



**TÜRK  
KIZILAY**



# **TURKISH RED CRESCENT SOCIETY SOUP KITCHENS SROI REPORT**

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## EXECUTIVE SUMMARY

By definition, a soup kitchen is a place where free food is served to the poor and needy without judgement or discrimination. Throughout history and in most cultures, the sharing of food to the less fortunate is a common practice. Millions of people in the world are still experiencing hunger. This puts soup kitchens at the forefront in the fight against hunger and illustrates their importance, especially in low-income communities. Turkish Red Crescent Society (TRCS) has been a major contributor to the operation of soup kitchens and food aid programs in Türkiye. In 2022, an average of 42,300 people benefited from 33 TRCS soup kitchens and 12,605,506 plates of meals were distributed in total (*TRCS Annual Activity Report, 2022*).

While measuring the impact of the TRCS soup kitchens, SROI analysis is used as a framework. The SROI analysis used here is *Evaluative and* covers 13 domestic fixed TRCS soup kitchens' 1 year operation period from October 2022 to September 2023. The focus of the analysis is basically to understand the changes that stakeholder groups have experienced. In TRCS Soup Kitchens SROI Report, two phases of data collection were conducted; firstly, a qualitative phase in which a sample from stakeholder groups were involved in conversations, and then a quantitative phase in which a larger sample of main beneficiary group were involved.

International literature states that the primary purpose of soup kitchens is to provide food, specifically to people who are unable to otherwise source their own. Hereby, in the literature there are various studies have explored the impact of soup kitchens on the food security and household economics of low-income families. All these studies, carried out in different economic, socio-cultural, and geographical environments, even in the context of conflict and displacement and in cases where the form of assistance changes (soup kitchens, foodbanks etc.) show that common positive impacts of food aids for those in need are accessing free and safe food, providing better nutrition, and contributing to limited family budget. The positive results observed and reported directly from TRCS stakeholder participation exactly match these results in the literature. On the other hand, it has been identified that some beneficiaries cannot obtain the benefits they expect from the soup kitchen service due to difficulties in accessing food, individual food preferences and nutritional needs not being met.

One of the notable results of the research is that 63% of the beneficiaries prefer regular cash payment/shopping card or food materials as a form of alternative food aid. This group gives much more value to cook their meals at home and according to their taste preferences/diets. For this reason, they prefer to be provided with financial support rather than ready-cooked hot meal help. By selecting alternative food aid activities at the tactical level, TRCS can diversify its service and in this way, optimise impacts on wellbeing for all materially affected stakeholders.

The SROI ratio of the study was found as 1:1.63. That means for every 1 TRY invested for TRCS soup kitchens, 1.63 TRY of social value is created each year for stakeholders. This result shows

that TRCS soup kitchens created added value and achieved their short, medium, and long-term goals of Theory of Change.

This report is the first social impact measurement of the TRCS soup kitchens. As it is the first evaluation analysis, the main aim was to develop the framework for future systematic data collection. Through illustrating what outcomes are most important to stakeholders, this study can help TRCS soup kitchens to put actions in place where it matters, to continue to increase and maximise the positive social value created.

## 1. INTRODUCTION

### 1.1. Overview of Movement

#### Red Cross and Red Crescent Movement

The International Red Cross and Red Crescent Movement was born of a desire to bring assistance without discrimination to the wounded on the battlefield. The idea was born when a young man from Switzerland called Henry Dunant organized local people to support the wounded in the battle of Solferino, Italy. For more than 150 years, the International Red Cross and Red Crescent Movement has been driven by the power of humanity. The Movement is guided by the Fundamental Principles and united by a central purpose: to help without discrimination those who suffer and thus contribute to peace in the world. The Movement is made up of 3 independent parts.



**International Federation of Red Cross and Red Crescent Societies (IFRC)**



**International Committee of the Red Cross (ICRC)**



**National Red Cross and Red Crescent Societies**

There are 191 National Red Cross and Red Crescent Societies around the world, with more currently being formed. This unique network forms the backbone of the Movement. National Societies are neither governmental institutions nor wholly separate non-governmental organizations. Rather, they are auxiliaries to the public authorities in the humanitarian field. This means they work in partnership with public authorities, based on international and national laws. Each National Society is made up of volunteers and staff, who provide a wide variety of services, ranging from civil protection and assistance for the victims of war, to first aid training and restoring family links.

#### Turkish Red Crescent Society

Turkish Red Crescent Society (TRCS) was founded on 11 June 1868. The Society is a not-for-profit, volunteer-based social service institution providing unconditional aid and service, and a corporate body governed by special legal provisions. It performs its auxiliary role to the Turkish Government through supporting the state and society with its status as an

“establishment for the benefit of the community” and its role as a supporter of the humanitarian policies of the state in accordance with the Geneva Conventions.

From the Ottoman-Russian war in 1876, TRCS provided medical response to thousands of Turkish and enemy soldiers in all battlefields in which Türkiye was present; provided humanitarian care to war slaves regardless of their nationality; brought care and protection to all civilians affected by war; provided healthcare, shelter and nutrition of the disaster victims in all natural disasters in the country dating back to the great cholera epidemic in Istanbul following the declaration of the 1st Reformation Period.

TRCS is not only one of the world's long-established non-governmental organizations, also one of the major and leading actors of humanitarian relief action. It aims to prevent and alleviate human suffering wherever it may be found, to protect life and health, to ensure respect for the human being, to promote mutual understanding, friendship, cooperation, and ever lasting peace amongst all peoples.

TRCS is considered as a high-capacity institution and has experience in delivering crisis response and relief interventions including socio economic empowerment supports in Türkiye and abroad. With her 16 delegations abroad and 258 branches, 174 local units, 16 community centres, 9 regional and 23 local disaster response and logistic centres and 85 blood centres; and with the efforts of more its staff volunteers, TRCS reaches out the most vulnerable people and contributes to development efforts in the regions it operates. These efforts include not only activities in all phases of disasters (preparation, reduction, response, recovery) and development, but also capacity building initiatives of other National Societies, Civil Society Organizations (CSOs) and public institutions.

## **1.2. Overview of Soup Kitchen**

### **Definition of Soup Kitchen**

By definition, a soup kitchen is a place where free food is served to the poor and needy without judgement or discrimination. These places are usually run by charitable or religious organizations and staffed by volunteers. Though some soup kitchens only serve soup and bread, others serve a freshly cooked full course meal.

### **How Soup Kitchens Help Community**

Throughout history and in most cultures, the sharing of food to the less fortunate is a common practice. Society has always felt a moral obligation to help its most vulnerable members. This is how soup kitchens help the community. They provide a venue for those with resources to share their blessings with people who are in dire need of them. Not only does it encourage charity, but it also brings the community together. It helps break societal boundaries as rich



and poor, young, and old gather to share a meal. More importantly, it teaches young children the importance of empathy.

Millions of people in the world are experiencing hunger. This puts soup kitchens at the forefront in the fight against hunger and illustrates their importance, especially in low-income communities.

The European Food Information Council (EUFIC) specifies that “Population studies show there are clear differences in social classes with regard to food and nutrient intakes. Low-income groups in particular have a greater tendency to consume unbalanced diets and have low intakes of fruit and vegetables. Low-income groups who find it difficult to achieve a balanced healthy diet, are often referred to as experiencing food poverty or food insecurity. There are many aspects to food poverty but three of the main barriers to eating a balanced healthy diet include cost, accessibility and knowledge (<https://www.eufic.org/en/healthy-living/article/why-we-eat-what-we-eat-social-and-economic-determinants-of-food-choice>).

The most evident and immediate benefit of soup kitchens is that they provide food for those who need it most. They bridge the gap in food security for the most vulnerable in society, offering a reliable source of nutritious meals (<https://www.obk.org.au/blog/why-soup-kitchens-matter>).

Soup kitchens run on the generosity of people in the community. They rely mostly on donations from individuals and institutions who believe in their cause.

### **The History of Soup Kitchens**

The earliest occurrences of soup kitchens are difficult to identify. Throughout history, societies have invariably recognized a moral obligation to feed the hungry. As far back as Ancient Egypt, it was believed that people needed to show they had helped the hungry to justify themselves in the afterlife.

Soup has long been one of the most economical and simple ways to supply nutritious food to large numbers of people. The Christian church had been providing food to the hungry since St Paul's day, and since at least the early middle age such nourishment was sometimes provided in the form of soup. From the 14th to the 19th centuries, Islamic soup kitchens, called Imarets, were built throughout the Ottoman Empire ([https://en.wikipedia.org/wiki/Soup\\_kitchen](https://en.wikipedia.org/wiki/Soup_kitchen)).

Soup kitchens have a history in Türkiye that dates to the late Ottoman Empire and have continued to evolve and adapt to meet the changing needs of the population. Here is an overview of the history of soup kitchens in Türkiye.

**Late Ottoman Period:** The concept of providing free or low-cost meals to those in need has historical roots in the Ottoman Empire. Charitable foundations and mosques often had

kitchens where food was prepared and distributed to the poor. These efforts were part of the Ottoman tradition of philanthropy and social welfare.



*Istanbul, World War I: Food distribution to poor families in the soupkitchen opened in the courtyard of Üsküdar Atik Valide Mosque*

**Early 20th Century:** After the establishment of the Turkish Republic in 1923, there was a growing focus on modernization and social reforms. During this period, soup kitchens and similar charitable initiatives were organized to address food insecurity and poverty. The government and local municipalities played a role in supporting these programs.



*Food aids of TRCS to the Jewish refugees in 1940s*



*TRCS Kasimpaşa Soup Kitchen*

**1970s and 1980s:** The need for soup kitchens increased significantly during the 1970s and 1980s due to economic challenges and urbanization. Non-governmental organizations (NGOs) and charitable foundations began to play a more prominent role in providing meals to vulnerable populations.



*The last remaining kitchen from the Ottoman era the Mihrişah Valide Sultan İmaret, located in the Eyüp's district, was established in 1792 and is still offering hot meals to poor families.*

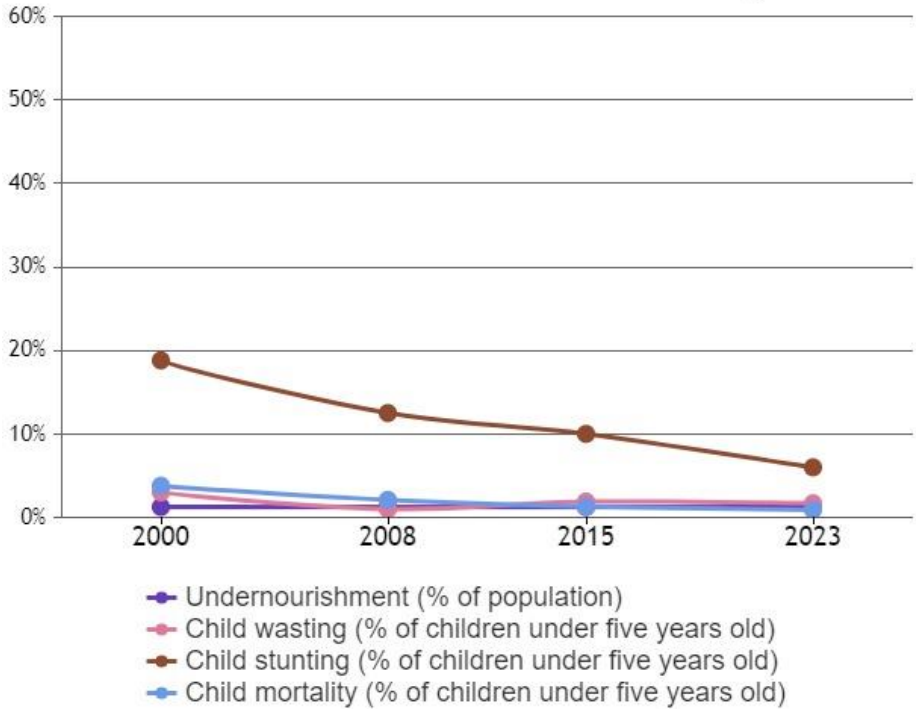
**1980s to Present:** TRCS has been a major contributor to the operation of soup kitchens and food aid programs in Türkiye. They have expanded their efforts to provide hot meals, food packages and support to people affected by disasters and crises, as well as to low-income families and refugees.



*TRCS Soup Kitchen in Ankara which has been provided full course meal since 1919, Türkiye*

In the 2023 Global Hunger Index (GHI), with a score under 5, Türkiye has a level of hunger that is low. The undernourishment<sup>1</sup> is <2,5% (<https://www.globalhungerindex.org/pdf/en/2023.pdf> )

**Trend for Indicator Values - Türkiye**



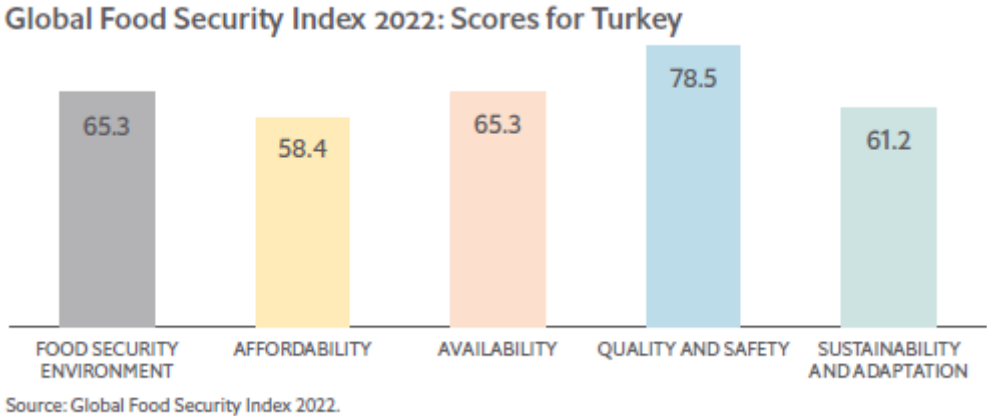
<https://www.globalhungerindex.org/turkey.html>

<sup>1</sup> *Undernourishment: The share of the population whose caloric intake is insufficient, and it measures inadequate food access, an important indicator of hunger.*

According to Global Food Security Index 2022 Country Report,

*“Turkey ranks 49th out of 113 countries globally and 8th out of the 15 countries in the MENA region, with an overall food security environment score of 66.3. The country does well on Quality and Safety (78.5) and relatively weak on Affordability (58.4). The country ranks 26th globally on the Quality and Safety pillar, reflecting high nutritional standards, food safety and protein quality. However, it needs to make food more affordable and food prices more stable to improve the overall food security environment.... Affordability is Turkey’s weakest category. The country ranks 81st globally and 13th out of 15 countries in the MENA region.*

- *Turkey’s score is classified as “moderate” in this area, with a total of 58.4 points. Change in average food costs brings down the country’s performance. Between 2021 and 2022 consumer food prices have experienced a 75% change, indicating challenges keeping food affordable and keeping costs consistent.”*



[https://impact.economist.com/sustainability/project/food-security-index/reports/Economist\\_Impact\\_GFSI\\_2022\\_Turkey\\_country\\_report\\_Sep\\_2022.pdf](https://impact.economist.com/sustainability/project/food-security-index/reports/Economist_Impact_GFSI_2022_Turkey_country_report_Sep_2022.pdf)

In Türkiye, there are still millions at risk of hunger. It is feared that increasing food inflation, especially in recent years, has increased the number of people experiencing hunger. The history of soup kitchens in Türkiye reflects the country's ongoing commitment to social welfare and helping those in need. These programs have adapted to changing economic and social conditions, and they continue to play a vital role in helping vulnerable populations access nutritious meals.

It's important to note that the availability and operation of soup kitchens can vary from city to city and region to region in Türkiye. There is no official statistical data about the total number of the soup kitchens in the country.

### 1.3. Turkish Red Crescent Society Soup Kitchens Aids

Since its establishment, TRCS provides full course meal through its soup kitchens as one of its main duties during wars, migrations, natural disasters and in the ordinary time. Hot and nutritious meals cooked in the TRCS soup kitchens are offered to those in need throughout the year. University students who are in need can also have lunch at the TRCS soup kitchens during their university education. Meals for the sick, old, and disabled people who cannot go to the soup kitchens are delivered to their homes in special dinner pails. TRCS operates the soup kitchens mostly by donations from individuals and organizations who believe in their cause.

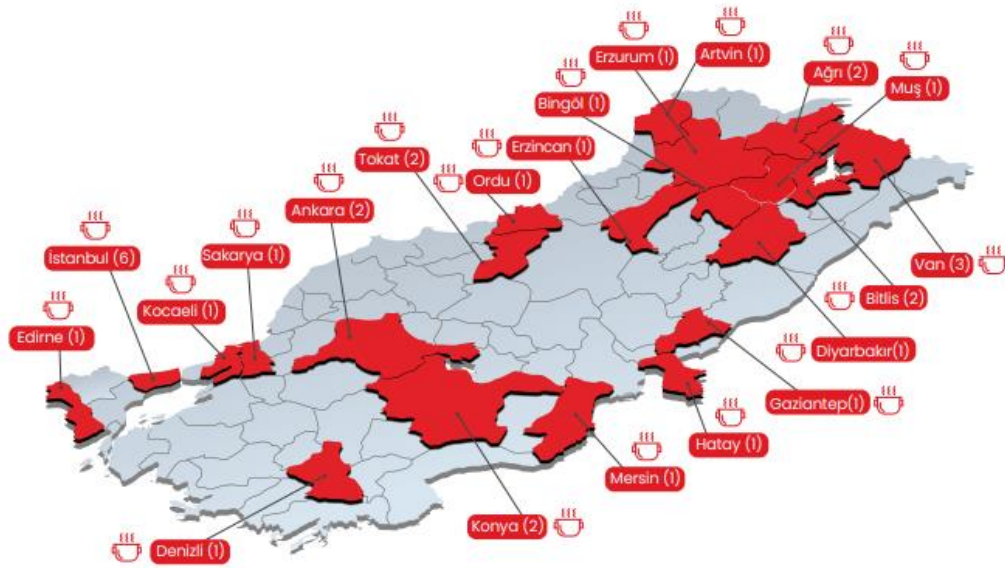
Not every household can benefit from the TRCS soup kitchen. The fact that the household really needs food aid is a prerequisite for becoming a TRCS soup kitchen beneficiary. Beneficiary selection criteria is conducted through formal and professional process. To determine the level of need, households are subjected to a social assessment by TRCS social workers. Social assessment is done by visiting the house where the family members live. Assessed factors include demographic information, social-economic attributes, mental and physical health, employment history, support from other sources and more. The financial status of the household is determined by assessing means of livelihood, number of family members involved in economic activity, privately owned productive assets, income & expense balance etc. TRCS Social Aid Commission decides which households will be selected and how long the households will receive assistance. The followings are the priority groups for soup kitchens:

- Those who live in misery that is not worthy of human dignity
- Single parents/ elderly living alone
- Families headed by person with physically or mentally disability and/or chronic illness

Families go through a re-evaluation process at specified periods. If the economic situation of the household improves, the aid may be terminated.

Eating improperly processed food may cause foodborne illness. TRCS soup kitchens are very sensitive about this issue. Soup kitchens menu is a healthy, nutritious, and safe menu for an average adult. The whole process, from the collection of a food, storage to the food becomes consumable, is under the control of food engineers. Meals are freshly and daily cooked on the premises by TRCS soup kitchens employees and served hygienically. Food sampling is made regularly, and checks are provided before distribution. “Ready-to-eat foods” or “surplus food” are not in the donation portfolio of the TRCS. TRCS only accepts cash donations and in-kind donations (ingredients used in meal preparation). Sanitary facilities, garbage, animal control, contamination, temperature, personal hygiene, and maintenance of physical facilities for food safety are other issues under the control in the soup kitchens.

In 2022, an average of 42,300 people benefited from 33 TRCS fixed soup kitchens and 12,605,506 plates of meals were distributed in total (*TRCS Annual Activity Report, 2022*).



*Geographical distribution of domestic soup kitchens operated/supported by TRCS in Türkiye, 2022*

TRCS has also 2 fixed soup kitchens in abroad. With soup kitchens in Palestine Gaza and Somalia, 1,080,575 hot meals were provided in 2022 (*TRCS Annual Activity Report, 2022*).



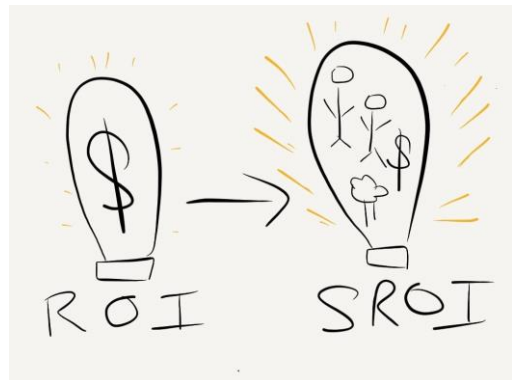
*View of a soup kitchen of TRCS in Mogadishu, Somalia*



View of a soup kitchen of TRCS in Gaza Strip, Palestine

## 2. METHODOLOGY

This report is about SROI (Social Return on Investment) analysis of TRCS soup kitchens aids. SROI is a framework for measuring and accounting for concept of social value. SROI measures change in ways that are relevant to the people or organizations that experience or contribute to it. It tells the story of how change is being created by measuring social, environmental, and economic outcomes and uses monetary values to represent them. It is a stakeholder informed, outcomes-based measurement tool.



The Principles of Social Value (<https://www.socialvalueint.org/>)

SROI is based on the principles of social value. These principles provide the basic building blocks for anyone who wants to make decisions that take a wider definition of social value into account. They have been designed to support the production of “social value accounts” and decision making that optimizes impacts on wellbeing for all materially affected stakeholder groups. Producing an SROI analysis requires the application of all the Principles of Social Value. Specifically, when applying Principle 3, the valuations of inputs and impacts are represented in monetary terms to generate an SROI ratio.



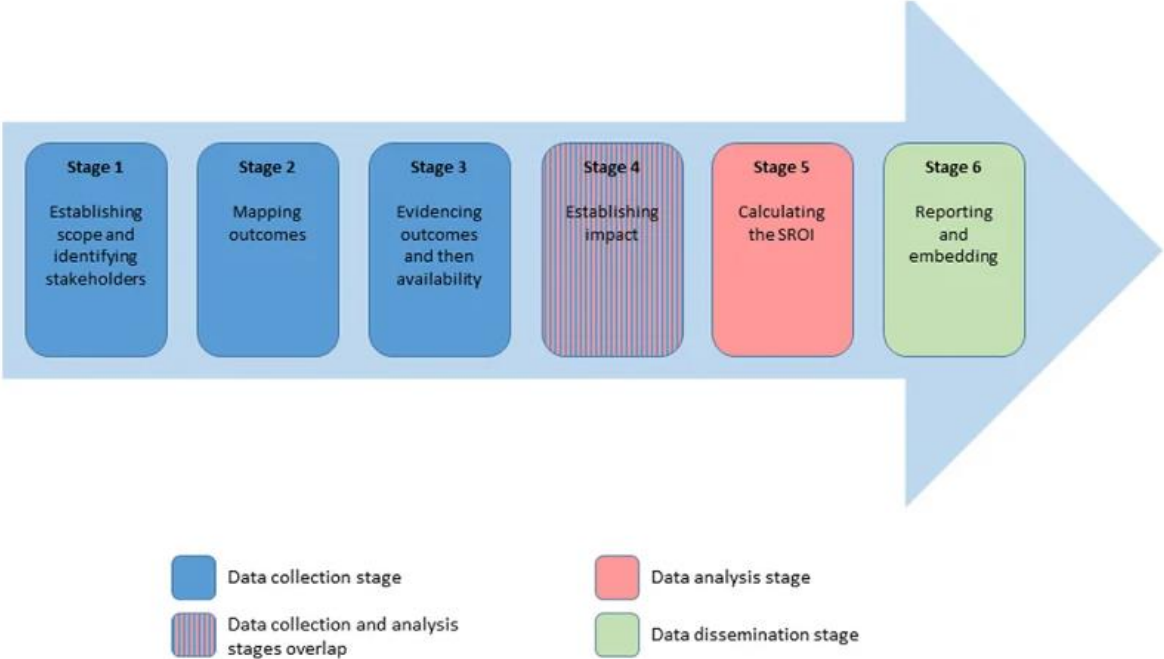
**Principle 1:** Involve Stakeholders is a powerful accountability principle that drives through the other principles ensuring that the people who experience the impacts are informing the measurement and management of the impacts on their wellbeing.

