. How do the relatives of the target group participants generally feel about their engagement in the project?

- Negatively
- Mostly negatively
- Neutrally
- Mostly positively
- Positively

34.3. How did the social circle of the TG representatives, with whom you worked, generally change in the last year?

- It became much broader (many new friends)
- It became broader (from 1 to 2 new friends)
- It didn't change
- It became smaller
- It became much smaller

34.4. How often did the TG representatives, with whom you worked, communicate with their friends and acquaintances in the last year?

- Much more often
- Rather more often
- As usual
- Slightly less often
- Much less often

34.5. To what extent is this related to the participation of the TG representatives in the project?

- Very strongly related
- Strongly related
- Medium related
- Slightly related

- Completely unrelated

34.6. Have you ever observed/resolved conflicts between project participants?

- YES, often
- YES, there have been several conflict situations
- NO

34.7. How comfortably, do you think, the TG representatives feel themselves after participating in group activities?

- Very comfortably
- Rather comfortably
- Rather uncomfortably
- Very uncomfortably

PROJECT EXPECTATIONS

35. Please indicate to what extent, in your opinion, the expectations of the TG representatives from participation in the project have been met:

- Completely
- Partially
- Expectations haven't been met
- Not at all

Please clarify...

Annex 4

VALUATION – ANCHORING

Target group

Outcome	Proxy, RUB	Weights*
Savings (anchor value from questionnaire)	14,992.40	22%
Activity and motivation	18,740.50	28%
Socialization	37,481.00	55%
Relationships with relatives	44,977.20	66%
Individual wellbeing	67,465.80	99%

Relatives

Outcome	Proxy, RUB	Weights*
Individual wellbeing	13,117.50	17%
Resilience	52,470.00	66%
Free time	17,490.00	22%
Savings/extra income (anchor value from questionnaire)	17,490.00	22%

Volunteers

Outcome	Proxy, RUB	Weights*
Social networks (anchor value – average cost of personality development course in Russia³⁰)	5,000.00	95%
Relationships with older people	3,473.68	66%
Sense of meaning and purpose	4,684.21	89%
Emotional burnout	4,157.89	79%
Relationships with family and friends	5,157.89	98%

Specialists

Outcome	Proxy, RUB	Weights*
Professional growth (anchor value – average cost of advanced training courses in social work/rehabilitation)³¹	3,425.00	39%
Job satisfaction	5,796.15	66%
Relationships with older people	5,796.15	66%
Professional burnout	6,937.82	79%

*Weights are calculated based on a survey by WCIOM (All-Russian Center for Research of Public Opinion)

³⁰ <http://www.regorg.ru/goods/treningi-lichnostnogo-rosta/page2.htm>

³¹ https://верити.рф/okazanie_pomoshchi_pozhilym
<https://www.mzpo.education/obuchenie/povyshenie-kvalifikacii-socialnyh-rabotnikov/tehnologiya-socialnoj-raboty-s-pozhilymi-lyudmi>
<https://nizhnijnovgorod.expert123.ru/sotsialnaya-rabota-i-psihologiya/>
<https://samara.ucheba.ru/for-specialists/courses/samarskaya/professionalnaya-perepodgotovka/social-management>

Annex 5

State Benefits and Support System for Victims of National Socialism in the Russian Federation

The state support system for the elderly including the main target group of 'Meeting Place: Dialogue' program includes in the Russian Federation all of the following for all women over 60; and men over 65:

- Pension payments upon reaching retirement age. The size of the pension is calculated based on a number of indicators and criteria and includes additional allowances for certain categories of pensioners (disabled people, residents of besieged Leningrad, labor veterans, home front workers, etc.);
- The system of compulsory health insurance;
- Benefits for travel, utility bills, purchase of medicines, etc. (these benefits vary from one region to another, depending on the status of the person, e.g. disabled, labor veteran, etc.).