**Principles 2-5** are primarily accounting principles that inform what information about social value should be collected, and how social value from the stakeholder's point of view should be assessed.

**Principles 6-7** are about disclosing the information and how to build confidence in the social value accounts and manage impact risks.

**Principle 8:** Be Responsive is about how information should be used to inform decisions that optimise impacts on wellbeing for all materially affected stakeholder groups. It also ensures that the level of rigour in the accounts is proportionate for the decisions that the account is designed to inform.

To the TRCS Soup Kitchens SROI report, all the Principles of Social Value were applied. It is also conducted according to **“A Guide to Social Return on Investment”**. The SROI Guide states that carrying out an SROI analysis involves 6 vital stages. These 6 stages already used in this report are as follows:



**1**

The first stage involves identifying the scope of the intervention and all the stakeholders affected by it. By understanding the stakeholders involved, it becomes easier to assess the impact of the intervention on different groups.

- 2** The next step is to map out all the outcomes produced by the intervention, both positive and negative. By mapping out these outcomes, it is possible to gain a holistic view of the impact created.
- 3** The next stage is to gather evidence to support their existence and availability. This involves using research methods to validate the outcomes. It is essential to have robust evidence to demonstrate the intervention's impact accurately.
- 4** This involves analysing the data collected and assessing how much the asset has contributed to the desired outcomes. By establishing impact, it is possible to understand the effectiveness of interventions in creating social and environmental change.
- 5** The fifth stage is to calculate the SROI. This calculation provides clear understanding of the financial return on the intervention and the broader social and environmental benefits generated. This is also where the sensitivity of the results can be tested.
- 6** By reporting SROI findings, it is possible to demonstrate commitment to social and environmental impact and build trust with stakeholders. Furthermore, embedding the SROI methodology into intervention processes allows for ongoing evaluation and improvement, ensuring that interventions continue to drive positive change.

### 3. SCOPE AND DELIMITATIONS

#### 3.1. Purpose and Audience

This report includes the social impact measurement of the TRCS fixed soup kitchens aids. The focus of the analysis is basically to understand the changes that stakeholder groups have experienced because of the aid activities. This analysis targets 2 main audience groups:

1. Internal stakeholder (Management level) and
2. External stakeholders (Donors, volunteers, other soup kitchen operators etc).

For internal decision making, understanding changes with all aspects, positive, negative, intended, or unintended, will inform decision makers in much better way to optimize the value of the TRCS soup kitchens aids. The account of social value of soup kitchens will provide insights into what is optimal for stakeholders and present options for TRCS. The findings will support internal decisions about strategy, tactics, and operations.

Regarding external stakeholders, the purpose of the analysis is to communicate outcomes of the soup kitchens aids and collaborate to decrease negative outcomes and increase positive ones where possible. It would also be used for marketing and fund-raising to raise awareness about the social impact that TRCS soup kitchens have on people' lives.

### 3.2. Delimitations

The present analysis has boundaries in several respects:

- Volunteers who help soup kitchens operation process like preparing and distributing meal could not be included, since there is no registered data of voluntary work. It is not known who they were, how much they worked.
- In this study, the well-defined outcomes of the chain of events were developed not by the perceptions of stakeholders, but by third-party research findings. These changes were not measured and included into the SROI calculation of this report, since they were not mentioned/confirmed directly from TRCS soup kitchen beneficiaries themselves. A full rationale of the limitation and recommendations for future SROI analysis are detailed in the relevant sections of this report in the interest of transparency.
- 2 TRCS soup kitchens in abroad - soup kitchen in Gaza Strip, Palestine and soup kitchen in Mogadishu, Somalia – were excluded.
- 9 domestic soup kitchens operated by local municipalities and Social Assistance & Solidarity Foundations was excluded. TRCS does not operate these soup kitchens, only supports them by donations.
- 4 domestic TRCS soup kitchens that were put into operation after the SROI research started were excluded.
- 6 domestic TRCS soup kitchens which could not provide beneficiary contact information were excluded.
- 5 domestic TRCS soup kitchens in south-central Türkiye were excluded from quantitative phase because of earthquakes occurred on February 6, 2023.

As a result, 13 domestic TRCS soup kitchens were included to this SROI research.

## TRCS DOMESTIC FIXED SOUP KITCHENS IN TÜRKİYE

No	Province	Name	Opening Year	Ownership <sup>2</sup>	Scope
1.	Ağrı	Asım Sabri Ülker	2011	TRCS	Included
2.	Ağrı	Doğubeyazıt Ercanlar	2023	TRCS	Excluded
3.	Ağrı	Ağrı Tutak Soup Kitchen	2017	SASF <sup>3</sup>	Excluded
4.	Ankara	Dr. Cevat Naki Akerman	1919	TRCS	Included
5.	Ankara	Ankara Polatlı	2020	Municipality	Excluded
6.	Artvin	Artvin Şavşat	2015	SASF	Excluded
7.	Bingöl	Sıdika Hanım	2011	TRCS	Included
8.	Bitlis	Bitlis Tatvan	2018	TRCS	Excluded
9.	Bitlis	Bitlis	2022	SASF	Excluded
10.	Denizli	Denizli Çivril	2023	TRCS	Excluded
11.	Denizli	Denizli	2018	TRCS	Excluded
12.	Diyarbakır	Diyarbakır	1980	TRCS	Excluded
13.	Edirne	Edirne	1999	TRCS	Excluded
14.	Erzincan	Erzincan	2021	SASF	Excluded
15.	Erzurum	Erzurum	2020	TRCS	Included
16.	Gaziantep	Gaziantep	2020	TRCS	Excluded
17.	Hatay	Hatay İskenderun	2014	TRCS	Excluded
18.	İstanbul	Balat	2021	TRCS	Excluded
19.	İstanbul	Beylikdüzü Seval Suat Sürmen	2010	TRCS	Included
20.	İstanbul	Cerrahpaşa	2020	TRCS	Included
21.	İstanbul	Esenler	2021	TRCS	Included
22.	İstanbul	Pendik	2014	TRCS	Included
23.	İstanbul	Sultangazi	2022	TRCS	Excluded
24.	Kahramanmaraş	Kahramanmaraş	2023	TRCS	Excluded
25.	Kahramanmaraş	Kahramanmaraş Elbistan	2023	TRCS	Excluded
26.	Kırıkkale	Kırıkkale	2023	TRCS	Excluded
27.	Kocaeli	Kocaeli Karamürsel	2007	TRCS	Included
28.	Konya	Konya Akşehir	1967	TRCS	Excluded
29.	Konya	Hacı Ahad Zade Merhum Ahmet Birkon	1961	TRCS	Excluded
30.	Mersin	Mersin Silifke Mükerrerem Toker	2013	TRCS	Included
31.	Muş	Gıyasettin Bingöl	2021	TRCS	Included
32.	Sakarya	Hakan Albayrakoğlu	2021	TRCS	Included
33.	Tokat	Tokat	1994	Municipality	Excluded
34.	Tokat	Tokat Turhal	2020	Municipality	Excluded
35.	Van	Sabri Ülker	2020	TRCS	Included
36.	Van	Van Erciş	2022	SASF	Excluded
37.	Van	Van Muradiye	2010	SASF	Excluded

<sup>2</sup> TRCS operates its own 28 soup kitchens throughout the year and supports other 9 soup kitchens operated by Municipalities and SASFs by providing donations.

<sup>3</sup> SASF: Social Assistance and Solidarity Foundation. The SASFs are under the chairmanship of the provincial and sub-provincial governors.

### 3.3. Type of SROI Analysis

While measuring the impact of the TRCS soup kitchens aids, SROI analysis is used as a framework. The SROI analysis used here is *Evaluative*, since it analyses activities that have been undertaken in the past rather than assessing possible future interventions. In other words, there are already outcomes to be measured (<https://www.sopact.com/social-return-on-investments-sroi>)

### 3.4. Time Period and Resources

This SROI analysis covers 13 domestic TRCS soup kitchens' 1 year operation period from October 2022 to September 2023. It investigates TRCS soup kitchens as a concept rather than a "one off" project or programme. Because of this, it should be noted that any period of analysis could have been chosen. Before starting analysis, TRCS has established Social Impact Team to be able to build in house capacity. Since it is the first time an SROI analysis done, firstly skills of team members were improved by social impact trainings. Whole study has been carried out by this team under the leadership of the author, which is also responsible for coming SROI analyses to be carried out in the future.

### 3.5. Theory of Change (ToC) for TRCS Soup Kitchens Aids

**WHAT TRCS DO THROUGH SOUP KITCHENS**



Meeting the most basic needs of those in need  
 Contributing to ensuring social justice  
 Fighting Poverty & Hunger



**INPUTS**



Financial capital  
 Social capital  
 Human capital  
 Manufactured capital  
 Natural capital  
 Intellectual capital

**OUTPUTS**



Free and regular full course hot meal for needy people

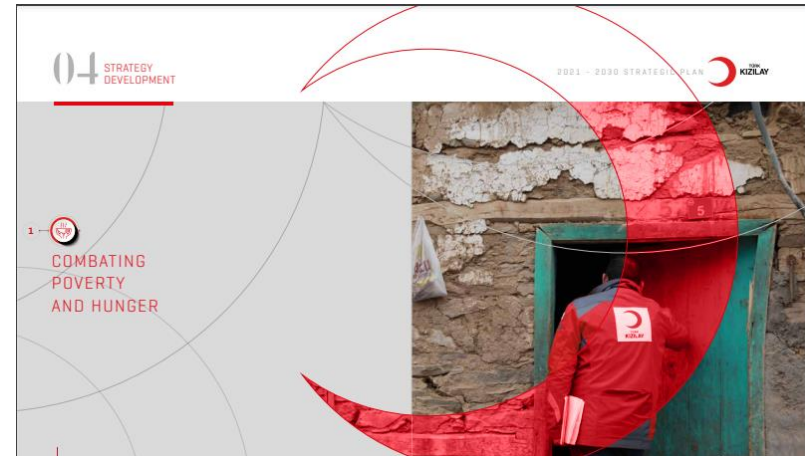


**OUTCOMES**



Regular access to clean and safe food  
 Minimizing health problems that may arise due to malnutrition  
 Contributing to ensuring social justice  
 Minimizing hunger and poverty

### RELATED GOAL OF TRCS STRATEGIC PLAN 2030



### RELATED SUSTAINABLE DEVELOPMENT GOALS



#### 4. STAKEHOLDERS IDENTIFICATION

*Stakeholders* are defined as people or organizations that experience change because of an intervention, or those who affect the intervention. On the other hand, *involvement* is the process by which a group of people can take part in data collection and therefore influence decisions about the social value analysis. Speaking to and involving the people who experience changes is an essential part of the SROI analysis process. The first step of involving stakeholders is to identify a list of those considered to be relevant (*Standard on Applying Principle 1: Involve Stakeholders*).

In this SROI research, when conducting stakeholder analysis TRCS Social Impact Team members used brainstorming method based on the following pillars:

- 1) People and organizations directly affected by TRCS soup kitchens aids
- 2) People and organizations influence TRCS soup kitchens aids
- 3) People and organizations contribute to TRCS soup kitchens aids (Time, service, money).

After mapping the stakeholder groups, the matrix was tested with TRCS soup kitchens administrative personnel and got feedback in terms of identify any missed stakeholder groups and segmentations or subgroups within the stakeholder groups. Through these steps, 6 stakeholder groups were confirmed: Needy people (Main beneficiaries of soup kitchens), volunteers, donors, soup kitchens' employees, municipalities and Social Assistance and Solidarity Foundations (SASFs).

##### **Needy People - Main Beneficiaries of TRCS Soup Kitchens:**

TRCS soup kitchens help the less fortunate members of the community who could be poor, unemployed, elderly, refugees, disabled, chronically ill, single parents, homeless etc. These people are the main beneficiary group of the TRCS soup kitchens because they experience food insecurity<sup>4</sup> due to low income or income deprivation.

*"...The international literature suggest that soup kitchens attendees are generally either unemployed or underemployed. (Biggerstaff, McGrath Morris & Nichols-Casebolt 2002, p 272; Ford, JD et al 2013, p. 5; Glasser 1988, pp. 50-51; Mulquin, Siaens & Wodon 2000, p. 257) Casualisation of employment has led to uncertainty in income for many people, due to the loss of stable wages (Saunders et al. 2006)..."*

*"...Attendees at the soup kitchens had a complex series of physical, psychological, and intellectual disabilities. The literature identifies strong and complicated links between financial*

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<sup>4</sup> According to Food and Agriculture Organization of the United Nations, food security exists "when all people, at all times, have physical, social, and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life."

*disadvantage, social exclusion, homelessness, and poor physical and mental health. Baker et al. 2014; Bentley, Baker & Mason 2011; King et al. 2012; Robinson, E & Adams 2008; Saunders et al. 2006; Vells & Harris 2007)...” (Skinner, V. L. (2017) “Our daily bread: the role of the soup kitchens in 21<sup>st</sup> century Adelaide” (Doctoral dissertation, University of Adelaide)<sup>5</sup>.*

TRCS soup kitchens aid is a type of aid provided to households, not individually. In other words, all family members in these **Recipient Households**<sup>6</sup> benefit from free and safe hot meal. They are direct beneficiary stakeholders of TRCS soup kitchens. Therefore, the impact of soup kitchens aid was researched at the household level by including all family members. While doing this, instead of interviewing with each family members individually, only one adult from each household (Mostly head of household) was used as source of data on the changes experienced by all **Beneficiaries**<sup>7</sup>. The one of the fundamental principles for the social value analysis is stakeholder involvement and whenever stakeholders experiencing the change should be involved at every stage of the analysis to provide the insights on the change to outcomes they experienced. In some specific cases the involvement of the stakeholder experiencing changes can be limited, such as in case of children or physical/mental disabilities. So, in this SROI research, both in qualitative and quantitative phase, an adult who could represent all family members of recipient household was interviewed.

To manage impact and optimize value, the first step is to understand what changes have occurred to the main beneficiaries. According to TRCS 2022 data, 20,815 low income/income deprived people have been benefiting from TRCS soup kitchens. Because of the reasons stated in “Delimitations” part of this report, 13 TRCS soup kitchens in 10 different provinces of Türkiye could be included in this SROI research. Below table shows these 13 soup kitchens, provinces, and their number of beneficiaries. For selecting geographically representative sample, beneficiaries of each 13 soup kitchens have been included in this study.

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<sup>5</sup> Retrieved from [digital.library.adelaide](https://digital.library.adelaide.edu.au/)

<sup>6</sup> Households that receive food aid from TRCS soup kitchens are named "Recipient Households" and will be referred to with this definition in every subsequent section of this report.

<sup>7</sup> Family members living in Recipient Households are named "Beneficiaries" and will be referred to with this definition in every subsequent section of this report.



TRCS Domestic Fixed Soup Kitchens	Province	Numbers of Beneficiary
Ağrı-Asım Sabri Ülker Soup Kitchen	Ağrı	3.165
Ankara- Dr.Cevat Naki Akerman Soup Kitchen	Ankara	4.000
Bingöl-Sidika Hanim Soup Kitchen	Bingöl	1.188
Erzurum Soup Kitchen	Erzurum	400
İstanbul-Beylikdüzü Seval-Suat Sürmen Soup Kitchen	İstanbul	450
İstanbul-Cerrahpaşa Soup Kitchen	İstanbul	560
İstanbul-Esenler Soup Kitchen	İstanbul	1.120
İstanbul-Pendik Soup Kitchen	İstanbul	1.000
Kocaeli-Karamürsel Soup Kitchen	Kocaeli	300
Mersin-Silifke Mükerrerem Toker Soup Kitchen	Mersin	240
Sakarya-Hendek Hakan Albayrakoğlu Soup Kitchen	Sakarya	500
Muş Soup Kitchen	Muş	1000
Van Sabri Ülker Soup Kitchen	Van	650
	<b>Total</b>	<b>14.573</b>

### TRCS Soup Kitchens Employees:

TRCS runs its soup kitchen operation with professional employees. They are paid workers. For selecting geographically representative sample, employee of each 13 soup kitchens have been included in this study. 13 soup kitchens have a total of 80 employees. The table below shows the total number of employees and their distribution.

TRCS Domestic Fixed Soup Kitchens	Numbers of Employee			
	Administrative Officer	Kitchen Staff	Distribution/ Support Staff	Total
Ağrı-Asım Sabri Ülker Soup Kitchen	1	5	3	9
Ankara- Dr.Cevat Naki Akerman Soup Kitchen	1	5	2	8
Bingöl-Sidika Hanim Soup Kitchen	1	4	1	6
Erzurum Soup Kitchen	1	3	1	5
İstanbul-Beylikdüzü Seval-Suat Sürmen Soup Kitchen	1	2	1	4
İstanbul-Cerrahpaşa Soup Kitchen	1	3	8	12
İstanbul-Esenler Soup Kitchen	1	5	6	12
İstanbul-Pendik Soup Kitchen	1	2	0	3
Kocaeli-Karamürsel Soup Kitchen	1	1	0	2
Mersin-Silifke Mükerrerem Toker Soup Kitchen	1	2	1	4
Sakarya-Hendek Hakan Albayrakoğlu Soup Kitchen	1	4	1	6
Muş Soup Kitchen	1	1	0	2
Van Sabri Ülker Soup Kitchen	1	5	1	7
			<b>Total</b>	<b>80</b>

Because of scarce resources, multi-tasking is common in the soup kitchens. For example, in some soup kitchens after cooking the food, the cooks can also take part in the distribution of the meal or administrative staff may take on different responsibilities.

#### **TRCS Soup Kitchens Donors:**

Since donors are the locomotive of humanitarian aid sector, they are naturally stakeholders of every aid work. TRCS operates the soup kitchens mostly by donations. Individuals and organizations can make cash or in-kind donations for TRCS soup kitchens. According to TRCS fundraising data, during the SROI reporting period, 1,443 individuals/organizations are identified as donors of the 13 soup kitchens. This list includes regular and irregular & cash and in-kind donors. For selecting geographically representative sample, donors of each 13 soup kitchens have been included in this study.

<b>TRCS Domestic Fixed Soup Kitchens</b>	<b>Donor Numbers</b>
Ağrı-Asım Sabri Ülker Soup Kitchen	187
Ankara- Dr.Cevat Naki Akerman Soup Kitchen	76
Bingöl-Sidika Hanim Soup Kitchen	19
Erzurum Soup Kitchen	270
İstanbul-Beylikdüzü Seval-Suat Sürmen Soup Kitchen	111
İstanbul-Esenler Soup Kitchen	104
İstanbul-Pendik Soup Kitchen	181
Kocaeli-Karamürsel Soup Kitchen	36
Mersin-Silifke Mükerrerem Toker Soup Kitchen	123
Sakarya-Hendek Hakan Albayrakoğlu Soup Kitchen	203
Muş Soup Kitchen	60
Van Sabri Ülker Soup Kitchen	73
<b>Total</b>	<b>1.443</b>

#### **Municipalities and Social Assistance and Solidarity Foundations (SASFs):**

Municipalities and local governments have relevant roles combatting with the food insecurity. (Municipality Law No. 5272, Social Assistance and Solidarity Promotion Law No. 3294). Social assistance in Türkiye is managed at the national level by the Social Assistance Directorate General (SADG) under the Ministry of Family and Social Policies (MoFSP) and is implemented by 1,000 locally based Social Assistance and Solidarity Foundations (SASFs). SASF was established in 1986 as a response to the poverty increase in Türkiye (<https://www.aile.gov.tr/>). Municipalities, SASFs and TRCS can support/donate to each other while fighting with hunger.

**TRCS Soup Kitchens Volunteers:** TRCS benefits from volunteer work in almost all its social services. Soup kitchens are also among the social service organizations to that volunteers contribute support. However, when compared to TRCS other social services areas, voluntary contribution is irregular and at the minimum level in soup kitchens. There is even no registered

data about voluntary work in soup kitchens. So, it is not known who they were, how much they worked. That is why volunteers as a stakeholder group could not be included in this SROI analysis. Management of volunteer work in soup kitchens is an important task of TRCS for further SROI report.

### **Stakeholder Consultation for Identifying New Stakeholder Groups**

During qualitative data process, main beneficiaries were included into stakeholder consultation to identify all potential stakeholders experiencing change. By one-to-one phone interview during qualitative phase, 2 additional questions were asked to the all-stakeholder groups.

- 1) *Who else might be affected by the changes that you have experienced?*
- 2) *Who else might be affected by the TRCS soup kitchens aids?*

During interviews, TRCS soup kitchen donors, TRCS soup kitchen employees, municipalities and SASFs did not mention about a new direct/indirect stakeholder group.

However, interviewed beneficiaries stated that their family members and neighbours benefited from the TRCS soup kitchens aids. However, these answers did not point to a new direct/indirect stakeholder group. As mentioned above, in this SROI research, the impact of soup kitchens aid was researched at the household level by including all family members of recipient household. While doing this, instead of interviewing with each family members individually, only one adult from each household (Mostly head of household) was used as source of data on the changes experienced by all **Beneficiaries**. Therefore, although interviewees unconsciously respond as "my family members" when asked "*Who else might be affected...*", family members are not a new direct/indirect stakeholder group, since they are already within the scope of the soup kitchens main stakeholder group.

A similar explanation can be made for the "my neighbours" response. As mentioned in "1.2. Overview of Soup Kitchens" part of the report, not every household can benefit from the TRCS soup kitchens aid. Recipient households go through a rigorous social assessment process before being selected. TRCS soup kitchens management record these recipient households in their beneficiary database and only provide meals to those households that qualify for TRCS assistance. Therefore, although interviewees respond as "my neighbours" to the questions "*Who else might be affected...*", if a neighbour is benefiting from TRCS soup kitchens aid, this neighbour is already registered in the TRCS soup kitchens database as recipient household, and they are already within the scope of the soup kitchens main stakeholder group. Or the neighbour might be benefitting from another humanitarian actor's soup kitchens. This already excludes them from the scope of this SROI research.

<b>Stakeholder Group</b>	<b>Relationship Dimension</b>	<b>Included/Excluded</b>	<b>Reason</b>	<b>Communication Method</b>	<b>Included Number</b>	<b>Total Number</b>
<b>Needy people</b>	They benefit from free hot meals prepared by TRCS soup kitchens.	Included	Main beneficiary of the service and expected to gain the most benefits	One-to-one phone interview with semi-structured questionnaire + One-to-one phone survey with structured questionnaire	1,769 needy people	14,573 needy people
<b>TRCS Soup Kitchens Donors</b>	They make cash or in-kind donations for TRCS soup kitchens.	Included	No material change/100% deadweight	One-to-one phone interview with semi-structured questionnaire	15	1,443
<b>TRCS Soup Kitchens Employees</b>	People employed in TRCS soup kitchens.	Included	No material change/100% deadweight	One-to-one phone interview with semi-structured questionnaire	13	80
<b>Local Municipalities</b>	They support TRCS soup kitchens or vice-versa.	Included	No material change/100% deadweight	One-to-one phone interview with semi-structured questionnaire	13	13
<b>Social Assistance and Solidarity Foundations</b>	They support TRCS soup kitchens or vice-versa.	Included	No material change/100% deadweight	One-to-one phone interview with semi-structured questionnaire	13	13
<b>TRCS Soup Kitchens Volunteers</b>	They provide voluntary work for the activity and are expected to gain benefits from being involved.	Excluded	Voluntary contribution is irregular and at the minimum level in soup kitchens. There is no registered data about voluntary work.	Not applicable	Not applicable	Unknown

## 5. MAPPING INPUTS AND OUTPUTS

Inputs are the resources, financial and in kind, that are necessary for the delivery of an activity. The investment, in SROI, refers to the financial value of inputs. On the other hand, outputs are a quantitative summary of an activity.

The table below shows the inputs and outputs of stakeholder groups that are included in the analysis.

Stakeholder Group	Inputs	Monetary Value of Inputs	Outputs
Needy people who have offered free hot meals by TRCS soup kitchens	Money (Turkish Lira-TRY)	Transportation cost: 281,400.00 TRY	Total activity number for analysis period: 449.328 free full course hot meals
TRCS	Money (Turkish Lira-TRY)	Operating cost of 13 Soup Kitchens: 16.603.091,16 TRY	Meal service

### **Needy people (Beneficiaries) who have offered free hot meals by TRCS soup kitchens:**

There are 3 ways to access hot meal aid of TRCS soup kitchens.

1. First one is delivering hot meals to the house of beneficiaries. In this method, meals are delivered to the beneficiary's home by soup kitchen employees. Single parent families and families with disabled, sick, and elderly people generally benefit from this method.
2. Second one is delivering hot meals from a fixed distribution point. Meals are prepared in soup kitchens and transported to a temporary, and usually pre-determined open site where it is distributed to the beneficiaries. This method is generally used when the beneficiary's home is far from the soup kitchens premises.
3. Third one is delivering hot meals from soup kitchen premises. Meals are prepared in soup kitchens and taken away from the soup kitchen premises by beneficiaries themselves. Beneficiaries come to the soup kitchens and take as much food as they need, free of charge, and take it home. This method is generally used when the beneficiary's home is close the soup kitchens premises.

Although the aim of fixed point and home delivery methods is to ensure that beneficiaries have access to food in the easiest and fastest way, the implementation of the methods depends on the financial and human resource capacity of the soup kitchens.

If the soup kitchen does not have a budget to cover the distribution costs, all beneficiaries must come to the soup kitchen premises to receive their meals. Access to food incurs transportation costs for beneficiaries whose homes are far from the soup kitchen.

In the survey, to be able to discover the inputs of main beneficiaries, one question was asked that “Do you have any expenses to access TRCS hot meal?”. 59 recipient households stated that they incur transportation cost to access the meal. And then, these beneficiaries were asked how much their monthly expenses were. Monthly transportation cost of these beneficiaries has been found 23,450.00 TRY. For the analysis period, investment amount of the main stakeholder group is 23,450.00 TRY x 12 months = **281,400.00 TRY in total**.

**Turkish Red Crescent Society:** TRCS is the service provider. Therefore, the main input of this SROI research will be the operating cost of TRCS for 13 soup kitchens. TRCS soup kitchens have been funded by donations.

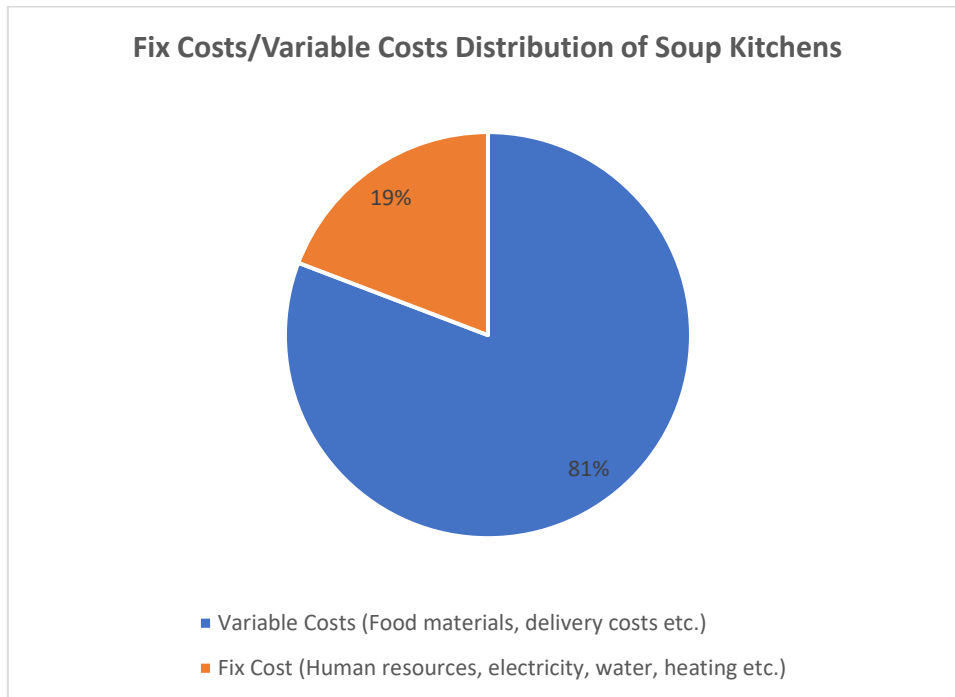
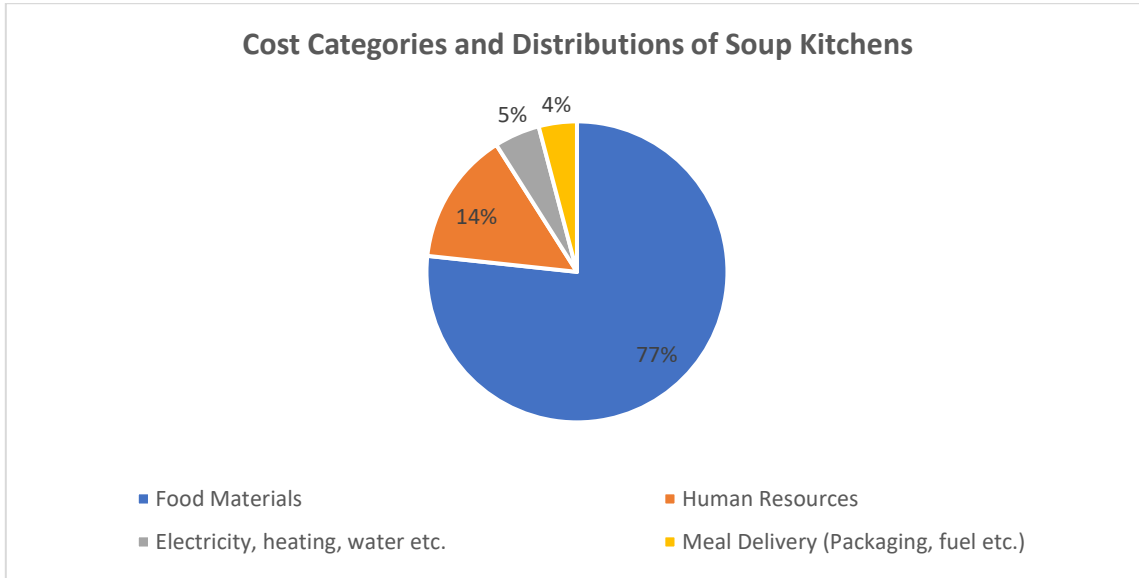
TRCS is in the pilot study phase on an automation system by which all operational processes of soup kitchens, including service capacity and budget can be monitored. TRCS soup kitchens receive many donations, especially in-kind donations from the local community. However, these donations are not valued and reported to TRCS systematically. Therefore, the annual budget of soup kitchens is not monitored precisely by TRCS. Similarly, the service capacity of soup kitchens cannot be monitored, too.

The only source that can provide the most accurate data on the income and expenses of soup kitchens is a field study carried out by TRCS in January 2022. In this field study, data about all donation income (cash, in-kind, from all stakeholders), expense categories and their distributions in cost, beneficiary capacity and average meal cost of soup kitchens were collected by working directly with soup kitchens administrative personnel.

According to the findings, the table and graphics below show budget and cost categories of the 13 soup kitchens, including valuation of in-kind donations. Only valuation of volunteer time could not be included in the cost because of the reasons stated in the Scope & Delimitation part of the report.

<b>TRCS Domestic Fixed Soup Kitchens</b>	<b>Amount – January 2022 Budget</b>	<b>Number of Beneficiaries</b>
Ağrı-Asım Sabri Ülker Soup Kitchen	₺381.732	3.165
Ankara- Dr.Cevat Naki Akerman Soup Kitchen	₺680.891	4.000
Bingöl-Sıdıka Hanım Soup Kitchen	₺202.665	1.188
Erzurum Soup Kitchen	₺131.050	400
İstanbul-Beylikdüzü Seval-Suat Sürmen Soup Kitchen	₺523.647	450
İstanbul-Cerrahpaşa Soup Kitchen	₺60.337	560
İstanbul-Esenler Soup Kitchen	₺226.243	1.120
İstanbul-Pendik Soup Kitchen	₺118.720	1.000

TRCS Domestic Fixed Soup Kitchens	Amount – January 2022 Budget	Number of Beneficiaries
Kocaeli-Karamürsel Soup Kitchen	₺56.300	300
Mersin-Silifke Mükerrerem Toker Soup Kitchen	₺100.406	240
Muş Soup Kitchen	₺190.022	500
Sakarya-Hendek Hakan Albayrakoğlu Soup Kitchen	₺178.558	1000
Van Sabri Ülker Soup Kitchen	₺191.591	650
<b>Total</b>	<b>₺3.042.162</b>	<b>14.573</b>



To calculate input of 13 soup kitchens in this SROI report, the findings of the research conducted in January 2022 were used. For the change in cost of purchasing for report period, The Central Bank of the Republic of Türkiye inflation calculator<sup>8</sup> is used to make adjustment.

#### Findings of January 2022 Field Study

	January 2022
Monthly Cost of 13 Soup Kitchens	₺3.042.162,00
Monthly Fix Cost of 13 Soup Kitchens (The ratio to total budget is 19%)	₺578.010,78
Monthly Variable Cost of 13 Soup Kitchens (The ratio to total budget is 81%)	₺2.464.151,22
Beneficiary Number	14.573
Average Meal Cost for One Beneficiary (Except fix costs)	₺7,69

#### Estimated Costs for SROI Report Period by Using Inflation Calculator

	January 2023
<b>Monthly Fix Cost of 13 Soup Kitchens</b>	<b>₺911.422,09</b>
Monthly Average Meal Cost for One Beneficiary (Except fix costs)	₺12,61
Beneficiary Number included in SROI Research	1.702
<b>Monthly Meal Cost of 13 Soup Kitchens</b> (1 meal for 1 day x 22 days of a month x beneficiary number x average meal cost)	<b>₺472.168,84</b>
<b>Monthly Total Cost [Fix costs + Meal (Variable) Costs]</b>	<b>₺1.383.590,93</b>

	Report Period (October 2022- September 2023)
Total Fix Cost of 13 Soup Kitchens	₺10.937.065,08
Total Meal (Variable) Cost of 13 Soup Kitchens	₺5.666.026,08
<b>TOTAL COSTS [Fix cost + Meal (Variable) Cost]</b>	<b>₺16.603.091,16</b>

Stakeholder Group	Inputs	Monetary Value of Inputs
Needy people (Beneficiaries) who have offered free hot meals by TRCS soup kitchens	Money (Turkish Lira-TRY)	Transportation cost of beneficiaries: <b>281,400.00 TRY</b>
TRCS	Money (Turkish Lira-TRY)	Operating cost of 13 Soup Kitchens (Fixed costs + Meal Costs of 1,702 beneficiaries): <b>16.603.091,16 TRY</b>
<b>TOTAL INPUT VALUE</b>		<b>16.884.491,16</b>

<sup>8</sup> This tool calculates the change in cost of purchasing a representative 'basket of goods and services' over a period. Inflation Calculator was created based on the consumer price index (CPI) calculated by the Turkish Statistical Institute. <https://herkesicin.tcmb.gov.tr/wps/wcm/connect/ekonomi/hie/icerik/enflasyon+hesaplayici>



**6. MAPPING & EVIDENCING & VALUING OUTCOMES**

In TRCS Soup Kitchens SROI Report, two phases of data collection were conducted:

- Firstly, a qualitative phase in which a sample from main stakeholder group were involved in conversations about what outcomes occur, and who else changes.
- Then, a quantitative phase in which a larger sample of main stakeholder group were involved in establishing the amounts of change, the duration of the changes, the relative importance, and the levels of impact (causation) for each outcome
- However, for TRCS soup kitchens donors, employees, municipalities, and SASFs both phases of engagement (covering what changes and how much changes) were done at the same time. For municipalities and SASFs, this method was preferred because the scale of stakeholders was small (13 municipalities and 13 SASFs). In a third-party research - **“Measuring Impact of Food Rescue in Aotearoa New Zealand: A Social Return on Investment”** report, it is seen that because of food aid activities, financial & in-kind donors and employees did not experience any material outcome. It was foreseen that a similar result could be identified in TRCS soup kitchen SROI research, but to minimise risk of missing a material outcome, in TRCS soup kitchen SROI analysis donors and staff were interviewed. On the other hand, as a result of TRCS Impact Teams’ professional judgement, for TRCS donors and staff stakeholder groups, the two phases (qualitative and quantitative) were combined **to avoid loss of resources (human resource, time resource etc)**.

**6.1. Mapping and Evidencing Outcomes**

Qualitative data was collected between November and December 2022 to understand the outcomes of the TRCS soup kitchens aids on the stakeholders. In this phase, one-to-one phone interviews with the stakeholders were conducted by the lead author of this report and TRCS Social Impact Team members.

<b>Stakeholder Group</b>	<b>Data Collection Method</b>	<b>Questionnaire</b>	<b>Number of Interviews</b>
Needy People (Main Beneficiaries of Soup Kitchens)	One-to-one phone interview	Semi-structured	18
TRCS Soup Kitchen Donors	One-to-one phone interview	Semi-structured	15
TRCS Soup Kitchen Employees	One-to-one phone interview	Semi-structured	13
Municipalities	One-to-one phone interview	Semi-structured	13
SASFs	One-to-one phone interview	Semi-structured	13

The key point here is that open questioning has been used with semi-structured questionnaire. Semi-structured interview method was the most suitable method since it enabled flexibility to ask open-ended questions and to speak about ‘story of change’. Asking stakeholders open-ended questions provides opportunity to disclose information that it is not expected. This is crucial to the SVI Report Assurance standard and pivotal to the accountability framework. Semi-structured questionnaires were designed by the lead author of this report with the facilitation of TRCS Social Impact Team members. Here are open-ended questions which were asked when conducting one-to-one stakeholder interviews:

<b>Background Information</b>	<i>These are introductory and demographic questions tailored to the stakeholder group being interviewed.</i>
<b>Understand what changes</b>	<i>How/why are you involved in the activity we are analysing? What changes did you experience? Were all the changes positive? If not, what were the negative changes? Were all the changes expected or was there anything that you didn't expect that changed? So, what happened next? / Tell me more / Why is that important to you?</i>
<b>Deadweight</b>	<i>What would have happened to you if you hadn't taken part?</i>
<b>Relative Importance</b>	<i>How important was this change to you?</i>
<b>Attribution</b>	<i>Who else provides something like this? Did anyone else contribute to the experience/change?</i>
<b>Stakeholder Consultation for Stakeholder Identification</b>	<i>Who else might be affected by the changes that you have experienced? Who else might be affected by the TRCS soup kitchens aids?</i>
<b>General Feedback</b>	<i>How might we improve our services?</i>

The questionnaires for each stakeholder group presented in “10. ANNEXES” part of the report. All interviews were conducted by the lead author of this report and TRCS Social Impact Team members.

**Needy People - Main Beneficiaries of TRCS Soup Kitchens:**

Recipient household database was acquired from soup kitchens administrations. After data correction<sup>9</sup>, a total of 1,263 recipient household records were identified for 13 soup kitchens. This database included the name/surname and telephone number of only ONE adult (Mostly head of household, not all family members,) living in the recipient household. During qualitative interviews, an adult (Mostly registered family member in the database) who could

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<sup>9</sup> Data correction is the activity of checking data which was declared (is possibly) erroneous.

represent recipient household was interviewed. In this way, the changes experienced by other family members were expressed by a single member. This is a risk regarding decision on the materiality and would have possible effects on SROI analysis result through valuing under/over estimation.

18 one-to-one phone interviews were conducted and information on a total of **67 soup kitchens beneficiaries** was obtained. The saturation point was achieved at between 13th-15th interviews. However, to minimize the risk of missing an important outcome more interviews were done. While selecting recipient households to be interviewed, care was taken to ensure a balanced geographical distribution and they were randomly selected from the recipient household database. The table below shows the details of household size and city of residence together with the material outcomes experienced by 67 needy people.

Interviewed Households	City of Residence	Household Size	Household Type	Working Status	Disability/Chronic Ill	Delivery Method	Regular/Irregular	INTENDED POSITIVE OUTCOMES			UNINTENDED NEGATIVE OUTCOMES		
								Outcome 1 Accessing free and safe hot meal	Outcome 2 Saving money in the household's limited budget	Outcome 3 Avoiding malnutrition	Outcome 1 Difficulty in accessing meal	Outcome 2 Unmet individual preferences and dietary requirements	Outcome 3 Not being able to provide the expected benefit from the soup kitchen service
RH* 1	Bingöl	2	Family	Yes	No	Home	Regular	√	√				
RH 2	Gaziantep	10	Family	No	Yes	Home	Regular	√	√				
RH 3	Mersin	3	Family	No	Yes	Home	Regular	√	√	√			
RH 4	Kocaeli	3	Family	No	No	Home	Regular	√	√	√		√	√
RH 5	İstanbul	1	Single	No	Yes	Home	Irregular				√		√
RH 6	Erzurum	6	Family	No	Yes	Home	Regular	√	√			√	√
RH 7	Ankara	4	Family	Yes	No	SK**	Regular	√	√		√		√
RH 8	Sakarya	3	Family	No	No	SK	Regular	√	√			√	√
RH 9	Erzurum	4	Family	No	Yes	Home	Regular	√	√				
RH 10	Ağrı	1	Single	No	Yes	Home	Regular	√		√			
RH 11	Diyarbakır	6	Family	No	No	SK	Irregular	√	√		√	√	√
RH 12	Sakarya	2	Family	No	Yes	Home	Regular	√	√			√	√
RH 13	Mersin	2	Single Parent	No	No	Home	Regular	√	√	√			
RH 14	Bingöl	4	Family	No	Yes	FP***	Regular	√	√	√			
RH 15	Diyarbakır	6	Family	No	No	SK	Regular	√	√	√			
RH 16	Sakarya	2	Family	No	Yes	Home	Regular	√	√	√		√	√
RH 17	Ankara	1	Single	No	No	SK	Irregular	√		√		√	√
RH 18	Ağrı	7	Family	No	Yes	Home	Regular	√	√	√			
<b>Total Beneficiary Number</b>				<b>67</b>				<b>66</b>	<b>64</b>	<b>29</b>	<b>11</b>	<b>23</b>	<b>44</b>

\*RH: Recipient Household \*\*SK: Soup Kitchen Premises \*\*\*FP: Fixed Point

According to the results of 18 interviews on behalf of 67 beneficiaries, intended positive and unintended negative outcomes were identified. The beneficiaries did not mention any unexpected positive change during the interviews.

### **Positive Outcome 1: Accessing free and safe hot meal**

An outcome for TRCS main beneficiaries is accessing to free and safe food. Among 18 recipient households, 17 (66 beneficiaries) reported that by TRCS soup kitchens aids they can access to free and safe hot meal, and this is very valuable for them. Access to free and safe hot meal is the most basic change that beneficiaries can experience because of TRCS soup kitchens aids. Only 1 household (one-person household) didn't mention about this positive outcome because of the irregular use.

Statements of the interviewees in their own words:

*"...Sometimes my relatives, my neighbours gave us food, but they didn't have much money either. The help of the Red Crescent is a very good opportunity for us. Now we have hot food every day. We are not hungry anymore..."*

*"...The food is clean, free and the variety is sufficient. Our food comes to our door. What more could we want?..."*

*"...Thanks to Red Crescent! We cannot cook hot meal at home. We got rid of eating cheap packaged food. We can eat free, even good food..."*

### **Positive Outcome 2: Saving money in the household's limited budget**

During interviews, recipient households remarked the importance of TRCS free meal saving in household budget for other priorities of family members. 64 beneficiaries in the 15 recipient households noted that by getting help of TRCS soup kitchens they are saved in household budget and covered other cost of living such as electricity/water/phone, shelter/heating, health, clothing/transportation, education etc.

Statements of the interviewees in their own words:

*"...It helps with other expenses. We don't pay for hot meal. So, we can buy ingredients breakfast and fruit..."*

*"...We can allocate money for our electricity and water bills. And if I had expenses for food, I wouldn't be able to pay them...."*

*"...I have a baby six months. He can't eat these meals, but I can buy him baby food with the money I save..."*

*"...My wife had a stroke. My income is just enough to cover her hospital and care expenses..."*

### **Positive Outcome 3: Avoiding malnutrition**

Another outcome of soup kitchens service is the avoiding malnutrition of disadvantaged people. Malnutrition means poor nutrition. Most commonly this is caused by not eating enough (undernutrition) or not eating enough of the right food to give your body the nutrients it needs (<https://www.nhsinform.scot/illnesses-and-conditions/nutritional/malnutrition/>)

9 recipient households stated that consuming TRCS soup kitchens meals provide its 29 family members to avoid malnutrition.

Statements of the interviewees in their own words:

*"...There are also meat dishes, meat is sufficient. They also offer us bread and fruit..."*

*"...The meal is clean and healthy. The amount is sufficient, even we can save for the dinner, too. 2 loaves of bread are also provided. Thanks to God..."*

*"...There is both meat and vegetables. If the soup kitchen didn't provide food, we wouldn't be able to eat any meat, meat is too expensive..."*

*"...We are satisfied with the Red Crescent. We couldn't afford to eat meat twice a week with our own money..."*

### **Negative Outcome 1: Difficulty in accessing meal**

Many people diagnosed with disability, chronic illnesses, and geriatric diseases suffer from mobility problems that restrict them from cooking, shopping and even going out. People also taking caring responsibilities of disabled/chronically ill/elderly/child have similar problems. Soup kitchens beneficiaries with the same characteristics have been experiencing similar problems, too. TRCS soup kitchens legislation requires home delivery of meals for these disabled/chronically ill /elderly and caregivers. However, this requirement can be implemented depending on the resource's capacity of the soup kitchens. If resources are limited, disadvantage groups are forced to get their meals from the soup kitchen premises. If the soup kitchen premises is far from the beneficiary's home, the problems of accessing and covering transportation costs arise. This creates difficulty in accessing the meal regarding time and cost for the beneficiaries. During qualitative phase, 3 recipient households drew attention to these negative changes.

Statements of the interviewees in their own words:

*"...My baby is a newborn. I can't leave him alone at home. Walking with my baby in my arms makes me very tired. If I'm late, the meal is finished too..."*

*"...I have health problems. Walking in cold or hot weather makes it very difficult for me. I don't always have money to pay for a minibus. Why sometimes we can't go and take it (meal), even if it means going hungry..."*

## **Negative Outcome 2: Unmet individual preferences and dietary requirements**

TRCS soup kitchens serve in a widespread geography where different food varieties dominate. So, among beneficiaries, there are people with different taste preferences. And there are people who have different chronic illnesses (Diabetes, kidney failure, hypertension etc.) who need to follow different diets for their health being. However, TRCS soup kitchens can provide a standard menu to each beneficiary. Although the soup kitchen menu is a healthy and safe menu for an average adult, it does not totally address all different taste preferences and different diets. As a result, some beneficiaries may suffer negative impacts due to unmet individual preferences and dietary requirements. As a matter of fact, this negative change was also observed in this study. 23 soup kitchens beneficiaries of 7 recipient households talked about this change in qualitative interviews.

Statements of the interviewees in their own words:

*"...The food is very oily. I had bypass surgery. It is not suitable for me to eat fatty foods. Sometimes the bread is not fresh..."*

*"...Chickpeas and beans are sometimes undercooked..."*

*"...It's not enough. 2 loaves of bread are given. When I say it's not enough, they say there is nothing else..."*

*"...I think it's unsalted, but that's a good thing for people who eat unsalted..."*

*"...Food seems salty to my mother. She is afraid of being affected because she has blood pressure..."*

*"...Too much tomato pastes causes burning in my stomach..."*

### **Negative Outcome 3: Not being able to provide the expected benefit from the soup kitchen service**

As a result of difficulty in accessing TRCS hot meal and unmet individual preferences/dietary requirements, 44 beneficiaries not being able to provide the expected benefit from the soup kitchen service.

#### **Subgroups Consideration:**

Mapping of the changes made based on the transcriptions of the interviews and presented above did not include any different change specific just to city of residents. In the process of analysis, various characteristics of the needy people were considered for the purpose of evaluating if and how these characteristics may have affected the experience of them. The followings are the characteristics of needy people considered:

- Household size
- Household type (family household, single parents etc)
- Working status
- Having disability, chronic ill
- How access to meal
- Regular/irregular use of service

In the qualitative phase, 13 of the interviewed recipient households are family household, 2 are single parent household and 3 are one person household. The average household size is 4 persons. When looking at their working status, in the 16 recipient households the head of household is not working. Only 2 households have low but regular income. In 11 of interviewed households, there is at least one person with disability and/or chronic disease. The other 7 recipient households stated that they had no disability and/or chronic disease. Interviewees in all households stated that they benefited from soup kitchen aid due to lack of income. Having disability and/or chronic disease is the main reason of unemployment and low/no income. 10 of the interviewed households stated that the meal is delivered to their home. The remaining 5 households can access the meal from soup kitchens and the remaining 3 can access the meal from the fixed points. While 13 households benefit from soup kitchen aid regularly, 5 households cannot benefit regularly.