The main burden of caring for the elderly lies with the Integrated Centers for Provision of Social Services to the Population. As a rule, such centers in every district offer a fairly wide range of services for the elderly, including: emergency social assistance, psychological services, day care centers, help with the paperwork, issuance of certificates, and include social rehabilitation units for the elderly citizens.

The social support system is built on application basis and is not completely free of charge. Meaning that the elderly person must him/herself or through a legal representative contact the Integrated Center and go through the bureaucratic registration procedure, and only then he/she will be assigned a social worker or provided other services. All representatives of TG have the right to be served by a social worker due to their age and status. However, not all people in need actually receive such services. The priority is given to those who live alone and are unable to serve themselves on their own, or get help from other sources. Therefore, it is possible to receive services from a social worker for free only if the person's income is below the minimum subsistence level; in other cases, the person must pay for these services him/herself. Additionally, not all the real needs of the target group are met by the services provided by the state.

Integrated Centers offer unified care services to all their clients. Elderly people may be divided into different groups by age, disability types, mental state or physical state. The status of being a victim of National Socialism does not in any way impact the provision of the service. State social services do not implement any work with trauma and the consequences of the prisoner experience during the Second World War.

More often than not, communication is also excluded from the interaction of the social worker and the client, or it is simplified to the exchange of necessary information.

In several large cities (Moscow, St. Petersburg), 'Active Longevity' state program has been implemented since 2018. The program provides free leisure activities for people who have reached retirement age. The program is designed for active pensioners and does not imply a differentiated approach to people aged 55+ and 80+. Thus, we cannot honestly say that the program directly impacts the quality of life of our target group. Still it is quite significant that such programs aimed at supporting the elderly started to appear at the state level.

The main difficulties faced by an elderly person pertaining to TGs (and, accordingly, of a very old age) are as follows:

- inability to use the minimum services due to him/her from the state, because the system requires a lot of bureaucratic procedures; in many regions the queues for entering day

care centers are very long; many state institutions are supposed to provide different types of services, but in reality, have no professional personnel;

- lack of a differentiated approach to the elderly in the state system (and, accordingly, lack of an adequate methodology and human resources). Younger pensioners are offered traditional leisure activities, such as crafts, public events, and sports activities. Older people can get only household services provided by a social worker.

Non-medical support for people aged 75+ is provided only by NGOs or those state centers that attract additional resources thus expanding the scope of their core activities.

It should be noted that in the Russian non-profit sector, supporting the elderly is the direction that began to develop in 2008 and has now become quite popular among donors. However, the programs and projects funded by the majority of donors are aimed at supporting the activity of younger pensioners, developing volunteering programs among them, etc.

Non-medical support to the elderly within the non-profit sector is traditionally provided only by heseds, who have methodological and human resources for such work. Therefore, for now, it is too early to talk about the existence of state or non-profit support system for the elderly in the Russian Federation.

Annex 6

This Annex provides information on additional monetary aid and savings/income for TG provided by different projects within MPDP. It is not exhaustive but gives the idea of the kind of assistance provided to older people in accessing benefits and support from various sources.