However, no other different/material changes were mentioned in any of the families with these characteristics.



## TRCS Soup Kitchens Employees:

During TRCS Soup Kitchen SROI research, 1 employee from each soup kitchen was interviewed. In total, 13 paid staff from each soup kitchen and each position were interviewed. The working period of interviewed employees vary between 2 months and 12 years.

According to transcriptions of the interviews, no negative changes have been declared by the interviewees. 1 paid staff stated that the change she/he experienced was only having a job where she/he earned money. 12 out of 13 paid staff pointed to the following positive changes in their life due to working in a TRCS soup kitchen: **increased empathy and compassion, sense of fulfilment and broadened perspective**. Their feelings are often tied to the impact they make in the lives of people in need. Contributing to a worthy cause and making a positive impact on people in needs bring a deep sense of fulfilment and satisfaction, even if it's a job to make money. Working in the soup kitchen raises empathy and compassion. It allows paid workers to connect with the challenges and needs of disadvantaged people, fostering a greater understanding of different perspectives and circumstances. Being a part of soup kitchen exposes them to different social issues and challenges faced by various communities. This broadens their perspective and deepens their understanding of the world, promoting empathy and a more inclusive mindset. No matter considered subgroup characteristics (Gender, position in the soup kitchen, working year etc...), all these positive emotional changes increase TRCS soup kitchen paid workers' job satisfaction.

On the other hand, these positive emotional changes are experienced by most professionals working in non-profit organizations. Binder, Martin (2015) in "... Do it with joy!" - Subjective well-being outcomes of working in non-profit organizations"<sup>10</sup> says that:

*"... Volunteering for a good cause has been shown to be beneficial for one's health and wellbeing (Post, 2005; Meier and Stutzer, 2008; Binder and Freytag, 2013). This beneficial impact also extends to those who work for pay in the non-profit sector, as this paper has shown. Building on previous work that showed that third-sector workers enjoy higher job satisfaction (Mirvis and Hackett, 1983; Benz, 2005; Donegani et al., 2012) despite sometimes even lower pay than their peers in the private sector, this paper has explored the impact of non-profit work on life satisfaction and found a significant positive impact..."*

To reduce the risk of over-valuation, SROI necessitates to assess deadweight and attribution. According to the ***SROI Supplementary Guidance for estimating Deadweight and Attribution***, "The purpose of the principle "***Do Not Over Claim***" is making an estimate of what would have happened to stakeholders without the activity. However, in thinking this through it is also often checking that the list of stakeholders identified early on is correct."

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<sup>10</sup> Papers on Economics and Evolution, No. 1503, Philipps University Marburg, Department of Geography, Marburg. Retrieved from <https://www.econstor.eu/bitstream/10419/121301/1/834795167.pdf>

Considering this, question of *“If the TRCS soup kitchen did not exist, would you find another way to achieve the same change(s)?”* was asked to all paid worker interviewed. Paid worker who stated that the change she/he experienced was only having a job where she/he earned money remarked that she/he can find another job in any sector because she/he thinks that primary purpose of paid work is wage. There is no value creation for this specific stakeholder. The remaining ones (12 paid workers) experiencing increased empathy and compassion, sense of fulfilment and broadened perspective foresaw that they might continue working at another non-profit organization or public benefit organization. Those outcomes were expected positive ones that might be included in the analysis. However, based on *Principle 5 “Do not Overclaim”* stakeholders were asked what would have happened without the activity (qualitative deadweight). All stakeholders stated that there were other ways to achieve the same outcome. Then, the likelihood that the outcome would have happened anyway (quantitative deadweight) was asked and how much of the same outcome they could experience was discussed with stakeholders. They stated that they would experience 100% of the same changes by working at another non-profit organization or public benefit organization. This information indicates that the deadweight ratio is 100% which means there is no value creation for stakeholders. Therefore, based on the collected data, TRCS soup kitchen paid staff were excluded from the analysis.

It is well understood from the following explanation that the same result was also reached in "Measuring Impact of Food Rescue in Aotearoa New Zealand: A Social Return on Investment".

*“...This SROI analysis excludes food rescue staff. Through the stakeholder mapping process, we identified that food rescue staff provided important information but did not experience significant personal outcomes from food rescue...”*

This similar result supports and strengthens TRCS soup kitchen SROI analysis.

#### **TRCS Soup Kitchens Donors:**

TRCS operates the soup kitchens mostly by donations. Individuals and organizations can make cash or in-kind donations for TRCS soup kitchens. Since donors are the locomotive of humanitarian aid sector, they are naturally stakeholders of every aid work.

According to findings from existing literature, donating has some effects on people. One of the major positive effects of donating to charity is feeling good about giving regardless of what is being helped or, donors might also experience negative effects because they cannot control their donations when they give their money to a charity.<sup>11</sup>

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<sup>11</sup> Charities Aid Foundation, <https://www.cafonline.org/>, <https://www.quora.com/>

Undoubtedly, TRCS soup kitchen donors are also experiencing some changes. In this SROI research, interview appointments were scheduled from 20 donors. Since 5 of those who donated for religious purposes did not want to talk about their donations, they later cancelled the appointment. At the end 15 soup kitchen donors were interviewed.

Characteristics of interviewed donors:

- 8 of them male, 7 of them female
- 5 of them regular donors, 10 of them non-regular donors
- Education level varies between primary school and master's degree, mostly undergraduate level
- Their ages vary between 30 and 70.
- They are farmers, retirees, civil servants, and private sector employees.
- They are middle income donors.

As academic literature regarding motivation of donors claims, the most relevant and traditionally considered motivations of TRCS soup kitchens donors include altruism and religious motives. 7 donors donated to fulfil their religious obligations like zakat, the remaining donated for non-religious motivations. No negative changes have been declared by the interviewees. No matter what the motivation and considered subgroup characteristics (Age, gender, education etc...) the positive change stated by all interviewed donors is *“the happiness and emotional satisfaction that comes from helping and sharing people in difficult situations”*. Those outcomes were expected positive ones that might be included in the analysis.

On the other hand, to reduce the risk of over-valuation, SROI necessitates to assess deadweight and attribution. Considering **Principle 5 “Do not Overclaim”**, question of *“If the TRCS soup kitchen did not exist, would you find another way to achieve the same change(s)? - qualitative deadweight)”* was asked to all donors interviewed. All donors emphasized that there are other options apart from TRCS for them to donate food insecure people. Some of them pointed out that they have an option of direct donations to family and friends, strangers in the street, and community, then others presented that other food aid organizations are also good option for themselves. Then, the likelihood that the outcome would have happened anyway (quantitative deadweight) was asked and how much of the same outcome they could experience was discussed with stakeholders. They stated that they would experience 100% of the same changes by donating other non-profits or directly to people in need. This information indicates that the deadweight ratio is 100% which means there is no value creation for stakeholders. Therefore, based on the collected data, TRCS soup kitchen donors were excluded from the analysis.

## **Municipalities and Social Assistance and Solidarity Foundations (SASFs):**

Municipalities and local governments have relevant roles combatting with the food insecurity. (Municipality Law No. 5272, Social Assistance and Solidarity Promotion Law No. 3294). Municipalities, SASFs and TRCS can support/donate to each other while fighting with hunger. Non-profits are often working with limited resources. It can be challenging to achieve success when working within a constrained budget, and one way to overcome this challenge is to collaborate with other organizations that share similar goals. By pooling resources and working together, it is possible to achieve more than working alone. TRCS soup kitchens also do this in the areas they operate. Partnership among TRCS, SASFs and municipalities is a collaborative partnership. Collaborative partnerships are agreements and actions made by consenting organizations to share resources to accomplish a mutual goal. Collaborative partnerships rely on participation by at least two parties who agree to share resources, such as finances, database, knowledge, and people.

As can be seen in the "**TRCS Domestic Fixed Soup Kitchens in Türkiye**" table in the "Delimitations" part of this report, TRCS supports some soup kitchens run by Municipalities and SASFs. Mutually, municipalities and SASFs can support some TRCS soup kitchens. This SROI report covers 13 soup kitchens only run by the TRCS. It was understood from the interviews that SASFs and municipalities provide complementary services for some TRCS soup kitchens when resources are not sufficient. These services vary as sometimes providing food materials like bread and pulses, sometimes providing vehicles or human resources for the distribution of meal. Generally, they direct food insecure people who applied to them to TRCS soup kitchens. All this information was verified by the administrative staff of TRCS soup kitchens.

These complementary service supports do not create material value for these local authorities as they are within their core mandate. So, if TRCS soup kitchen did not exist, there would be other way for them to achieve similar cooperation. This means that TRCS soup kitchens doesn't create additional value for municipalities and SASFs. Therefore, based on the collected data, municipalities and SASFs were excluded from the analysis.

## **6.2. Chain of Events for Main Beneficiaries of TRCS Soup Kitchens**

A chain of events shows dependencies between outcomes. As seen on the schema below, TRCS soup kitchens' activity creates some intended positive outcomes and some unintended negative outcomes. Based on the analysis of the qualitative data, the outcomes experienced by the stakeholders were listed, indicating cause-effect relations allowing establishing well-defined outcomes chains. Observed and reported outcomes from direct stakeholder involvement is very critical in deciding on outcomes. Direct stakeholder involvement should always be the preferred starting point. Nonetheless, process of identifying well-defined

outcome is stakeholder-informed, not stakeholder-led (*Standard on Applying Principle 1: Involve Stakeholder*).

According to *Standard on Applying Principle 2: Understand What Changes*, there may also be situations where stakeholder's perceptions are developed or even excluded based on third party research and management experience. Therefore, while validating the assumptions on the outcome chains, identifying a set of well-defined outcomes, and establishing Chain of Events, research from third parties was used.

Saving money in the household's limited budget and avoiding malnutrition as a result of accessing free and safe hot meal is positive outcome derived from qualitative phase of TRCS SROI research by engaging TRCS soup kitchen beneficiaries. This positive outcome was included into the SROI calculation of this report.

Not being able to provide the expected benefit from the soup kitchen services as a result of difficulty in accessing meal and unmet individual preferences/dietary requirements is negative outcome derived from qualitative phase of TRCS SROI research by engaging TRCS soup kitchen beneficiaries. This negative outcome was included into the SROI calculation of this report.

The following outcomes of the Chain in blue coloured boxes (both positive and negative);

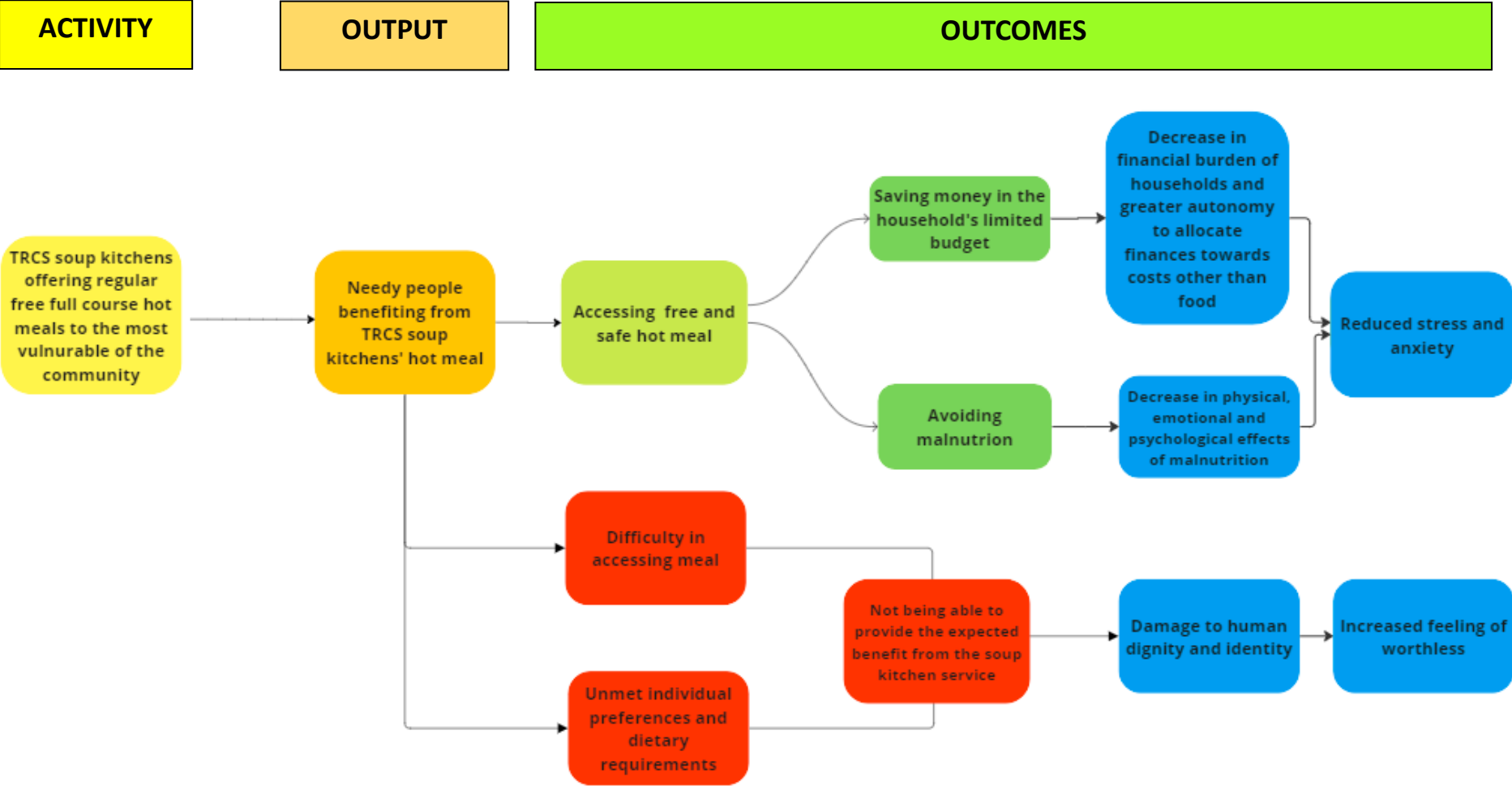
- REDUCED STRESS AND ANXIETY (well-defined positive outcome) as a result of decrease in financial burden of households and greater autonomy to allocate finances towards costs other than food and decrease in physical, emotional, and psychological effects of malnutrition
- INCREASED FEELING OF WORTHLESS (well-defined negative outcome) as a result of damage to human dignity and identity

are **HYPOTHETICAL**<sup>12</sup> outcomes which were derived from third party research. These changes were not measured and included into the SROI calculation of this report, since they were not mentioned/confirmed directly from beneficiaries themselves during this research. It can be said that the stakeholders in third-party research referenced on this study have similar characteristics to the TRCS soup kitchen beneficiaries. However, despite these similarities, the differences in socio-cultural characteristics should always be taken into consideration. Because of differences in socio-cultural characteristics, the changes experienced by stakeholder groups may also differ. Due to this risk, the valuation of these outcomes is left to future SROI research.

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<sup>12</sup> In the following relevant sections of this report, these outcomes constructed through third-party research findings regarding soup kitchens and not measured/valued in this study's SROI calculation will be referred to as "Hypothetical" outcomes. "Hypothetical" term is just used as a name for these outcomes.

Chain of Events Schema

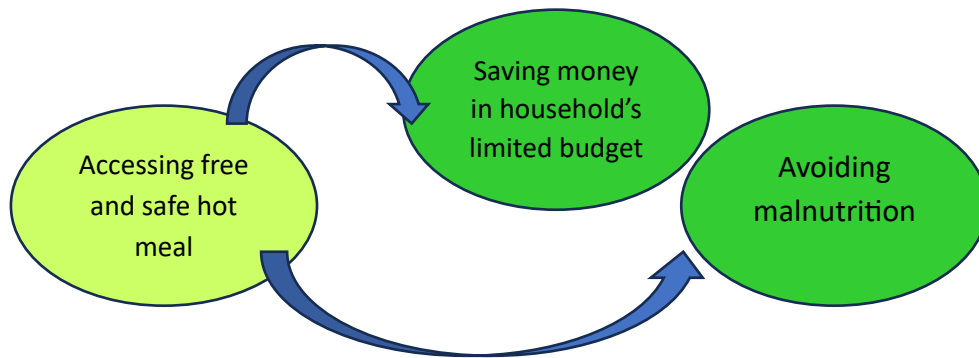


## POSITIVE CHANGES

In TRCS Soup Kitchens SROI research, during qualitative phase interviewed beneficiaries mentioned about 3 material positive changes:

- Accessing free and safe hot meal
- Saving money in household's limited budget
- Avoiding malnutrition

These changes were also included in the quantitative data collection to understand their significance. For the chain of positive outcome, "Accessing free and safe meal" is a very basic outcome resulting from the TRCS soup kitchen service. Therefore, it is the starting point of the chain. In the next step, "Accessing free and safe meal" causes 2 independent different changes:



International literature states that the primary purpose of soup kitchens is to provide food, specifically to people who are unable to otherwise source their own. Hereby, in the literature there are various studies have explored the impact of soup kitchens on the food security and household economics of low-income families.

For example, Ibrahim N., Honein-AbouHaidar G., Jomaa L. (2019)<sup>13</sup> in the "Perceived impact of community kitchens on the food security of Syrian refugees and kitchen workers in Lebanon: Qualitative evidence in a displacement context" remarks that:

*"...CKs (community kitchens) provided both groups with food pots on a regular basis, which helped meet their needs for food and cut down on their food expenditures. Almost all the SR (Syrian refugees) beneficiaries included in the present study reported that CKs fulfilled a dire need for food for all family members, especially for children. CKs allowed them to consume a wider variety of food items and in larger quantities, and that this improved their nutritional and health status... In terms of the financial implications of the CK, the food pots had a cost opportunity impact. They allowed the families of both groups of women to cut their spending on food in order to buy other necessities such as medicine and fuel..."*

<sup>13</sup> Retrieved from <https://journals.plos.org/plosone/article/authors?id=10.1371/journal.pone.0210814>

In another study, “Our daily bread: the role of the soup kitchens in 21<sup>st</sup> century Adelaide” (Doctoral dissertation, University of Adelaide), Skinner, V.L. (2017)<sup>14</sup> writes that:

*“... Food is the most basic - and the most obvious - service provided by soup kitchens. As well as being the most important aspect of the soup kitchen for staff and volunteers, it was also observed to be one of the key reasons for attending. All soup kitchen attendees ate the food that was served, and all of those interviewed came for food, even if not primarily... According to the literature, soup kitchens provide three interrelated services: they provide meals for people who are unable to prepare or store their own food; they help people experiencing financial disadvantage make ends meet by freeing up resources; and they provide a measure of social interaction for those who are experiencing social isolation...”*

Another related study exists in the Social Value UK report database, “**Measuring Impact of Food Rescue in Aotearoa New Zealand: A Social Return on Investment Report by University of Otago and Aotearoa Food Rescue Alliance (AFRA)**”<sup>15</sup>. This SROI report aims to understand, measure, and value the impact of food rescue in Aotearoa New Zealand. Food recipients is one of the stakeholder groups of the study. This refers to individuals and whānau (families) needing temporary or long-term food assistance. According to the findings of AFRA’s SROI research,

*“... A key outcome for food recipients is increased **access to a variety of free food**. Various stakeholders noted the importance of food variety for **improved health and well-being (including dietary needs and dignity)**.*

...

*Food recipients and others also noted the importance of food rescue in **freeing up limited money for other priorities**, such as car insurance, school uniforms for children, and participating in sports and other activities. Food recipients described how freeing up money in limited budgets expanded their choices and **sense of autonomy**, enabling them to participate in broader society in valued ways...”*

TRCS soup kitchen SROI research and all these studies, carried out in different economic, socio-cultural, and geographical environments, even in the context of conflict and displacement and in cases where the form of assistance changes (soup kitchens, foodbanks etc.) show that common positive impacts of food aids for those in need are **accessing free and safe food, providing better nutrition, and contributing to limited family budget**.

**In TRCS soup kitchen SROI study, only initial stage of the chain of changes was created through direct stakeholder involvement, but a well-defined positive and negative outcomes**

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<sup>14</sup> Retrieved from [digital.library.adelaide](https://digital.library.adelaide.edu.au/handle/10171/13444)

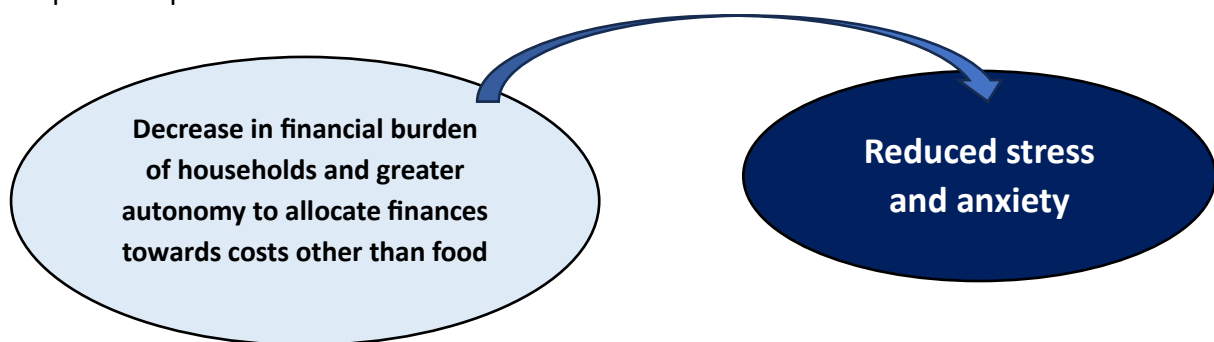
<sup>15</sup> Retrieved from <https://socialvalueuk.org/reports/measuring-impact-of-food-rescue-in-aotearoa-new-zealanda-social-return-on-investment/>



were not established. According to “*Standard on Applying Principle 2: Understand what change*”, “*Understanding change can also be achieved from third party research if it is based on other similar activities and similar stakeholders. It can be appropriate to extend the chain to consider subsequent outcomes that did not arise from initial stakeholder involvement, for example where stakeholders are not aware of outcomes that may happen*”. So, various studies in the literature and other SROI analysis regarding food aids show that to be able to reach well defined outcome the chain still has steps to be completed.

Accessing free and safe meal, saving money in household’s limited budget, and avoiding malnutrition are the positive changes that identified by main beneficiaries of TRCS soup kitchens and valued in this SROI research. In fact, saving money in household’s limited budget and avoiding malnutrition should be leading other changes creating a chain of events, even though stakeholders haven't mentioned it during the interviews.

To generate an interpretation for a set of well-defined positive outcome that may come after than “*Saving money in household’s limited budget*”, AFRA’s SROI research is giving good and adaptable evidence. In AFRA’s SROI study, the followings are other positive changes food recipients experienced:



Furthermore, Ibrahim N., Honein-AbouHaidar G., Jomaa L. (2019)<sup>16</sup> in the “*Perceived impact of community kitchens on the food security of Syrian refugees and kitchen workers in Lebanon: Qualitative evidence in a displacement context*” highlight that:

*“...CWs (Community kitchen workers) and SR (Syrian refugees) participants reported personal and psychological benefits from their involvement in the CK (Community kitchens). The kitchens provided CWs and SRs with a “peace of mind” by not having to worry constantly about their food security and how to provide food for their families...”*

Anxiety & Depression Association of America points out that<sup>17</sup>:

<sup>16</sup> Retrieved from <https://journals.plos.org/plosone/article/authors?id=10.1371/journal.pone.0210814>

<sup>17</sup> Retrieved from <https://adaa.org/>

*“...Poverty causes stressors such as insecurity and uncertainty about food, housing, and income. On an individual level, poverty can lead to **high stress** and major physiologic responses, such as high blood pressure and high cortisol levels. With prolonged exposure to poverty, these responses turn into disruptions in brain functioning, which ultimately lead to both long-term **physical and mental health consequences...**”*

In “Poverty, depression, and anxiety: Causal evidence and mechanisms”, M. Ridley et al.,<sup>18</sup> stress that:

*“...Mental health in the broadest possible sense has been defined as “a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. This definition includes both happiness or life satisfaction, which also correlate positively with income, and symptoms associated with **anxiety** and **mood disorders**, such as depression. The two are clearly related; depression and anxiety are strong determinants of happiness, and ultimately, mental health and even mental illnesses such as depression and anxiety exist along a continuum.*

...

*Depression and anxiety are the most common mental illnesses: 3 to 4% of the world’s population suffers from each at any given time...Contrary to widely held preconceptions from the 20th century, these are not “diseases of affluence”. Those with the lowest incomes in a community suffer 1.5 to 3 times more frequently from depression, anxiety, and other common mental illnesses than those with the highest incomes.*

...

*Recent research has established a bidirectional causal relationship between **poverty** and **mental illness**. Poverty is associated with volatile income and expenditures. The resulting worries and uncertainty can worsen mental health.*

...

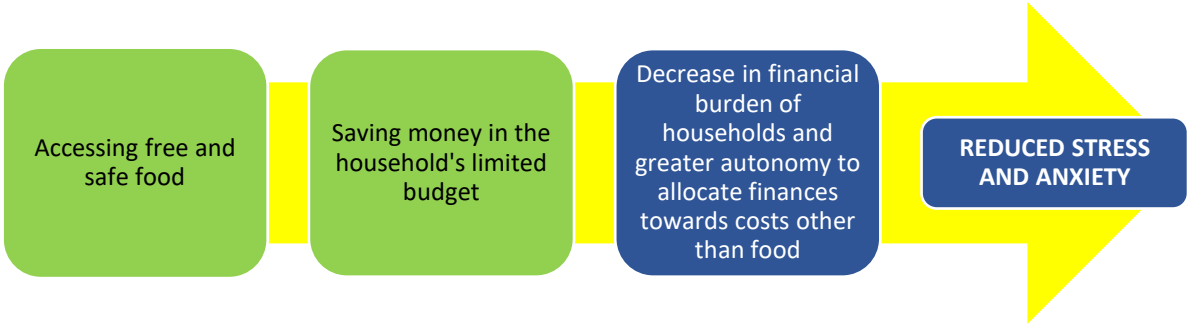
***Conversely, cash transfers and broader antipoverty programs reduce depression and anxiety in randomized trials...The most compelling causal evidence that poverty causes mental illness comes from RCTs (randomized controlled trials) that evaluate antipoverty programs. Several studies that evaluated cash transfer and broader antipoverty programs have found substantial positive impacts on mental health...”***

Considering all these adaptable findings, the following hypothetical conclusion can be drawn for TRCS soup kitchens chain: By providing meals to the disadvantaged in the community, TRCS soup kitchens can help them redirect limited financial resources towards other critical needs like housing, medication, or education. It can be understood whether the outcomes are dependent or independent by considering if one outcome would occur anyway even the other outcome(s) would not occur. Based on this logic, **“Saving money in the household's limited**

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<sup>18</sup> Science 370, eaay0214 (2020). DOI: 10.1126/science.aay0214 Retrieved from <https://www.science.org/doi/epdf/10.1126/science.aay0214>

**budget”** brings **“decrease in financial burden of households and greater autonomy to allocate finances towards costs other than food”**. In the chain, the subsequent well-defined outcome most probably would be poor family members experiences **“reduced stress and anxiety”**.



**To generate an interpretation for a set of well-defined outcome that may come after than “Avoiding malnutrition”**, there are related research on the health consequences of household food insecurity in the international literature.

Scotland’s National Health Information Service informs that malnutrition can result in:

- unplanned weight loss
- muscle loss
- a low body mass index (BMI)
- vitamin and mineral deficiencies

This can leave you feeling tired, weak and affect your ability to recover from an illness. Common signs and symptoms of malnutrition include: loss of appetite and lack of interest in food or fluids, unplanned weight loss, tiredness or low energy levels, reduced ability to perform everyday tasks like showering, getting dressed or cooking, reduced muscle strength, changes in mood which might cause feelings of lethargy and depression, poor concentration, poor growth in children, increased risk of infection, recurrent infections, taking longer to recover and poor wound healing, difficulty keeping warm, dizziness (<https://www.nhsinform.scot/illnesses-and-conditions/nutritional/malnutrition/>)

According to Khosravi , M. et al,. (2023) in the “Is household food insecurity related to mothers' stress, anxiety and depression in Iran?”<sup>19</sup>,

*“... Food insecurity is considered a nutritional risk that can contribute to various forms of malnutrition including under-nutrition or overnutrition, both of which bring about serious consequences for physical and psychological well-being (Anderson, 1990). Food insecure individuals may experience physiological distress as a result of having the limited ability or availability to access nutritious, adequate, and affordable food in socially appropriate ways*

<sup>19</sup> Preventive Medicine Reports, Volume 35, October 2023, 102293. Retrieved from <https://doi.org/10.1016/j.pmedr.2023.102293>.

(Huddleston-Casas et al., 2009). Previous studies reported that food insecurity is associated with higher prevalence rates of common mental disorders (Wolfson et al., 2021; Whittle et al., 2019).

...

*In this study, we evaluate mental health with variables such as stress, anxiety, and depression. Because they are the most common mental disorders that can be almost treated. Stress is an emotional state in which a person believes that the total demands and expectations from him are beyond his facilities and abilities, and it has been known for years (1989) that it leads to anxiety and depression in the long term (Kendall and Watson, 1989).*

...

*Our results suggested that a higher level of food insecurity correlates with extreme degrees of stress, anxiety, and depression. Therefore, the improvement of mothers' mental health in terms of stress, anxiety, and depression depends on the improvement of household food insecurity..."*

Marbin D, Gutwinski S, Schreiter S and Heinz A (2022) in "Perspectives in poverty and mental health"<sup>20</sup> remarked that:

*"...Another important aspect of absolute poverty is insufficient nutrition. There is an increasing focus on the interaction between food security and mental health as main sources of global mortality and disease (19). For example, Fang et al. conducted a study during the COVID-19 pandemic among 2,714 low-income participants in the United States and observed that food insecurity was associated with a 257% higher risk of anxiety and a 253% higher risk of depression (20). Insufficient nutrition is a risk factor, while income stability was detected as a protective factor for depression..."*

In the opinion of M. Ridley et al., "Poverty, depression, and anxiety: Causal evidence and mechanisms";

*"...Lower income is robustly associated with worse physical health. Worse physical health may affect mental health through various channels. Chronic pain, worries about health and mortality, the financial costs of illness, and reduced physical activity may all worsen mental health. It is therefore unsurprising that physical ill-health often co-occurs with depressive and anxiety disorders .... However, unlike most physical health conditions, mental disorders may directly distort economic decision-making in ways that perpetuate poverty, by directly affecting cognitive function, preferences, and beliefs..."*

Nuflower Foods and Nutrition in India states that<sup>21</sup>:

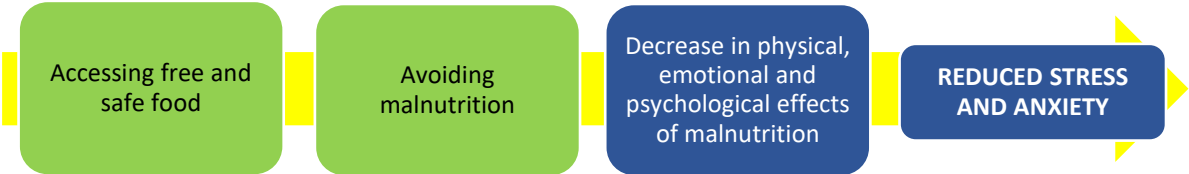
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<sup>20</sup> Front. Public Health 10:975482. doi: 10.3389/fpubh.2022.975482 Retrieved from <https://www.frontiersin.org/articles/10.3389/fpubh.2022.975482/full>

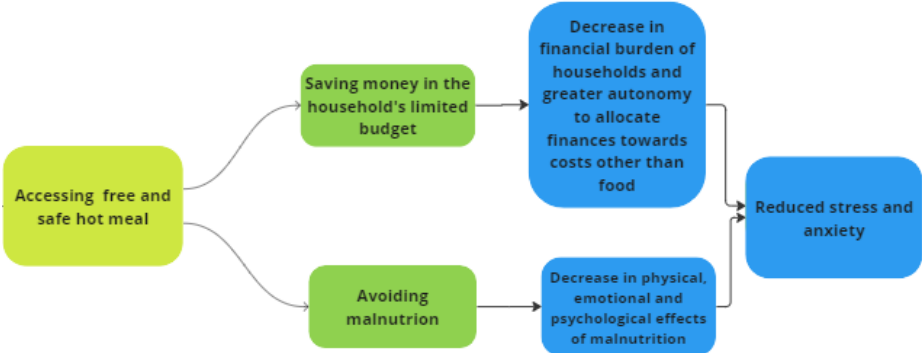
<sup>21</sup> Retrieved from <https://www.nuflowerfoods.com/blogs/the-psychological-and-emotional-impacts-of-child-malnutrition/>

“...Child malnutrition can cause emotional distress and behavioural problems. When children experience hunger and malnourishment, it creates a constant state of stress and anxiety. They may become irritable, and restless, exhibiting signs of emotional instability. Malnourished children may also display symptoms of depression, such as social withdrawal, decreased interest in activities, and a general sense of sadness. These emotional disturbances can further hamper their overall well-being and hinder healthy emotional development. Children who have experienced malnutrition are at a higher risk of developing mental health disorders later in life. Malnutrition can disrupt the delicate balance of brain chemistry, leading to an increased susceptibility to conditions like anxiety disorders, depression, and even schizophrenia. The long-term psychological consequences of malnutrition extend far beyond the immediate physical effects and can have a lasting impact on a child’s mental health...”

Considering all these adaptable findings, the following hypothetical conclusion can be drawn for TRCS soup kitchens chain: TRCS offers healthy meals to the disadvantaged in the community. By this way, food insecure households can “**avoid malnutrition**”. It can be understood whether the outcomes are dependent or independent by considering if one outcome would occur anyway even the other outcome(s) would not occur. Based on this logic “**Avoiding malnutrition**” brings “**decrease in short term physical, emotional and psychological effects of malnutrition**”. In the chain, the subsequent well-defined outcome most probably would be poor family members experiences “**REDUCED STRESS AND ANXIETY**”.



Although “Decrease in financial burden of households and greater autonomy to allocate finances towards costs other than food” and “Decrease in physical, emotional and psychological effects of malnutrition” are 2 independent changes proceeding in 2 different streams of the chain, third party research results show that both could be resulted in reduced stress and anxiety. Therefore, these 2 independent different changes are combined into a single well-defined result – **REDUCED STRESS AND ANXIETY**. This is also good for to eliminate the potential risk of double counting.



## NEGATIVE CHANGES

In TRCS Soup Kitchens SROI research, during qualitative phase interviews beneficiaries mentioned about 2 independent different changes:

- Difficulty in accessing meal
- Unmet individual preference and dietary requirements

As a result of these negative changes, they experienced **“Not being able to provide the expected benefit from the soup kitchen service”**. These changes were also included in the quantitative data collection to understand their significance.

**These are negative changes that identified by main beneficiaries of TRCS soup kitchens and valued in this SROI research. In fact, “Not Getting the Expected Benefit” is not a well-defined outcome and should be leading other changes creating a chain of events, even though stakeholders haven't mentioned it during the interviews.**

According to a study “Shame and Hunger: Breaking the Stigma Through Lived Experiences”<sup>22</sup> conducted in USA by Corissa Raymond and Alexandra Rouzier (2023),

*“...The cyclical relationship between mental health and food insecurity is well documented and highlights how stigma can place additional burdens on people who are going through a difficult time in their lives. To better understand how food insecurity affects emotional health, U.S. Hunger polled a focus group, asking the following: “How do you feel when you are experiencing food insecurity?” Responses were received from 1,367 individuals who had previously applied for food assistance via the [Full Cart](#) online application. The respondents could select multiple responses with the majority (73.4%) reporting that they felt [stressed](#). Participants additionally reported feeling anxious (54.9%), depressed (52.8%), angry (22.6%), isolated (19.3%), overwhelmed (<1%), and embarrassed (<1%).*

...

*Economic burdens experienced by low-income families are not the sole source of heightened feelings of anxiety and depression. Alternatively, other factors related to shame and stigma surrounding food assistance evoke negative emotions. Thus, when applying for and receiving food assistance, it is essential that individuals in need are treated with dignity and discretion...”*

It is inevitable that these unhealthy emotions will increase and damage the human dignity in cases where beneficiaries cannot provide their expected benefits during the food aid. In “How the social dignity of recipients is violated and protected across various forms of food aid in

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<sup>22</sup> Behavioural Health News, Retrieved from <https://behavioralhealthnews.org/shame-and-hunger-breaking-the-stigma-through-lived-experiences/>

high-income countries: a scoping Review (2023) <sup>23</sup>, Thirza Andriessen and Laura A. van der Velde have emphasized an in-depth understanding of social dignity in the context of food aid. Based on the 37 studies analysed in this scoping review through a social dignity lens, the authors outline five dimensions that cover the aspects in food aid which are described in the selected literature as important for the dignity of recipients, either related to dignity violation or dignity protection. These dimensions are (1) access to food aid, (2) social interactions when receiving food aid, (3) appropriateness of the food, (4) the physical space of food aid and (5) need beyond the food.

In TRCS soup kitchens SROI research, 1st and 3rd dimensions were mentioned as negative changes by the beneficiaries: “difficulty in accessing meal” and “Unmet individual preferences/dietary requirements”.

Regarding 1<sup>st</sup> and 3<sup>rd</sup> dimensions, Thirza Andriessen and Laura A. van der Velde draw attention to the followings.

*“...This dimension (access to food aid) concerns the rules and regulations performed by organizations that affect recipients’ access to food aid, such as eligibility criteria, opening hours and if the food is offered for ‘free’ or for a (highly discounted) price. The selected studies indicate that such rules and regulations constitute the dignity of recipients in different ways: by performing a social hierarchy of ‘deservingness’, by reinforcing moral judgements, and by violating recipient’s integrity.*

...

*Twenty-four of the selected studies draw attention to the appropriateness of the food provided by food aid organizations in relation to emotions and social processes that indicate an impact on the dignity of recipients. Based on perspectives of organizers, volunteers and recipients, these studies suggest that food of poor quality, in limited amount, being unhealthy (e.g. with high fat and sugar contents), being culturally inappropriate, and **not suiting individual preferences and dietary needs**, heightens the experience of poverty among receivers, disables them to express their identity and has a negative impact on their self-worth. At the same time, these papers indicate that provision of fresh, organic, healthy, and culturally appropriate food, and food convenient for special diets, potentially protects the dignity of food aid recipients.*

...

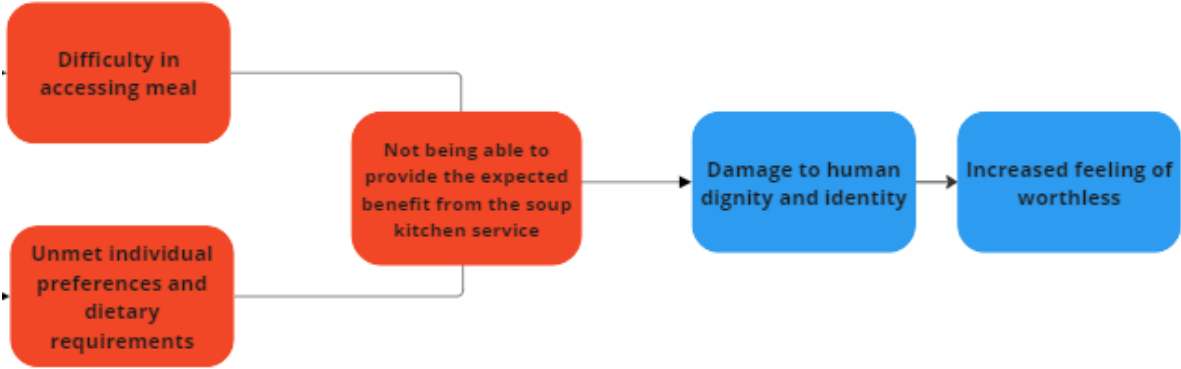
*Dignity violations for instance result in embarrassment, anger, shame, humiliation, guilt, and degradation (feeling “worthless”, feeling “like a failure”)...”*

Considering all these adaptable findings, the following hypothetical conclusion can be drawn for TRCS soup kitchens chain: Some soup kitchen beneficiaries **have problems of accessing food** (hard to visit premises, lack of time, cost of transportation etc) and some of them are experiencing **unmet individual preferences and dietary requirements**. So, some beneficiaries

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<sup>23</sup> Agriculture and Human Values, Retrieved from <https://doi.org/10.1007/s10460-023-10476-w>

experienced **“Not being able to provide the expected benefit from the soup kitchen service”**. It can be understood whether the outcomes are dependent or independent by considering if one outcome would occur anyway even the other outcome(s) would not occur. Based on this logic, **“not getting the expected benefit”** give rise to **“damage to human dignity and identity”**. In the chain, the subsequent well-defined negative outcome most probably would be food insecure beneficiaries experience **“Increased feeling of worthless”**.



The qualitative approach of TRCS soup kitchens SROI report identified a range of positive and negative changes. To be able to reach a set of well-defined outcomes, third party research results were adapted to the Chain of Events even if it's hypothetical.

Although this first SROI analysis regarding TRCS soup kitchens does not value these hypothetical outcomes in the SROI ratio, they might hold value in telling the broader story of TRCS soup kitchen service. These changes were not measured and included into the SROI calculation of this report, since they were not mentioned/confirmed directly from beneficiaries themselves during this research. It can be said that the stakeholders in third-party research referenced on this study have similar characteristics to the TRCS soup kitchen beneficiaries. However, despite these similarities, the differences in socio-cultural characteristics should always be taken into consideration. Because of differences in socio-cultural characteristics, the changes experienced by stakeholder groups may also differ. Due to this risk, the valuation of these outcomes is left to future SROI research. **Hence, it is recommended that the scope of future TRCS soup kitchens SROI analysis should include these hypothetical third-party research outcomes in terms of relevance and significance.**

**6.3. Beneficiary Impact Survey**

In the qualitative phase of this research, it was understood that only TRCS soup kitchen beneficiaries experienced material change. Therefore, in the quantitative phase, only the changes experienced by TRCS soup kitchen beneficiaries were surveyed.



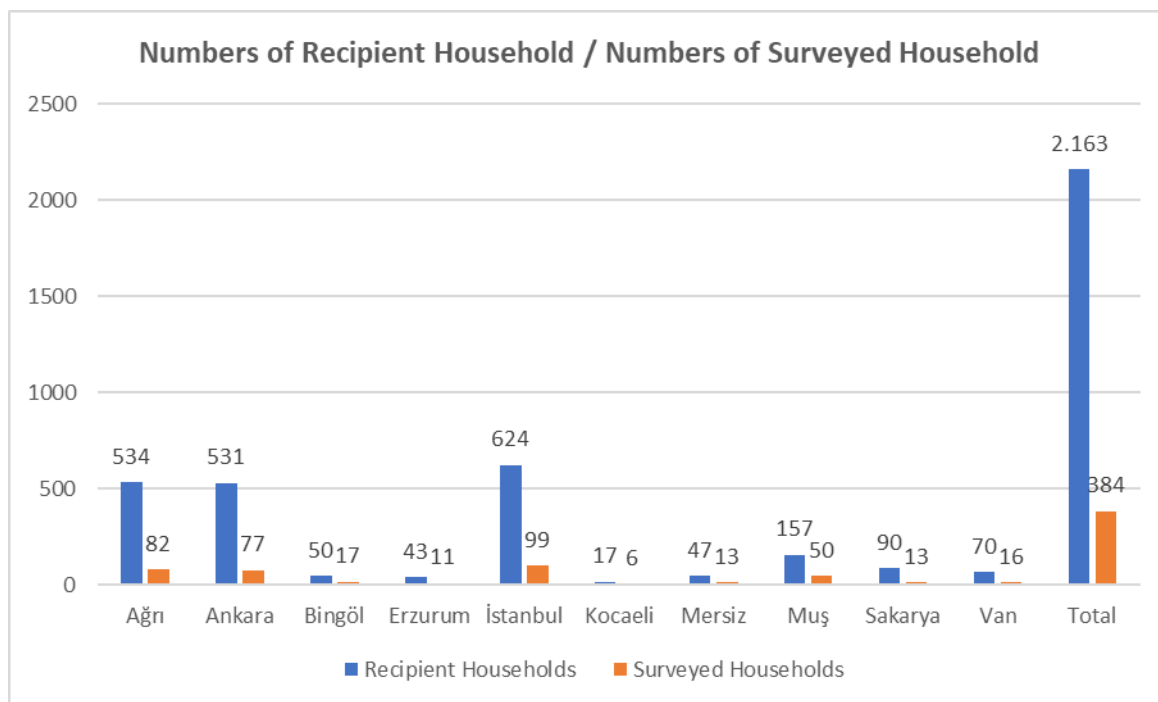
A beneficiary impact questionnaire was prepared which based on the material positive and negative changes identified through qualitative phase of this SROI study. **Hypothetical outcomes in blue coloured boxes (both positive and negative) in the [Chain of Events Schema](#) are the outcomes derived from third party research, not directly from TRCS soup kitchens beneficiary involvement. Thus, these outcomes were not included into the quantitative phase and were not valued in this SROI study.**

Survey questions were designed by the lead author of this report with the facilitation of TRCS Social Impact Team members. The online version was created in Microsoft Forms. The written form of the questionnaire has been presented in the “10. ANNEXES” part the report.

Surveys were conducted by the lead author, TRCS Social Impact Team members and TRCS volunteers. While conducting surveys, TRCS Call Centre was used, and all interviews have been recorded. Survey results have been analysed by TRCS Social Impact Team by using SPSS (Statistical Package for Social Sciences).

Because of some reasons stated in Scope & Delimitation part of this report, out of 37 domestic fixed soup kitchens, 13 ones included in the research. These 13 soup kitchens locate in 10 different provinces of Türkiye. To have a statistically significant sample size (*confidence level %95 and margin of error ±5%.*), the target was to reach 295 completed surveys at minimum. At the end of survey research, number of completed responses was higher than the target and reached **384 completed recipient household questionnaires** over **1,263 recipient households**. TRCS Impact Team considers that the amount of conducted survey is representative for the whole population, considering the time and resources that have been allocated to the research. So, the sample size risk is low.

Below graphic gives statistic on a provincial basis regarding the numbers of surveyed household and the numbers of recipient household.



The main aim of the structured questionnaire is to investigate the degree of changes and confirm the significance of each changes. So, the structured questionnaire consists of questions asking TRCS soup kitchens beneficiaries to evaluate the indicators of the outcomes (saving money in the household's limited budget, avoiding malnutrition, difficulty in accessing meal and unmet individual preferences & dietary requirements) expressed by them during interviews. The occurrence of the changes was measured using the following indicators:

Positive Changes	Indicators	Rationale	Objective/ Subjective	Source
Saving money in the household's limited budget and avoiding malnutrition as result of accessing free and safe meal	<ul style="list-style-type: none"> <li>Paying expenses of other meals</li> <li>Paying expenses of electricity/water/phone/internet</li> <li>Paying expenses of shelter/heating</li> <li>Paying expenses of health</li> <li>Paying expenses of clothing/transportation</li> <li>Paying expenses of education</li> </ul>	Utility bills, shelter, health, and education are also vital expenses for which the household budget is used.	Objective	Expressed by stakeholders in the qualitative research. Also confirmed by third-party research and professional judgement.
	<ul style="list-style-type: none"> <li>Having daily enough nutritious meal</li> </ul>	Malnutrition occurs due to lack of proper nutrition or not having enough to eat.		

Negative Changes	Indicators	Rationale	Objective/ Subjective	Source
Not getting the expected benefit because of difficulty in accessing meal and unmet individual preferences	<ul style="list-style-type: none"> <li>Lack of time due to care obligations</li> <li>Cost of transportation</li> <li>Health-related barriers</li> </ul>	Restrictions on access to food for those whose meals are not delivered to their homes.	Objective	Expressed by stakeholders in the qualitative research. Also confirmed by third-party research and professional judgement.
	<ul style="list-style-type: none"> <li>Meals are too or little salty/oily/spicy etc.</li> <li>Wasting food (Throwing food away/giving it to stray animals)</li> <li>Meals being undercooked/overcooked</li> <li>Meals and/or fruit/bread not being fresh</li> <li>Having health problems because of meals (Nausea, vomiting, etc.)</li> <li>Food variety is insufficient</li> <li>Negative behaviour of staff</li> <li>Amount of food is insufficient</li> </ul>	These are the general indicators of food preference measurement.		