Activity	Number of TG representatives	Economic outcome	Monetary estimate of the outcome, RUB
Name of organization	Center for Sustainable Development of Pskov Region		
Cleaning and homecare	25	25 people got free cleaning and social assistance services including assistance in accessing social support from the state	15,000
Legal counseling	22	22 legal consultations	11,000
Lectures	54	6 lectures in 5 districts of the region	6,000
Workshops	177	10 workshops	35,400
Photoshoot	36	Photos for participants were printed	7,200
Psychological assistance over phone	59	Psychological support for fragile participants	4,500
Total	79,100		
Name of organization	Red Cross Velikie Luki		
Assistance in applying for support with food and domestic supplies from the local Center for Social Services	2	Agreements made for provision of social support	48,000
Anti- fraud training	110	One of the participants received a fraudulent call from people who wanted to make her pay RUB 50,000 to save her son from prison. She was aware and alert, so did not follow the instructions and called her son and the police instead	50,000 as avoided loss
Total	98,000		
Name of organization	Novgorod Red Cross		
Legal consultations of applying for commodity benefits	17	5 people applied successfully, 2 successfully registered their property right for the flats	21,000 12,480
Psychological counseling	14		4,160
Transportation to medical specialists	3	3 people were transported to doctor appointments	7,500
Rehabilitation equipment provided	8	1 mattress, 2 walking aid, 1 stick, 4 diapers	4,159 1,972 573 5,460
Total	57,304		
Name of organization	Demyansk Center for Social Services		
Consultation on paperwork to apply for disability benefits	12	10 people could get disability benefits	6,000
Total	6,000		
Name of organization	Dorogami Dobra, Yekaterinburg		
Hearing aid provided	1	1 TG representative received a hearing aid	9,900
Food aid	335	335 food sets	284,750
Redecoration at home	1	Work done for free	4,000
Painting the ceiling and walls	1	Materials and works for free	5,600
Diapers for people with limited mobility	12	12 packs of diapers	11,700
Haircutting services	26	26 haircuts	6,500
Total	322,450		

Name of organisation	Siberian Center for Social Development		
Legal consultations of applying for commodity benefits	15	3 TG representatives applied successfully for benefits	7,200
Consultations by Neurologist (volunteer of the project)	20	20 TG representatives and 6 volunteers were transported and provided with consultations that they would be able to access only for a fee	32,930
Consultation for a TG representative with Type 1 Diabetes	1	Pen syringe provided to a TG representative with Type 1 Diabetes	1,500
Request sent to the district hospital to provide free checkups for TG	6	6 people provided with free diagnostics	3,000
Address to obtain free medication for a patient with Parkinson's disease	1	Free medication provided for 1 patient	3,600
Total	48,230		
Name of organization	Civic Unity Foundation, Penza		
Helped a project participant apply for social support for former Nazi prisoners.	1	Free legal assistance in courts to confirm her right for the benefits	30,000
Transportation of TG representatives to events, activities, specialists	400	About 600 free taxi rides during the project	108,000
Videos about project participants	26	25-30 minute video on a memory stick for each of the 26 participants	390,000
Photoshoot	52	Portraits by professional photographer for 52 people	10,400
Photos from project activities	400	At least 25 free pictures from events printed for 400 participants	60,000
Total	1,398,400		
Name of organization	Gatchinsky Municipal District Center for Social Services		
Engaged volunteer drivers to take TG representatives to project events and activities	25	Free rides for 25 people	5,000
Using social taxi services for project participants to take them to hospitals	15	Social taxi services free of charge for 15 fragile people	10,500
Sent project participants to the regional Center for Gerontology for 21 day comprehensive treatment	40	16 people used the service, 4 of them twice during the project	400,000
Assisted fragile project participants in applying for three-month placements in care facility for the winter	10	Placements obtained for 10 people	100,000
Total	515,500		
TOTAL for 8 organisations	2,524,984		