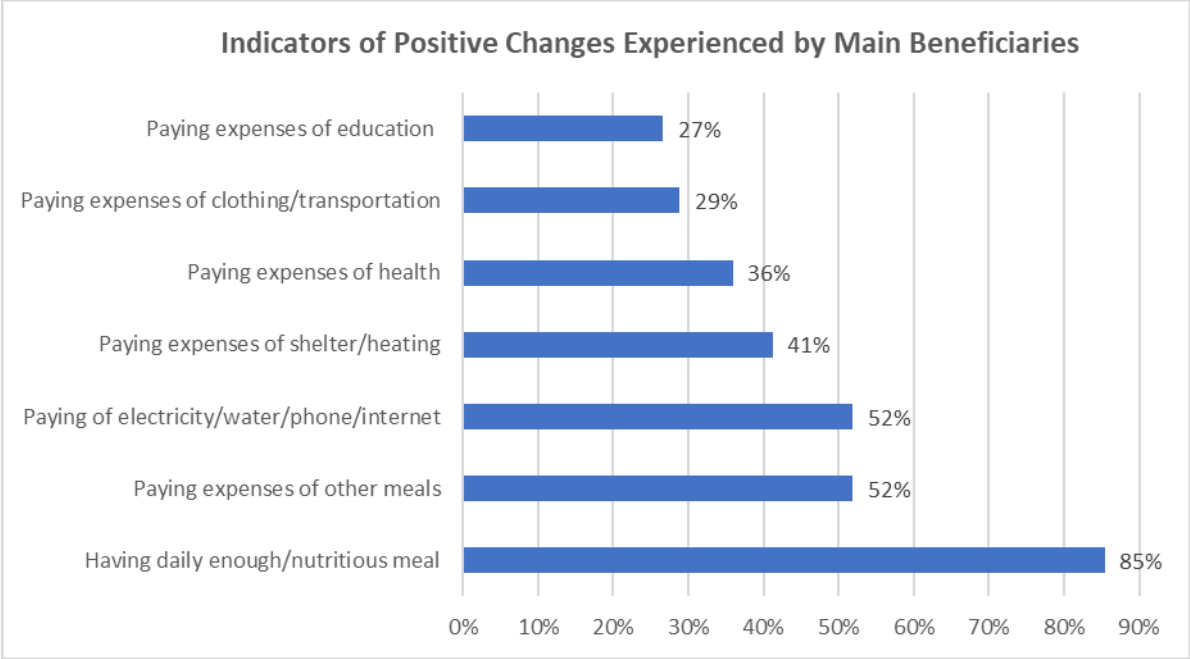
In this SROI research, for each outcome at least one, in general more than one indicator was identified to strengthen the findings. These are indicators relevant to the stakeholder and the scope of the analysis. According to SROI Guide, the stakeholders are often the best people to help identifying indicators. So, in this SROI analysis, TRCS soup kitchens beneficiaries were engaged during qualitative phase and asked them how they know that change has happened for them to ensure the confidence in the outcome indicators. And, during quantitative phase these indicators were checked with the beneficiaries to measure how much of the outcome has occurred. To increase rigour level, validation was made by reviewing indicators from third-party soup kitchen researches with similar outcomes.

During quantitative phase, **384 surveys** were conducted and information on a total of **1,702 soup kitchens beneficiaries** was obtained.

**1,629 beneficiaries living in 364 recipient households have experienced some positive changes in their lives.** According to the questionnaire results indicated in the below graphic, *avoiding malnutrition* is the top outcome for the beneficiaries. 85% of the beneficiaries identified that they are having daily enough/nutritious meal.

66% of them stated that they saved in household's limited budget and covered cost of living such as other meals (for example breakfast food), electricity/water/phone, shelter/heating, health, clothing/transportation, education etc.

53% of those who experienced positive change considered that they have experienced both positive outcomes.



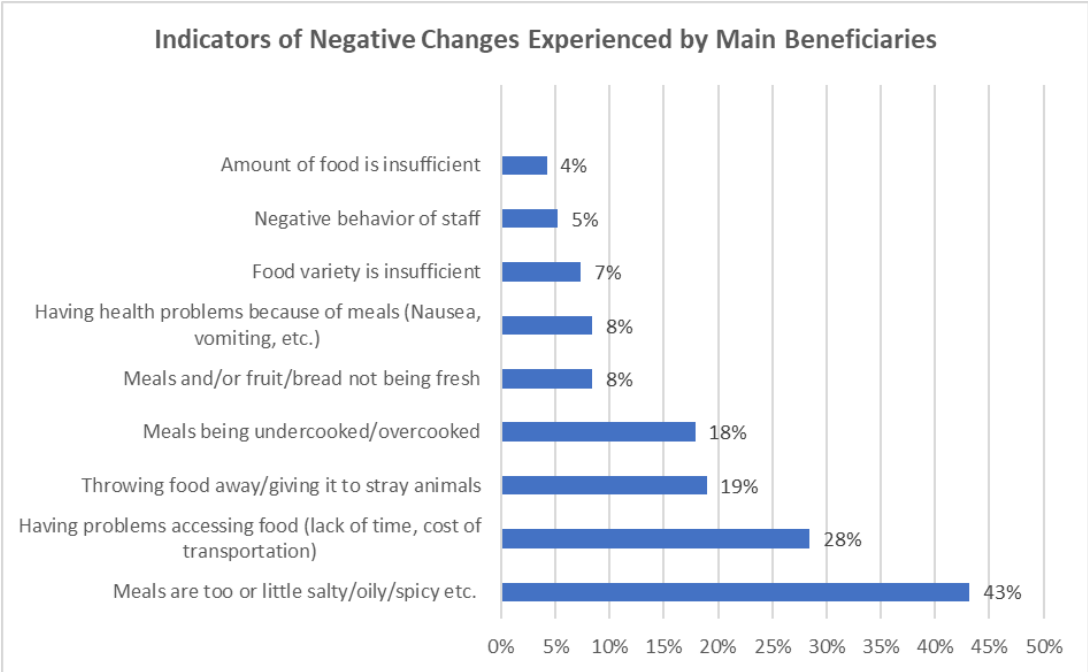
On the other hand, **426 beneficiaries** referred that there have been some negative changes in their lives while they are getting help from the soup kitchen. 68% of those who experienced negative change remarked that they had experienced at least one kind of problem with meal. The problems stated by beneficiaries are the followings:

- *Meals are too or little salty/oily/spicy (43%)*
- *Meals being overcooked/undercooked (18%)*
- *Meals and/or bread/fruit not being fresh (8%)*
- *Food variety is insufficient (7%)*
- *Negative behaviour of staff (5%)*
- *Amount of food is insufficient (4%)*
- *Food wasting (19%)*
- *Mild symptoms (Nausea, vomiting etc.) (8%)*

Among beneficiaries, there are people with different taste preferences and there are people who have different chronic illnesses (Diabetes, kidney failure, hypertension etc.) People with chronic illnesses need to follow different diets for their health being. However, TRCS soup kitchens can provide a standard menu to each beneficiary. Although the soup kitchen menu is a healthy and safe menu for an average adult, it does not totally address all different taste preferences and different diets. It is not possible for TRCS soup kitchens to diversify the hot meal according to individual preferences and diet requirements.

28% of those who experienced negative changes have problems of “*accessing meal*”. These are mostly the beneficiaries to whom the meal was not delivered to their homes. Therefore,

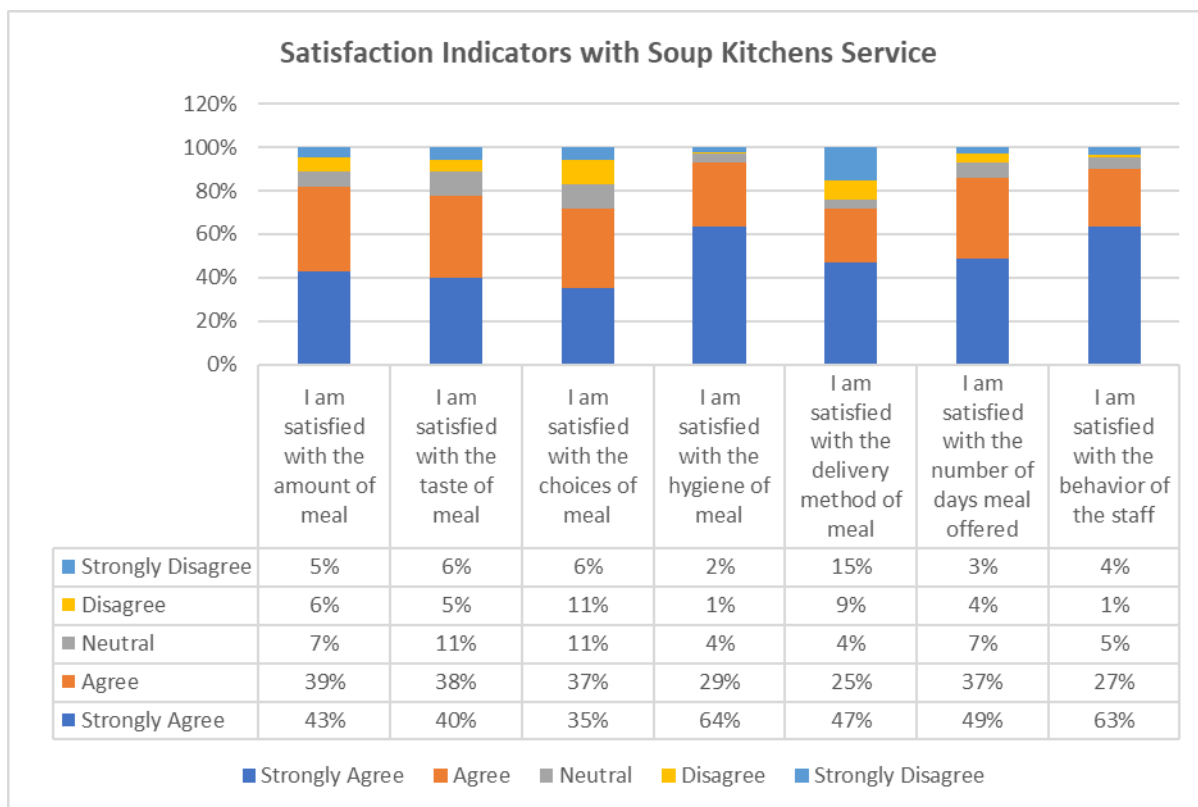
they must go to soup kitchen or fixed delivery point to access meal. As indicators of negative changes, they mentioned about *cost of transportation, lack of time due to home/care responsibilities, having disease/illness, distance of delivery point from home, extreme weather conditions etc.*



To understand level of satisfaction of main beneficiaries surveyed, another question with 7 parameters was asked. The surveyed parameters are the followings:

- *Satisfaction from amount of meal*
- *Satisfaction from taste of meal*
- *Satisfaction from choices of meal*
- *Satisfaction from hygiene of meal*
- *Satisfaction from delivery method of meal*
- *Satisfaction from number of days offered meal*
- *Satisfaction from behaviour of staff*

A five-point Likert question used to measure the beneficiary satisfaction. The results of 1,702 beneficiaries below shows that the level of satisfaction is over 70% in each parameter based on sum of % of strongly agree and % of agree. On the other hand, it is seen that the parameter with the highest dissatisfaction is “*delivery method of meal*” with 24% based on sum of % of strongly disagree and % of disagree.



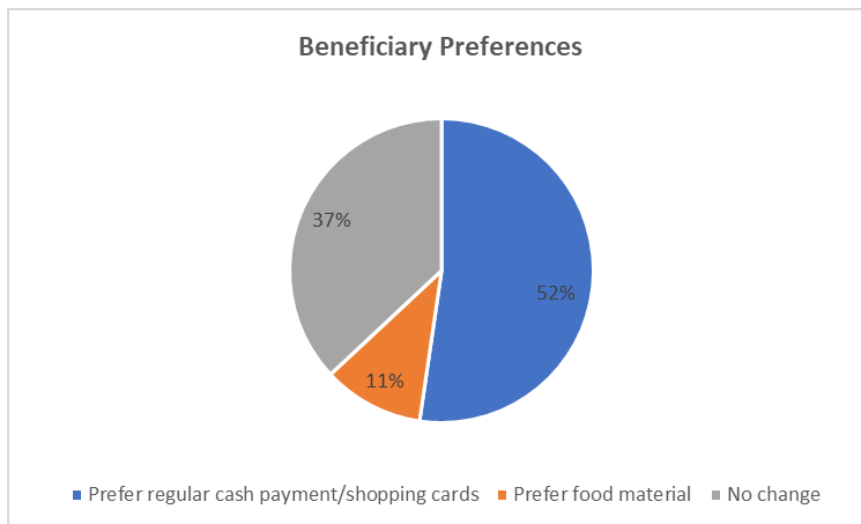
This SROI report covers 1 year operation period of TRCS soup kitchens. However, in the interviews conducted with the stakeholders, retrospective data could not be obtained regarding the frequency of the positive and negative changes’ indicators they experienced in the last 1 year. The reasons are 1 year is a long time to obtain such kind of retrospective data and the respondents are the most vulnerable/least educated and lowest socioeconomic group of the society (Disabled, elderly, uneducated, homeless, refugee etc.).

As a result, it is known that “*what outcome stakeholders experienced, its indicators and what caused this*”, however it is unknown “*how many times the meal overcooked/undercooked, how many times the beneficiary had health problems, how many times the beneficiary cannot benefit from the service*”. Examples can be multiplied. The answer may be one time or many times in a year. TRCS does not yet have a system to regularly monitor the frequency of these indicators and set the thresholds for the indicators. This subject has taken its place on the agenda of the next SROI study.

Still, it is possible to make estimation about the frequency of the changes with the available data. Therefore, the satisfaction perception of beneficiaries who experienced negative changes and those who did not were analysed. The first two tables in the [10.6 Statistical Test Result](#) of the report shows that there is a significant difference in the perception of satisfaction between two groups. However, when the group statistics analysed, it is seen that mean of satisfaction perception of two groups (Who experienced negative changes and who did not experience negative change) have values close to each other. Additionally, while 56 recipient households out of 95 remarked dissatisfactions on at least 1 parameter, the remaining 39 did

not. From these results, it may suggest that the negativities beneficiaries experienced are not repeated frequently.

Another question of the quantitative research is beneficiary preferences about form of food aid. Each household that participated in survey was asked the question "*Would any other form of food aid other than hot meal be appropriate for you?*" 37% of the respondents remarked that "Don't want any change". These households prefer ready-cooked hot meal because they cannot cook their meals at home due to reasons such as disability, illness, old age, single parenthood, care obligation, homelessness etc. However, the remaining 63% prefer regular cash payment/shopping card or food materials as an alternative to ready-cooked hot meal. This group gives much more value to cook their meals at home and according to their taste preferences/diets. For this reason, they prefer to be provided with financial support rather than ready-cooked hot meal help.

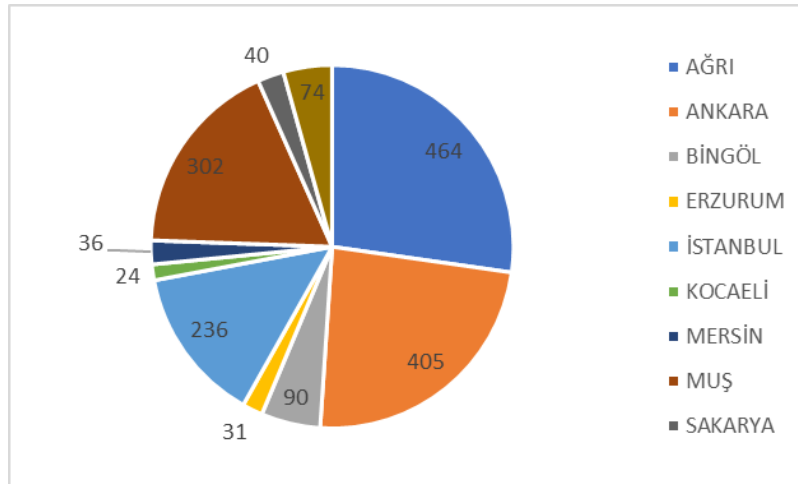


### Subgroups Consideration:

In the quantitative phase, various characteristics of the needy people were considered for the purpose of evaluating if and how these characteristics may have affected the experience of them in particular the scale and amount of change to outcomes, deadweight and contribution. The followings are the characteristics of needy people considered:

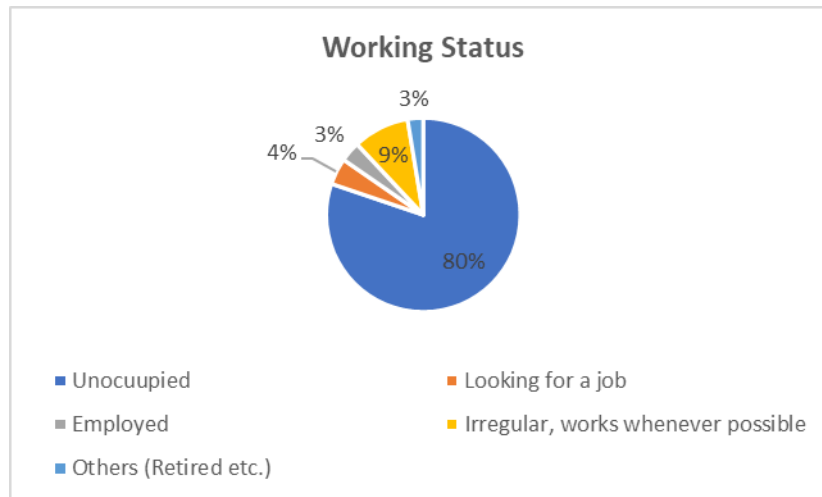
- City of residence
- Household size
- Household type (family household, single parents etc)
- Working status
- Having disability, chronic ill
- How access to meal
- Regular/irregular use of service

According to the survey result, the chart below shows the distribution of the number of beneficiaries by province.



62% of the surveyed recipient households are married couple households, and 18% are one-person households. 70% have at least 1 child. The average children per family is 3 and average household size is 4 persons.

When looking at working status, it seems that in the majority of them (308 recipient households) the head of household is not working. 36 heads of household have irregular work/income. 17 heads of household are looking for a job. Only 13 of those surveyed are employed and have regular income.

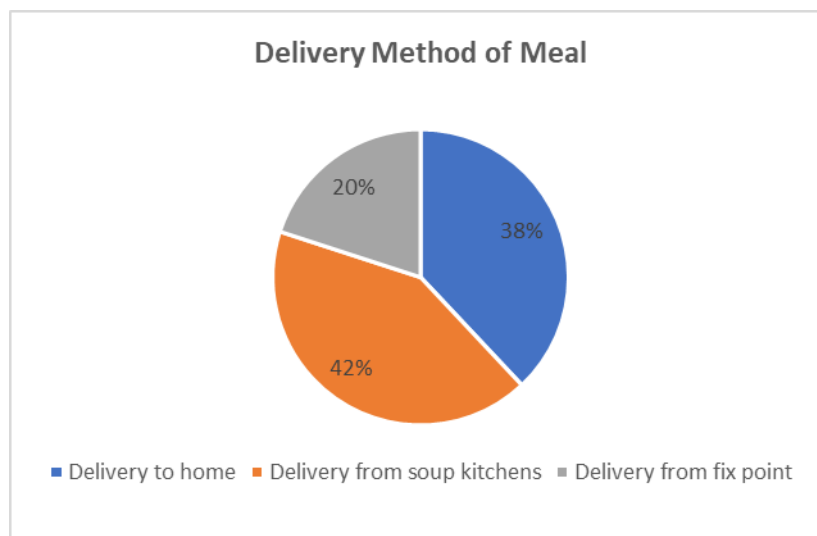


In the 66% of those surveyed (253 recipient households) there is at least one person with disability and/or chronic disease. The others (131 recipient households) stated that they had no disability and/or chronic disease. According to the many research in the literature, it is known that there is a strong link between poor physical/mental health and no/low income or issues with securing employment. In this SROI research, when looking at relationship



between unemployment and disability, it seems that there is high level of relationship. 69% of unemployed households has disability and/or chronic disease.

38% of the surveyed households (145 recipient households) stated that the meal is delivered to their home. The remaining 62% access meal from soup kitchens premises (163 recipient households) or fixed delivery point (76 recipient households). The average duration of benefiting from TRCS soup kitchens is 3 years.



In the survey, the regular use of service was also questioned. According to answers to this question, while 76% of surveyed (293 recipient households) benefit from soup kitchens regularly, 24% of them (91 recipient households) mention about irregular usage. One more question was asked to the households with irregular usage: *“What are the reasons of irregular use of meals?”* The result shows that the problems regarding *“Difficulty in accessing meal”* comes first. The problems of the beneficiaries preventing access to meals are mostly *“lack of time/health to pick it up from delivery point”* and *“transportation cost incurred to access delivery point”*. Irregular usage due to not liking the taste of the meal is very low with 3%. This data shows that the beneficiaries make a trade-off by eating a food they do not like rather than going hungry.

When this question analysed together with delivery method of meal question, it is seen that 1/3 of the beneficiaries who get their meals from the soup kitchen premises/fixed points state that they cannot benefit regularly. If hot meal is not delivered to the house of beneficiary, other delivery methods may push them into irregular use. Although it is rare, there were also families who mentioned that although the meal was delivered to their home, they cannot benefit from the service regularly. The reasons they pointed out are out of control of TRCS (*I was not at home, I moved to another house etc.*).

Among the above characteristics, the delivery method in relation with other beneficiary characteristics like care obligations, being elder, house far from the delivery point etc. was

identified as important factor influencing the scale of change experience by soup kitchen beneficiaries. This correlation might be addressed in further SROI studies and subgroups might be reconsidered.

As for the other characteristics, collected data did not indicate the correlation with the experienced outcomes.

### **Completeness:**

According to the survey statistics,

- 73 beneficiaries didn't specify any positive change
- 1,276 didn't specify any negative change
- 56 beneficiaries specified neither positive nor negative change

For those who did not experience any positive change; irregular use and dissatisfaction of the service may cause this or despite regular use and satisfaction, the service may no longer create the expected value for these households.

For those who did not experience any negative change; although one in three expressed dissatisfactions in at least one parameter, she/he did not declare this as a negative change. This may be the case because of her/his attitude of being grateful for not being hungry, or it may be due to the wrong perception that the aid may be cut if negativity is reported. All these perceptions are associated with socio-cultural characteristics of the target community.

For those who specified neither positive nor negative change; this might be the result of participants' inability or unwillingness to answer questions precisely or truthfully, or they may not have fully understood the purpose of the survey. The respondents are the most vulnerable and lowest socioeconomic group of the society (Disabled, elderly, uneducated, homeless, refugee etc.). This is the most difficult group to conduct a survey within the community. To reduce the risk, interviewer training and telephone survey was conducted, and efforts were made to obtain the most accurate answers as possible.

### **Scale of Changes:**

Scale of the changes means number of people experiencing described outcome. During the survey research, 384 recipient households have been conducted. The soup kitchen database includes only one person from each recipient household. TRCS soup kitchen aid is a household-based aid. In other words, not only registered member but also his/her household members eat hot meals offered by TRCS soup kitchens. So, to be able to reach total number of beneficiaries, in the survey, it was asked that "*How many people live in your household, including you?*" According to the survey results, 364 recipient households mentioned about

positive changes and in these 364 households 1,629 needy people live. On the other hand, 95 recipient households mentioned about negative changes and in these 95 households 426 needy people live. In this SROI research, it was acted with the suggestion that each family member experienced negative and positive change the respondent mentioned. As a result of this suggestion, the scale of positive outcome is 1,629 and the scale of negative outcome is 426. However, not every family member may have experienced the same change. This is something that a future SROI study can dive deeper into investigating.

Changes	Scale of Changes	Depth of Changes	Duration of Changes
Saving money in the household’s limited budget and avoiding malnutrition as result of accessing free and safe meal	1,629	50%	1
Not getting the expected benefit because of difficulty in accessing meal and unmet individual preferences/dietary requirements	426	100%	1

**Depth of Changes:**

Depth of change means the average amount of change in an outcome experienced per stakeholder between two points in time (T1 and T2). To be able to measure the depth of **“Saving money in the household’s limited budget and avoiding malnutrition as result of accessing free and safe meal”**, in the structured questionnaire 2 questions asked to the beneficiaries:

- **Question to measure amount of change in T1 (Baseline level):** *Can you access safe food before benefiting from the Turkish Red Crescent soup kitchens? If we asked you to give a score from 0 to 10, how many points would you give?*
- **Question to measure amount of change in T2:** *If we asked you to give a score from 0 to 10 for your ability to access safe food after you started to benefit from the Turkish Red Crescent soup kitchens, how many points would you give?*

The answers of all beneficiaries were calculated by taking the arithmetic average. According to the answers to first question, the baseline level of the amount of change in positive outcome was 40%. And, according to the answers to the second question, the amount of change in positive outcome increased to 90%. So, the depth of positive change is 90% - 40%= 50%.

Before accessing soup kitchen aid, 53 recipient households reported themselves at the level of 7-8-9 or 10. They are the households that have a good financial situation before benefiting from soup kitchen aid but suffered sudden financial losses due to a crisis (for example, disability due to an accident, their house burned down, etc.). After starting to benefit from the

soup kitchen, 8 recipient households expressed themselves at level of 1-2-3 or 4. It seems that these households are dissatisfied with at least one issue related to food.

In the surveys of quantitative phase, beneficiaries were not directly consulted to measure the depth of negative change which was **“not getting the expected benefit because of difficulty in accessing meal and unmet individual preferences”**. The average amount of negative change per stakeholder experienced between in time before and after accessing TRCS food is clearly 100%. Here, TRCS Impact Team made a professional judgement with the rationale that the whole (100%) amount of negative change experienced in the time of accessing the TRCS meal (T2). This judgement based on the measurement data regarding negative outcome level which stated by the beneficiaries during the qualitative phase. In the interviews of qualitative phase, following 2 questions regarding the depth of negative change were asked to the recipient households:

- **Question to measure amount of change in T1 (Baseline level):** *“At what point (0-10 scale) did the change(s) you mentioned occur before receiving service from TRCS soup kitchen?”*
- **Question to measure amount of change in T2:** *What point (0-10 scale) has it reached now?”*

When the answers to these questions were analysed, it was identified that all respondents evaluated themselves at point 0 before accessing the TRCS food (T1) and point 10 after accessing the TRCS food (T2). This means that the depth of negative change is 100%.

### **Duration of Changes:**

The effect duration of each change is different. The effect of some outcomes will last longer than others. For this SROI research, the duration of outcomes for both positive and negative ones (*Saving money and avoiding malnutrition as result of accessing free and safe meal and not getting the expected benefit because of difficulty in accessing meal and unmet individual preferences*) are assumed as 1 year. The professional judgement of TRCS Impact Teams is that since, the changes resulting from access to safe food depend on continuity of service, the changes are lost when the activity is stopped.

In other SROI studies regarding food aid, it seems that the same logic is followed. Applying the same logic in these studies confirms the professional judgement made by the TRCS impact team. For example, in Measuring Impact of Food Rescue in Aotearoa New Zealand SROI study, it was stated that:

*“... Outcomes intertwined with the value of food are assumed to last only during the activities. Therefore, the duration of these outcomes is estimated to last one year (0%) is applied as the duration, and then immediately drop-off of (100%). The SecondBite SROI report (2013) applied the same duration and drop-off weights to their three identified outcomes with the rationale that ‘outcomes were immediate and would not extend beyond the activity’...”*

#### **6.4. Valuing Outcomes**

##### **Relative Importance:**

Relative importance means *“How important is this outcome to stakeholders?”* Relative importance shows the non-monetary value of outcomes. To maximise social value, understanding the relative importance of outcomes is crucial. According to [Standard on applying Principle 3: Value the things that matter](#), *“Value is inherently subjective, and therefore we must estimate this value as best we can through involving those who experience the value in the process of quantifying the relative importance.”*

Stakeholders were asked to weigh the outcome “Saving money and avoiding malnutrition as a result of accessing free and safe meal” by using a scale of 1 to 10. Relative importance of positive outcome has mostly varied between 8 and 10 scale and the result is 9. It was calculated by applying arithmetic mean formula to answers<sup>24</sup>.

Negative outcome “not getting the expected benefit because of difficulty in accessing meal and unmet individual preference” relative importance is also quite high. It is because when the beneficiary experiences a problem, she/he is deprived of her/his most basic need, food. The scale has particularly varied between 7 and 10 and the result is 8. It was calculated by applying arithmetic mean formula to answers.

##### **Valuation Approach and Financial Proxy:**

Monetizing the value of outcomes helps us to compare different changes and make better decisions. There are many different approaches and techniques to monetising the value of changes to outcomes ([Standard on applying Principle 3: Value the things that matter](#)).

- Cost-based: These approaches consider the market trade-offs (or costs avoided) associated with maintaining a change in an outcome.
- Revealed Preference: These approaches examine the way in which people reveal their preferences for goods or services through market production and consumption, and the prices that are therefore given to these goods (explicitly or implicitly).

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<sup>24</sup> It is the sum of all values divided by the number of values.

- Stated Preference: These approaches ask people to “state their preference” for a good, service, often using questionnaires.
- Wellbeing Valuation: This approach uses statistical analysis of large and existing questionnaire datasets to value the effect on wellbeing from changes in life circumstances and life satisfaction.

In TRCS soup kitchens SROI analysis, **cost saving method** was used to translate the relative importance into money language because “**saving money and avoiding malnutrition as a result of accessing free and safe hot meal**” can be categorised as a change with a market value. Food is a very basic need, and people must consume food to survive. TRCS soup kitchen food aid meets a vital need and very clearly it causes savings in the budget of households. TRCS soup kitchen hot meal has a very clear price in the market. The market price of the full course hot meal offered by the TRCS soup kitchens was estimated 150.00 TRY according to the market search.<sup>25</sup> Yemeksepeti is Turkey's largest online food ordering website. This site was used to fix the market price of a soup kitchen equivalent meal. Standard TRCS soup kitchen menu includes “soup + main course with or without meat + rice/pasta + sometimes yoghurt/salad/fruit”. By searching [www.yemeksepeti.com](http://www.yemeksepeti.com), firstly, the market price of an equivalent menu was found for September 2023. Using the inflation calculator<sup>26</sup>, the price for the periods March 2023 and October 2022 were calculated. Then, the average market price representing the social accounting period was calculated by taking arithmetic average of 3 different prices. Geographical pricing was also considered when calculating.

150.00 TRY is accepted as financial proxy of positive outcome “**Saving money and avoiding malnutrition as a result of accessing free and safe meal**”. For this positive outcome, the monetary valuation is 39,600.00 TRY based on the calculation of 1 day x 1 meal of a day x 22 days of a month x 12 months x 150.00 TRY.

If it is chosen to use a monetary approach and created ‘financial proxies’ regardless of the approach employed, it should always be ensured that the results reflect the relative importance of the outcomes to the stakeholders. A good way to do this is to combine monetary and non-monetary approaches. **For the monetization of negative outcome “Anchoring” is used.** Anchoring requires one of the changes to be monetized and then this can act as an anchor to calculate the monetary values to the other changes based on non-monetary evidence available (*Standard on applying Principle 3: Value the thing that matter*).

The positive outcome “**Saving money in the household's limited budget and avoiding malnutrition as a result of accessing free and safe hot meal**” was monetised at 39,600.00 TRY. The relative importance (non-monetary evidence) of this positive outcome was weighted 9 out of 10 by the stakeholders. The relative importance (non-monetary evidence) of negative

<sup>25</sup> <https://www.yemeksepeti.com/restaurant/m2rc/oktay-sulu-yemek-and-izgara>

<sup>26</sup> <https://herkesicin.tcmb.gov.tr/wps/wcm/connect/ekonomi/hie/icerik/enflasyon+hesaplayici>

outcome **“Not getting expected benefit because of difficulty in accessing meal and unmet individual preferences”** was weighted **8** out of 10 by the stakeholders.

Using anchoring gives a value of -35,200.00 TRY for the negative outcome based on the calculation of  $-(39,600.00 \text{ TRY}/(9/8))$ . The value of the negative change is defined as a negative value in the calculation of SROI.

**7. ESTABLISHING IMPACT**

**7.1. Causality of Outcomes**

The principle of *Do Not Over-Claim* means understanding and capturing your impact, meaning the outcomes that were caused by your intervention (*Principle 5: Do Not Over Claim, SVI Standard & Short Guidance (V.01), A Draft for consultation*). For the TRCS Soup Kitchens SROI Report, low level of rigorous is good enough to inform decision. To avoid over-claim, this section provides a way of assessing whether the outcomes which have analysed in this SROI report result from TRCS soup kitchens activities. In the SROI Value Map, this includes all columns following the impact calculation which decreases the value; deadweight, attribution, drop off and displacement. It is only by measuring and accounting for all these factors that a sense of the impact that the activity is having can be gained. The table below shows the 4 factors of the causality.

<b>Causality Factors</b>	<b>Description</b>	<b>Calculation Unit</b>
Deadweight	Deadweight is a measure of the amount of outcome that would have happened even if the activity had not taken place.	%
Displacement	Displacement is an assessment of how much of the outcome displaced other outcomes.	%
Attribution	Attribution is an assessment of how much of the outcome was caused by the contribution of other organizations or people.	%
Drop-off	Drop-off is used to account for this and is only calculated for outcomes that last more than one year.	%

In the quantitative phase, the rates of **displacement**, **duration** and **drop off** were justified by TRCS Impact Team. The basis of this professional judgement is due to the nature of the service, the positive and negative changes resulting from TRCS soup kitchens activity depend on continuity of service. The changes are lost when the activity, namely delivery of meals is stopped. In addition, extra questions were not asked to stakeholders directly to keep the survey as short and easy as possible due to the risk of its increased length and complexity reducing the number of respondents completing the survey.

In other SROI studies regarding food aid, it seems that the same logic is followed. Applying the same logic in these studies confirms the professional judgement made by the TRCS impact team. For example, in Measuring Impact of Food Rescue in Aotearoa New Zealand SROI study, it was stated that:

*“... Outcomes intertwined with the value of food are assumed to last only during the activities. Therefore, the duration of these outcomes is estimated to last one year (0%) is applied as the duration, and then immediately drop-off of (100%). The SecondBite SROI report (2013) applied the same duration and drop-off weights to their three identified outcomes with the rationale that ‘outcomes were immediate and would not extend beyond the activity’.”*

...

*Displacement is the transference of value from elsewhere due to its creation for a stakeholder. Based on stakeholder engagement, it is reasonable to state that the targeted activities of the studied food rescue organisations did not displace outcomes for any other stakeholders. In addition, food rescue addresses a unique gap in the food supply chain, providing confidence that for this SROI analysis, no displacement occurred (0%)...”*

For **deadweight** and **attribution**, stakeholders were directly consulted on its rates for all outcomes individually through the survey. So, questions regarding deadweight and attribution were asked to beneficiaries to objectively measure the accurate impacts of the TRCS soup kitchens. So, the data sources of these impact factors are directly estimated by the stakeholders themselves. The table below summarizes the survey statistical results.

Stakeholder	Outcomes	Impact Factors	Result	Rationale
Needy people who have offered free hot meals by TRCS soup kitchens	Saving money and avoiding malnutrition as a result of accessing free and safe meal	Deadweight	37%	The weighted average of the answers to the question “If you were not benefiting from TRCS soup kitchens to what extent would you have access to safe food?” **13% said no way (0.00) **43% said less than half (0.25) **34% said half (0.50) **5% said more than half (0.75) **5% said totally (1.0)
		Displacement	0%	There were no outcomes displacing activities of stakeholders.
		Attribution	7%	The weighted average of the answers to the questions “Are there any other people/organizations other than TRCS soup kitchen that currently contribute to your access to safe food? If yes, “Compared to the TRCS soup kitchens, how much does these aids contribute to your access to safe food? **83% said only TRCS (0.0) **2% said totally (1.0)



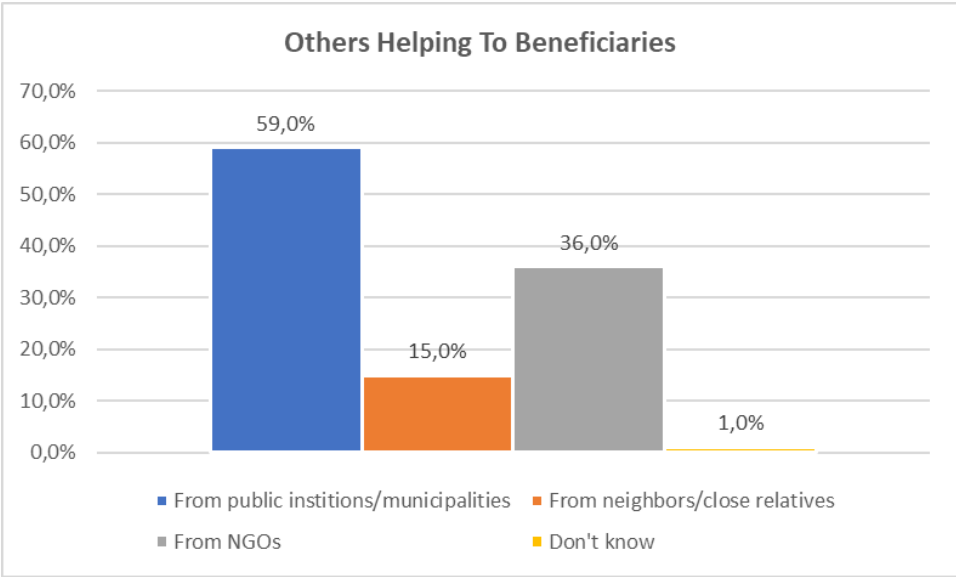
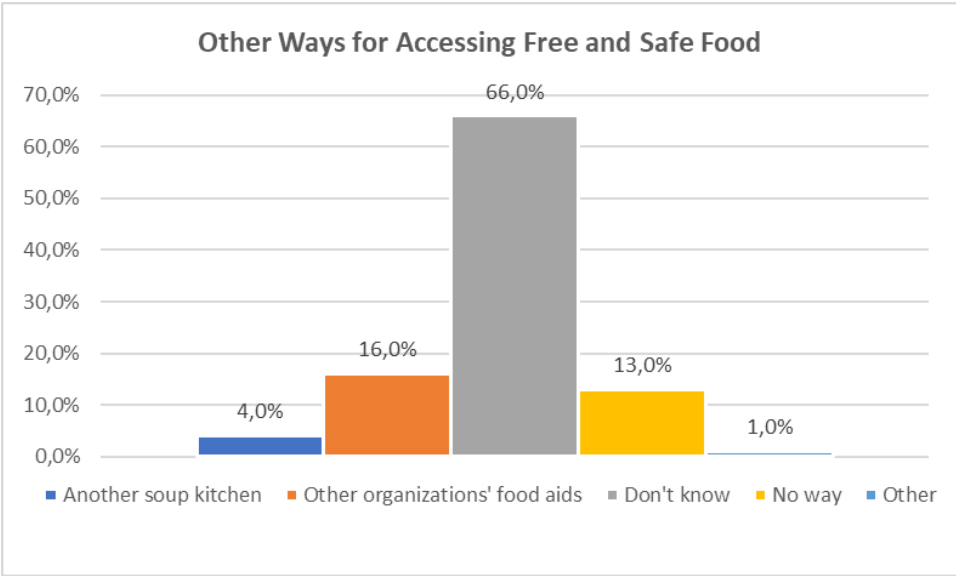
Stakeholder	Outcomes	Impact Factors	Result	Rationale
				<p><b>**1% said more than half (0.75)</b>  <b>**4% said half (0.5)</b>  <b>**10% said less than half (0.5)</b></p>
		Drop-off	100%	Food is a basic need for human survive. For a healthy body, enough food must be consumed every day. Since, the changes resulting from access to safe food depend on continuity of service, the changes are lost when the activity is stopped. Therefore, the duration of the change was accepted as 1 year.
Needy people who have offered free hot meals by TRCS soup kitchens	Not getting the expected benefit because of difficulty in accessing meal and unmet individual preferences	Deadweight	31%	<p>The weighted average of the answers to the questions <i>“Do you think you would experience this negativity if you received food aids from any organization/people other than the TRCS soup kitchens? If yes, to what extent?”</i></p> <p><b>**48% said no opinion (0.0)</b>  <b>**5% said in no way (0.0)</b>  <b>** 6% said less than half (0,25)</b>  <b>**17% said half (0,50)</b>  <b>**8% said more than half (0.75)</b>  <b>**15% said totally (1.0)</b></p>
		Displacement	0%	There were no outcomes displacing activities of stakeholders.
		Attribution	0%	It was assumed that 100% of the negative changes caused by TRCS soup kitchens activity.
		Drop-off	100%	Since, the changes resulting from access to safe food depend on continuity of service, the changes are lost when the activity is stopped. Therefore, the duration of the change was accepted as 1 year.

### Deadweight and Attribution Discussion

The deadweight was fixed by stakeholders based on their opinions. For the positive outcome ***“Saving money and avoiding malnutrition as result of accessing free and safe meal”*** the deadweight was calculated as 37%. While 13% of the 364 recipient households remarked that there is no other way for themselves to access free and safe food, 5% of them pointed out that they could have totally access free and safe food even in the absence of TRCS soup kitchens. 82% - vast majority thinks that they can access to food somehow, despite not as safe and nutritious as that of the TRCS meals. The reason why they think this way might be that since

the food is a vital need for humans, it should be accessed somehow. The roots of this idea lie in the socio-cultural characteristics of societies. Throughout history and almost in all cultures, the sharing of food to the less fortunate is a common practice. All societies have always felt a moral obligation to help their most vulnerable members.

The table below shows the alternative ways surveyed people stated to be able to access free and safe food. According to results, other organizations' food aids and other soup kitchens could be a solution for them. But it is still important to highlight that 66% of the surveyed beneficiaries stated they don't know if there are other people/organizations where they live offer food aids. Attribution data supports this result. Only 7% of the beneficiaries informed that they received additional food aids from other people/organizations, while 93% didn't. NGOs, neighbours, close relatives, public institutions, and municipalities are the key actors of food assistance.



For the negative outcome “**Not getting expected benefit because of difficulty accessing meal and unmet individual preferences**”, the deadweight is 31%. Almost half of the negatively affected beneficiaries could not express an opinion to the question “*Do you think you would experience this negativity if you received food aids from any organization/people other than the TRCS soup kitchens? If yes, to what extent?*”. Their contribution to the weighted average was taken as 0. The other half mostly think that negative change is still likely to be experienced.

Any question regarding **attribution of negative outcome** were not asked to beneficiaries, because it was assumed that the negative change was caused only by the TRCS soup kitchens activity. Here, TRCS Impact Team made a professional judgement. Common opinion of team members is that the negative changes (Food being less/too spicy, salty/unsalted, small amount of food, not being able to access food etc.) have totally (100%) been experienced by TRCS soup kitchens meal. Others cannot be expected to contribute directly to completely TRCS meal-related negativities, such as food being less/too spicy, salty/unsalted, small amount of food, not being able to access food etc.

## 7.2. Materiality Analysis

Any activity will result in many different outcomes for different people. Inevitably a way of prioritizing the most important outcomes will be necessary. This is referred to as determining the material outcomes. A material outcome is an issue that will influence decisions, actions, and performance of an organisation or its stakeholders.

The following are different stages materiality considered throughout this SROI research.

- Who are the stakeholder groups that affect, or are affected by the activity?
- What are the outcomes (changes) they experience?
- What is the scale of each outcome?
- Are there different sub-groups or segments of each stakeholder group that have a significantly different experience of the outcomes?

Materiality judgements for the first two are based on qualitative data and are described as judgements about relevance. Stakeholders’ perception of outcome - the relative importance of outcome and amount of change are very important considerations for the relevancy. However, they are not the only driver of decisions on relevance. In addition to stakeholders’ perception, the followings are parts of the relevance.

- Societal norms - There are existing social norms that demand it.
- Direct short term financial impacts to the organization - There are financial consequences to the organisation for not including this outcome in the analysis.
- Peer based norms - Peers are already managing the outcome and have demonstrated its value.
- Policy based performance - The organisation has a policy to include the outcome.

Materiality judgements for the third and fourth are based on quantitative data and are described as judgements about significance. Quantitative data on each of these dimensions provides a comparable weighting of the different outcomes (*Standard on applying Principle 4: Only include what is material*).

There is a scale for significance criteria of TRCS soup kitchens SROI report which can be changed in the future according to circumstances. For the beginning, thresholds were determined as follow. These thresholds were subjective judgments and as mentioned it can be revised in accordance with future circumstances.

Significance Criteria	High	Mean	Low
Relative Importance	10-8	7-5	4-0
Deadweight & Attribution	100%-50%	49%-30%	29%-0%

The relevance and significance tests for **“Saving money and avoiding malnutrition as result of accessing free and safe meal”** outcome below shows that the outcome is material.

#### Relevance Test

Stakeholder	Outcome	Assessment Criteria	Assessment	Result
Needy people who have offered free hot meals by TRCS soup kitchens	Saving money in the household’s limited budget and avoiding malnutrition because of accessing free and safe meal	Stakeholder perception	Stakeholders perceive that the outcome is important and associated with TRCS soup kitchens’ activity.	√
		Societal Norms	Throughout history and almost in all cultures, the sharing of food to the less fortunate is a common practice. Society has always felt a moral obligation to help its most vulnerable members. This is how soup kitchens help the community.	√
		Direct short term financial impacts to the organization	Since access to free meal contributes to the family budget, this outcome has a direct short-term financial impact.	√
		Peer based norms	The state itself via SASFs and other organizations like NGOs and municipalities help vulnerable communities by soup kitchens. It is known that food aids in the form of	√

			soup kitchens contribute to economic and social welfare of people in need.	
		Policy based performance	Combat with hunger and poverty is part of TRCS' strategic plan and policy.	√
		<b>Conclusion</b>	<b>Relevant</b>	<b>√</b>

### Significance Test

Significance Criteria	Relative Importance	Deadweight	Attribution
	9	37%	7%
Conclusion	High	Medium	Low

The relevance and significance tests for ***“Not getting the expected benefit because of difficulty in accessing meal and unmet individual preferences”*** outcome below shows that the outcome is material.

### Relevance Test

Stakeholder	Outcome	Assessment Criteria	Assessment	Result
Needy people who have offered free hot meals by TRCS soup kitchens	Not getting the expected benefit because of difficulty in accessing meal and unmet individual preferences	Stakeholder perception	Stakeholders perceive that the difficulties they faced regarding the service caused not getting expected benefit.	√
		Societal Norms	This outcome had no relation to any societal norms.	x
		Direct short term financial impacts to the organization	Not getting expected benefit in terms of economic and social welfare affecting negatively fighting with hunger and poverty.	√
		Peer based norms	Needy people could have experienced similar negative outcome while utilizing other food aids. Therefore, this outcome can be evaluated as relevant to peer-based norms.	√
		Policy based performance	It is unintended outcome and is not part of TRCS' policy.	x
		<b>Conclusion</b>	<b>Relevant</b>	<b>√</b>

**Significance Test**

Significance Criteria	Relative Importance	Deadweight	Attribution
		8	31%
Conclusion	High	Medium	Low

**8. CALCULATING SROI**

**8.1. Calculating Impact Value and SROI Ratio**

**Saving money in the household’s budget and avoiding malnutrition** as a result of **accessing free and safe hot meal** are positive outcomes derived from qualitative phase of TRCS SROI research. These outcomes were included into the SROI calculation of this report.

**REDUCED STRESS AND ANXIETY** (well-defined positive outcome) as a result of **decrease in financial burden of households and greater autonomy to allocate finances towards costs other than food and decrease in physical, emotional, and psychological effects of malnutrition** are hypothetical positive outcomes which were derived from third party research, not directly from beneficiary involvement. They were not included into the SROI calculation of this report.

**Not being able to provide the expected benefit from the soup kitchen service** as result of **difficulty in accessing meal and unmet individual preferences/dietary requirements** are negative outcomes derived from qualitative phase of TRCS SROI research. These negative outcomes were included into the SROI calculation of this report.

**INCREASED FEELING OF WORTHLESS** (well-defined negative outcome) as a result of **damage to human dignity and identity** are hypothetical negative outcomes which were derived from third party research, not directly from beneficiary involvement. They were not included into the SROI calculation of this report.

The formula below is used to calculate impact by including deadweight, attribution, drop off, and displacement.

$$\text{Impact} = (\text{Outcome Quantity} \times \text{Financial Proxy}) * (1 - \text{Deadweight}) * (1 - \text{Attribution})$$

Impact in Year 1: This is the same as the impact calculated at the end of the project.