Annex 7

MPDP SROI Model

Stakeholder	Number of responses	Total number of stakeholders	Outcomes	Indicators	Questionnaire data <i>How much change on average against outcome in %?</i>	MPDP Impact deadweight+attribution <i>Average response to the question "To what extent these changes are due to MPDP?"</i>	Net change <i>Questionnaire data adjusted for MPDP impact</i>	Proxy description	Proxy value	Total value per year	Duration, years	Drop-off	SROI calculation		
													Y1	Y2	discount rate
															4.60%
									NPV						
TG 1 and 2	451	5475	Activity and motivation	Average change in the level of physical activity	19%	45%	9%	Anchoring - calculated based on relative importance of outcomes (third party research data)	18 741	732 904	1	100%	732 904	0	700 673
			Socialisation (new acquaintances, communication)	Average change in social activity and networks	27%	62%	17%	Anchoring - calculated based on relative importance of outcomes (third party research data)	37 481	2 813 426	2	50%	2 813 426	1 406 713	3 975 407
			Individual wellbeing	Average change in subjective vitality and positive feelings	24%	66%	16%	Anchoring - calculated based on relative importance of outcomes (third party research data)	67 466	4 745 541	2	50%	4 745 541	2 372 771	6 705 511
			Relationships with family	Average change in relationships with family	15%	62%	9%	Anchoring - calculated based on relative importance of outcomes (third party research data)	66 785	2 789 860	2	50%	2 789 860	1 394 930	3 942 109
			Savings/extra spending	Average actual spending or savings as a result of MPDP estimated by respondents	n/a	n/a	n/a	Average savings minus average extra spending as a result of MPDP projects per year	14 992	6 761 590	1	100%	6 761 590	0	6 464 236
Relatives	71		Individual wellbeing (positive feelings)	Average change in positive feelings	44%	73%	32%	Anchoring - calculated based on relative importance of outcomes (third party research data)	78 705	1 782 611	2	50%	1 782 611	891 305	2 518 852
			Resilience	Average change in homecare knowledge and skills	41%	73%	30%	Anchoring - calculated based on relative importance of outcomes (third party research data)	52 470	1 122 233	2	50%	1 122 233	561 116	1 585 729
			Free time	Average change in the amount of free time	20%	73%	14%	Anchoring - calculated based on relative importance of outcomes (third party research data)	22 260	226 907	1	100%	226 907	0	216 928
			Savings, income/extra spending	Average actual spending or savings as a result of MPDP estimated by respondents	n/a	n/a	n/a	Average savings minus average extra spending as a result of MPDP projects per year	17 490	1 241 790	1	100%	1 241 790	0	1 187 180

Volunteers	234	Social networks	Average change in social networks	46%	66%	30%	Cost of personality development training (average for programme regions based on open source data)	5 000	350 020	1	100%	350 020	0	334 627
		Relationships with older relatives	Average change in relationships with older relatives	36%	63%	23%	Anchoring - calculated based on relative importance of outcomes (third party research data)	5 000	264 173	2	50%	264 173	132 086	373 279
		Meaning and purpose	Average change in the sense of meaning and purpose	48%	52%	25%	Anchoring - calculated based on relative importance of outcomes (third party research data)	8 091	476 154	2	50%	476 154	238 077	672 811
		Emotional burnout	Average change in the willingness to stop volunteering	34%	52%	18%	Anchoring - calculated based on relative importance of outcomes (third party research data)	7 182	303 217	2	50%	303 217	151 609	428 450
		Relationships with family and friends	Average change in the number of conflicts with family and friends because of volunteering	32%	52%	17%	Anchoring - calculated based on relative importance of outcomes (third party research data)	8 909	346 985	2	50%	346 985	173 492	490 294
Specialists	84	Professional growth	Average change in professional knowledge and skills and self-assessed quality of work	42%	66%	27%	Cost of advanced training for specialists per year (average for programme regions based on open source data)	3 425	78 801	2	50%	78 801	39 401	111 347
		Job satisfaction	Average change in job satisfaction	43%	66%	29%	Anchoring - calculated based on relative importance of outcomes (third party research data)	5 796	139 140	2	50%	139 140	69 570	196 606
		Relationships with older relatives	Average change in relationships with older relatives	46%	66%	31%	Anchoring - calculated based on relative importance of outcomes (third party research data)	5 796	148 539	2	50%	148 539	74 269	209 887
		Professional burnout	Average change in willingness to change the place of work	32%	66%	21%	Anchoring - calculated based on relative importance of outcomes (third party research data)	6 938	122 698	2	50%	122 698	61 349	173 374
													30 287 300	
													Programme input (adjusted for 451	5 795 670
													Input by volunteers (adjusted for 234	2 742 267
													SROI	3,55