Impact in Year 2: Impact = Year 1 – Drop off %

Impact in Year 3: Impact = Year 2 – Drop off %

Impact in Year 4: Impact = Year 3 – Drop off %

Impact in Year 5: Impact = Year 4 – Drop off %

In this SROI research, impact value is not projected into the future years because the duration of outcomes is 1 year and drop off is 100%.

The total impact value is **27.448.783,56 TRY**.

The basic idea of calculating SROI is to calculate the financial value of investment and the financial value of the social cost and benefit.

$$\begin{aligned}\text{SROI Ratio} &= \text{Present Value} / \text{Value of Inputs} \\ &= 27.448.783,56 / 16.884.491,16 \\ &= 1: 1.63\end{aligned}$$

That means for every 1 TRY invested for TRCS soup kitchens, 1.63 TRY of social value is created each year for society in terms of increased economic and social welfare.

It can be said that the stakeholders in third-party research referenced on this study have similar characteristics to the TRCS soup kitchen beneficiaries. However, despite these similarities, the differences in socio-cultural characteristics should always be taken into consideration. Due to differences in socio-cultural characteristics, the changes experienced by stakeholder groups may also differ. Hypothetical well-defined positive and negative outcomes could not be measured/verified with TRCS soup kitchen stakeholders in this SROI research and added to the agenda of the next SROI analysis. Therefore, there is a risk of undervaluation/overvaluation in the SROI rate of this analysis. In order to minimize this risk, different possible scenarios were studied in the sensitivity analysis and different SROI rates were shared.

## 8.2. Sensitivity Analysis

After calculating SROI ratio, it is important to assess the extent to which the results would change if the assumptions changed. This process of testing the assumptions that have been made within the SROI research called as Sensitivity Analysis. Its aim is to test which assumptions have the greatest effect on the SROI model. It enables better understanding of the strength and accuracy of the claims made by the SROI research as well as ensuring that assumptions made are transparent.

According to “A Guide to Social Return on Investment” for SROI analysis, the standard requirement is to check changes to:

- estimates of deadweight, attribution, and drop-off,
- financial proxies,
- quantity of the outcome,
- value of inputs, where you have valued non-financial inputs and
- duration of outcomes.

In the TRCS Soup Kitchen SROI report, the followings are excluded from the sensitivity analysis:

Parameters	Rationale
Stakeholder group's inputs	There is no assumption on monetary value of inputs
Duration	Outcomes don't last in the future
Drop off	Outcomes don't last in the future
Attribution	No other person/institution can contribute to the negative change. They are only changes that can result from TRCS soup kitchen meals.

While all other parameters are constant, the following main assumptions have been made in calculating the social return of TRCS soup kitchens:

Assumption	New Value	New SROI Ratio	SROI Ratio Difference	Sensitive
Quantity of positive change was increased by 50%	2,444 people	2.74	+1.11	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.
Quantity of positive change was reduced by half	815	0.51	-1.12	Yes, ratio decreased below 1:1
Quantity of negative change was reduced by half	213 people	1.93	+0.30	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.
Quantity of negative change was reduced by 75%	107 people	2.09	+0.46	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.
Quantity of negative change was increased by 50%	639 people	1.32	-0.31	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.
Quantity of negative change was increased by 75%	746 people	1.17	-0.46	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.
Deadweight of positive change was increased by 50%	55%	0.97	-0.63	Yes, ratio decreased below 1:1
Deadweight of positive change was reduced by half	18%	2.30	+0.67	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.



Attribution of positive change was increased by 5 times	35%	0.95	-0.68	No, ratio turned to negative, but the change is very great (increased by 5 times)
Deadweight of negative change was doubled	62%	1.90	+0.27	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.
Financial proxy was reduced by 25%	112.50 TRY	1.22	-0.41	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.
Financial proxy was increased by 25%	187.50 TRY	2.03	+0.40	No, the difference between base case ratio and new ratio is not significant enough to affect decision making process.

The sensitivity analysis above table provides with a SROI range of **1: 0.51 - 2.74 TRY**.

An alternative approach is to calculate how much it is needed to change each estimate to make the social return become a social return ratio of 1:1. By calculating this, the sensitivity of the analysis to changes in estimates can be shown. This allows to report the amount of change necessary to make the ratio change from positive to negative or vice versa.

While all other parameters are constant, the following each assumption has been made decreasing the social return ratio from 1:1,63 to 1:1. In general the greater the change that it is needed to make the SROI ratio 1:1, the more likely it is that the result is not sensitive.

Assumption	Value	New Value Used for Making SROI Ratio 1:1	The Amount of Change Necessary to Make the Ratio Change from Positive to Negative	Sensitive
Quantity of positive change was reduced by almost 25%	1,629	1,175 people	-454 people	Yes, the change is relatively less.
Quantity of negative change was almost doubled	426 people	864 people	+438 people	No, the change is relatively greater.
Deadweight of positive change was increased	37%	55%	18% change	Yes, the change is

				relatively less.
Deadweight of negative change was decreased	31%	Even if the deadweight of negative change is assumed to be 0%, the SROI rate drops to 1.35 at most.		No
Attribution of positive change was increased by almost 5 times	7%	33%	26%	No, the change is relatively greater.
Financial proxy was decreased by almost 40%	150 TRY	93 TRY	-57 TRY	No, the change is relatively greater.

As with all other SROI studies, TRCS Soup Kitchen SROI research has also some limitations. As mentioned in “Delimitation” part of the report, volunteers who help soup kitchens operation process like preparing and distributing meal were excluded, since they are few and there is no registered data of voluntary work. For various reasons, 15 soup kitchens could not be included in the study. For these reasons, there is the risk of missing some inputs and material outcomes that have been experienced by those excluded from the study. To be able to manage the impact well, TRCS needs to understand what has changed for them. This is a recommendation for future SROI analysis.

TRCS neither has a system to regularly monitor the frequency of positive & negative outcome indicators nor the thresholds for these indicators. Moreover, in this SROI research, it was acted with the suggestion that each family member experienced negative and positive change the respondent mentioned. All of these affect the scale (quantity) of the research. Therefore, positive, and negative outcomes may have been experienced by fewer stakeholders than stated in the report. More accuracy can be ensured for future SROI reports by regular and short surveys conducting to the beneficiaries.

**9. REPORTING, USING AND EMBEDDING**

**9.1. Sharing Results**

SROI aims to create accountability to stakeholders and provides information to management to improve organizations’ performance. Hereby, the findings of this SROI research are both for internal management use and for public information. The focus of the analysis is basically to understand the material changes that stakeholder groups have experienced because of the soup kitchen activities. At internal level, understanding changes with all aspects, positive, negative, intended, or unintended, will inform decision makers in much better way to optimize the value of the TRCS soup kitchens aids.

Regarding external stakeholders, the purpose of the analysis is to communicate outcomes of the soup kitchens aids and collaborate to decrease negative outcomes and increase positive ones where possible. For these purposes, a starting point will be to present the findings from the study to staff, board of directors and stakeholders. Each group has different objectives, and the relationship of each stakeholder to TRCS varies. For this reason, during this sharing process, special information notes will be created for each group. Additionally, the report will be shared on various media to ensure accessibility to the entire report.

This SROI report would be used for increase fund-raising. Report findings might raise awareness of donors about the social impact that TRCS soup kitchens have on people' lives. TRCS operates soup kitchens through donations. Therefore, the sustainability of the soup kitchen operation depends on receiving regular donations. Fundraising is a naturally risky business and so it is important for fundraisers to be aware of these and take action to mitigate them. The decrease or irregularity of financial resources for any reason (Inflation & recession, cost increases, trust & transparency etc...) will directly affect the social value of the soup kitchen operation. The likelihood of this risk is medium but potential consequences of it is very high. TRCS is an organization that is very experienced in fundraising and can manage risks in this field. However, today's donors are savvy, connected, and curious. With ever-increasing desire, they want to know "What impact the nonprofit is having in the areas where it works and serves". For accountability and transparency, this SROI report about soup kitchens social value is a risk mitigation.

## 9.2. Verification

A peer reviews were conducted with the TRCS soup kitchen authorities throughout the study to verify the changes, financial proxies, and mapping stakeholders. Verification obviously has advantages both in getting feedback on findings as well as sharing the results with those who contributed to them<sup>27</sup>. This step is also important to minimise impact washing risk. That is why TRCS Soup Kitchen SROI Report has also gone through external assurance with Social Value International.

However, this study is not without limitations. The findings of this SROI report could not be verified with those who were interviewed in the research period. Since the respondents are least educated group of the society, low literacy/comprehension levels of them are big challenges. For surveys with wide geographical distribution and with less educated participants, sharing the results may require going back to the field and organizing community discussions & presentations. A focus group will allow stakeholders to review, discuss, and verify the outcomes they experience, providing confidence in the assumptions made and providing inputs to the development of the stakeholder questionnaire to confirm the outcomes added

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<sup>27</sup> *Verification or assurance against the Standards must use an assurance scheme and must be completed by a suitably qualified individual (SVI Standard and Short Guidance for applying Principle 8: Be Responsive).*

to chain of event through third party research results. However, this method was prohibitively costly in the scope of this SROI research. In addition, it would be quite time-consuming work, as it demands a significant amount of efforts and spans over a long duration. However, social impact management is an ongoing issue for TRCS. For being able to meet the SVI standards, the verification study is planned to be completed in 2024.

### 9.3. Using Results and Recommendations for Future Works

The discipline of impact measurement has been continuing to evolve into impact management. Setting impact thresholds, targets and exploring impact risks have been risen with the concept of impact management (*Standard and Short Guidance for Applying Principle 8: Be Responsive*). The SROI process is intended to be iterative and should not end with the production of one report. Therefore, TRCS' first soup kitchen social value account is aimed at creating a baseline for future measurements, namely process of regular impact data collection. For being able to reach purposes mentioned above, in the future, TRCS could act on the recommendations of this SROI report, and the findings could feed into all three levels of decision making - strategic, tactical, and operational. Within this context, especially data on beneficiaries' taste preferences, dietary requirements, preferred method of food assistance and accessing method of the food are among the important findings of this report. An action plan with a realistic timescale could be prepared to make this SROI analysis a routine and regular component of TRCS's reporting. In this part, below final recommendations are also provided on future studies for the integrity and credibility of the TRCS soup kitchens SROI analysis.

#### Stakeholder Engagement

- Soup kitchens are also among the social service organizations to that volunteers contribute support. However, when compared to TRCS other social services areas, voluntary contribution is irregular and at the minimum level in soup kitchens. There is even no registered data about voluntary work in soup kitchens. So, it is not known who they were, how much they worked. That is why volunteers as a stakeholder group could not be included in this SROI analysis. Since the involvement of volunteers might affect the social value created and therefore the soup kitchens' story of change. Management of volunteer work in soup kitchens could be an important task of TRCS for further SROI report.
- During qualitative and quantitative research, an adult (Mostly registered family member in the database) who could represent recipient household was interviewed. In this way, the changes experienced by other family members were expressed by a single member. This is a risk regarding decision on the materiality and would have possible effects on SROI analysis result through valuing under/over estimation. In future analyses, all members of the family who are eligible to be interviewed might be interviewed individually. In SROI

analysis, there is always a risk that stakeholder identification is incomplete or overlook potential sub-groups who experience either different outcomes or the same outcome but to a different extent or value it differently. This approach may also lead to the emergence of sub-segments in the main beneficiary group and the identification of different material exchanges.

### **Capacity Strengthening**

- In this study, it was not possible to instantly access holistic and up-to-date data about the business processes of soup kitchens (Budget, service capacity etc.). Limited human resources, wide geographical distribution of soup kitchens, and the lack of a central software system are some obstacles to this. TRCS has given priority adopting IT interventions to solve this problem to some extent. More centralised, dynamic, and efficient system for soup kitchens will contribute to future SROI analyses reaching more precise data on inputs and outputs and so on provide a more accurate social impact calculation.

### **Continuous Process of Collecting Impact Data**

- This SROI report covers 1 year operation period of TRCS soup kitchens. However, in the interviews conducted with main beneficiaries, retrospective data could not be obtained regarding the frequency of valued positive and negative changes' indicators they experienced in the last 1 year. The reasons are 1 year is a long time to obtain such kind of retrospective data, the survey was already long enough, and the respondents are the most vulnerable/least educated and lowest socioeconomic group of the society (Disabled, elderly, uneducated, homeless, refugee etc.). As a result, it is known that "*what outcome stakeholders experienced, its indicators and what caused this*", however it is unknown "*how many times the meal overcooked/undercooked, how many times the beneficiary had health problems, how many times the beneficiary cannot benefit from the service*". Examples can be multiplied. The answer may be one time or many times in a year. TRCS does not yet have a system to regularly monitor the frequency of these indicators and set the thresholds for the indicators. Establishing an impact data system to be able to determine more precise scale and impact thresholds is one of the recommendation derived from present study. This subject might its place on the agenda of impact management to be able to increase rigour of the future analysis.

### **Increasing Degree of Rigour**

- The beneficiaries of the TRCS soup kitchens are the least educated group of the community. Therefore, this is the most difficult group to conduct research. Low literacy/comprehension levels of them are big challenges. So, there is probability that insufficient and low-quality

data exists to know what impact is occurring. As happened during this analysis process, this feature of the beneficiary group makes data collection, analysis, and verification processes difficult and causes more resource usage. To reduce the risk, interviewer training and telephone survey was conducted, and efforts were made to obtain the most accurate answers as possible. Additionally, the report included third-party studies to verify some assumptions and findings. Taking similar measures in the future will increase the accuracy of the study.

- During gathering information about the changes experienced by beneficiaries, a range of positive and negative changes were identified through direct stakeholder involvement. "Saving money in the household's limited budget and avoiding malnutrition as a result of accessing free and safe hot meal" and "not being able to provide the expected benefit from the soup kitchen services as a result of difficulty in accessing meal and unmet individual preferences/dietary requirements" are outcomes derived from qualitative phase of TRCS SROI research by engaging TRCS soup kitchen beneficiaries. These outcomes were valued and included into the SROI calculation of this report. "REDUCED STRESS AND ANXIETY" and "INCREASED FEELING OF WORTHLESS" are HYPOTHETICAL well-defined outcomes which were derived from third party research findings regarding soup kitchens. **These changes were not valued and included into the SROI calculation of this report, since neither they were expressed directly by soup kitchen beneficiaries themselves nor verified with them during this analysis period.** While this SROI analysis does not include hypothetical well-defined outcomes into calculation, they might contribute to revealing the far-reaching impacts and outcomes of TRCS soup kitchens. Although third party research findings provided insight into the value soup kitchens activities create for the main beneficiaries, it cannot be claimed that these outcomes are 'material'. It can be said that the stakeholders in third-party research referenced on this study have similar characteristics to the TRCS soup kitchen beneficiaries. However, despite these similarities, the differences in socio-cultural characteristics should always be taken into consideration. Because of differences in socio-cultural characteristics, the changes experienced by stakeholder groups may also differ. Due to this risk, the valuation of these outcomes is left to future SROI research. Collecting future impact data by engagement with soup kitchen main beneficiaries might be changed these hypothetical outcomes to material outcomes. Future regular qualitative data collection exercises could include reviewing and confirming the relevance & significance of each hypothetical outcomes. According to [Standard on Applying Principle 2: Understand What Changes](#), key to successful stakeholder involvement is an open questioning approach. In the initial consultation more information on outcomes can be generated by asking '*so what happens next?*' The purpose of this is to avoid leading questioning. On the other hand, it is strongly recommended to question the hypothetical outcomes of this analysis in future SROI studies. The future interviews should also start with open-ended questions because this is crucial to the SVI Report Assurance standard and pivotal to the accountability framework. But still, hypothetical outcomes could be

confirmed with the beneficiaries by avoiding leading questioning. These changes may be hypothetical changes identified in this research, or there might be other new changes. As a result, a different chain of event than the current one might be developed. At this point, a new beneficiary impact questionnaire might be prepared. When conducting future beneficiary impact surveys, standard impact questions regarding scale of outcomes, depth, relative importance, deadweight, attribution, displacement, drop-off, duration would be asked. To measure the hypothetical outcomes, in the [10.7 Recommended Indicators for Hypothetical Outcomes](#) part of this report, some sample indicators that may be related to the hypothetical changes are presented as suggestions for future SROI analysis. TRCS soup kitchens social value account would be more complete, thereby more rigour when the range of outcomes, both positive and negative, is thoroughly explored and synthesised.

- High level of engagement, both in the qualitative research that reached saturation and quantitative research that had over 384 respondents help reduce the risk of the sample not being representative. Nevertheless, as it is mentioned in the Delimitation part of the report, it should be noted that some TRCS soup kitchens was under-represented in the sample for various reasons (Missing data, earthquake etc.). Including these 15 soup kitchens in future SROI analyses might increase accuracy of the social account.

## 10. ANNEXES

### 10.1. Qualitative Research - Semi-structured Questionnaire – Needy People (Beneficiaries)

#### Background Information

Marital Status?

City of residence?

Number of children living in the household?

Number of people living in the household?

Working status?

Do you have a disability and/or chronic disease?

What was your reason for applying to the TRCS soup kitchen?

Can you benefit from the TRCS soup kitchen regularly? If no, what are the reasons of irregular use of meals?

How do you access the meal?

Does using a soup kitchen cause any expenses for you?

#### POSITIVE OUTCOME

1. What changes did you experience? So, what happened next? / Tell me more / Why is that important to you?
2. Were all the changes expected or was there anything that you didn't expect that changed?
3. If we asked you to evaluate the importance of these changes for you, how many points would you give on a scale of 1 to 10? How important are these change(s) for you? (1 is the lowest, 10 is the highest)
4. At what point did the change(s) you mentioned occur before receiving service from TRCS soup kitchen? What point has it reached now?
5. If there were no TRCS soup kitchen, would you find another way to achieve the same change? If your answer is yes, to what extent would you experience the same change?



6. Are there any other people/institutions that contributed to this change(s) you experienced? Could you share the names of these institutions and how much they contributed?

#### **NEGATIVE OUTCOME**

7. Were all the changes positive? If not, what were the negative changes? So, what happened next? / Tell me more / Why is that important to you?
8. Were all the changes expected or was there anything that you didn't expect that changed?
9. If we asked you to evaluate the importance of these changes for you, how many points would you give on a scale of 1 to 10? How important are these change(s) for you? (1 is the lowest, 10 is the highest)
10. At what point did the change(s) you mentioned occur before receiving service from TRCS soup kitchen? What point has it reached now?
11. Are there any other people/institutions that contributed to this change(s) you experienced? Could you share the names of these institutions and how much they contributed?

#### **OTHER**

12. Who else might be affected by the changes that you have experienced?
13. Who else might be affected by the TRCS soup kitchens aids?
14. Is there any other topic-situation you would like to add? What would soup kitchen service be more valuable to you?

## 10.2 Semi-structured Questionnaire - TRCS Soup Kitchens Donors

<b>Interviewee:</b>	
<b>Phone:</b>	
<b>Date:</b>	

Gender?

Age?

Marital Status?

Education level?

Occupation?

Monthly income?

City of residence?

1. How did you learn about the TRCS soup kitchen's donation campaign?
2. Why did you choose the TRCS soup kitchen to donate? Is there a special reason/priority for you?
3. How often do you donate to the TRCS soup kitchen?
4. When was the last time you donated to the TRCS soup kitchen?
5. Do you also donate to other donation campaigns of the TRCS?

### **POSITIVE OUTCOME**

6. What did donate to the TRCS soup kitchen change for you? So, is there a difference between Ms./Mr. XX before donating and Ms./Mr. XX after donating?
7. If the TRCS soup kitchen did not exist, would you find another way to achieve the same change(s)?
  - o Never happened (0%)
  - o It would be less than half (25%)
  - o It would be half as much (50%)
  - o It would be more than half as much (75%)
  - o It would be the whole amount (100%)

8. If we asked you to evaluate the importance of these changes for you, how many points would you give on a scale of 1 to 10? How important are these change(s) for you? (1 is the lowest, 10 is the highest)
9. At what point were the change(s) you mentioned before you donated to the TRCS soup kitchen? What point has it reached now? (1 being the lowest, 10 being the highest)
10. Are there any other people/institutions that contributed to this change(s) you experienced? Could you share the names of these institutions and how much they contributed?
  - o None (0%)
  - o Less than half (25%)
  - o Half as much (50%)
  - o More than half (75%)
  - o All the way (100%)
11. Are these changes permanent for you? Or do these changes disappear immediately or decrease over time if you do not donate to the TRCS soup kitchen?
  - o It disappears immediately
  - o It will disappear over time
  - o It will never disappear

#### **NEGATIVE OUTCOMES**

12. Did donating to the TRCS soup kitchen cause any negative changes for you?
13. If we asked you to evaluate the importance of not experiencing this negative change for you, how many points would you give on a scale from 1 to 10? How important are these negative change(s) to you? (1 is the lowest, 10 is the highest)
14. From what point to what point did the negative change(s) you mentioned decline? (1 being the lowest, 10 being the highest)
15. Would there still be similar negative change(s) if you made the donation to another institution instead of the TRCS soup kitchen?
  - o Never happened (0%)
  - o It would be less than half (25%)
  - o It would be half as much (50%)
  - o It would be more than half as much (75%)
  - o It would be the whole amount (100%)
16. Are there any other people/institutions that caused these negative change(s) you experienced? Could you share the names of these institutions and how much they caused?

- None (0%)
- Less than half (25%)
- Half as much (50%)
- More than half (75%)
- All the way (100%)

17. Are these negative changes permanent changes for you? Or, in a situation where there is no TRCS soup kitchen, will these negativities disappear immediately or decrease over time?

- It disappears immediately
- It will disappear over time
- It will never disappear

18. Value Game for the changes

**OTHER**

19. Are there people affected by the changes you have experienced?

20. Who else might be affected by the TRCS soup kitchens aids?

21. What would it be more valuable for you to donate to the TRCS soup kitchen?

22. Is there anything else you would like to add?

### 10.3 Semi-structured Questionnaire - TRCS Soup Kitchen Employees

<b>Name:</b>	
<b>Phone:</b>	
<b>Soup Kitchen:</b>	
<b>Job Title:</b>	
<b>Date:</b>	

1. How long have you been working at the TRCS soup kitchen?
2. Why did you choose the TRCS soup kitchen to work? Is there a special reason/priority for you?

#### **POSITIVE OUTCOMES**

3. Do you experience any positive changes resulting from working at the TRCS soup kitchen?
4. If you were working in another workplace with similar conditions, rather than at the TRCS soup kitchen, would you still experience the same change(s)?
  - o Never happened (0%)
  - o It would be less than half (25%)
  - o It would be half as much (50%)
  - o It would be more than half as much (75%)
  - o It would be the whole amount (100%)
5. If we asked you to evaluate the importance of these changes for you, how many points would you give on a scale from 1 to 10? How important are these change(s) for you? (1 is the lowest, 10 is the highest)
6. At what point did the change(s) you mentioned occur before you started working at the TRCS soup kitchen? What point has it reached now? (1 being the lowest, 10 being the highest)
7. Are there any other people/institutions that contributed to this change(s) you experienced? Could you share the names of these institutions and how much they contributed?
  - o None (0%)
  - o Less than half (25%)
  - o Half as much (50%)
  - o More than half (75%)
  - o All the way (100%)

8. Are these changes permanent for you? Or, in a situation where there is no TRCS soup kitchen, will these changes disappear immediately or decrease over time?
- It disappears immediately
  - It will disappear over time
  - It will never disappear

### **NEGATIVE OUTCOMES**

9. Does working at the TRCS soup kitchen cause any negative changes for you?
10. If we asked you to evaluate the importance of not experiencing these negative changes, how many points would you give on a scale from 1 to 10? How important are these negative change(s) to you? (1 is the lowest, 10 is the highest)
11. At what point were the negative change(s) you mentioned before working at the TRCS soup kitchen? To what point has it decreased now? (1 being the lowest, 10 being the highest)
12. If you were not working in the TRCS soup kitchen, would the same negative changes still occur?
- Never happened (0%)
  - It would be less than half (25%)
  - It would be half as much (50%)
  - It would be more than half as much (75%)
  - It would be the whole amount (100%)
13. Are there any other people/institutions that caused these negative change(s) you experienced? Could you share the names of these institutions and how much they caused?
- None (0%)
  - Less than half (25%)
  - Half as much (50%)
  - More than half (75%)
  - All the way (100%)
14. Are these negative changes permanent changes for you? Or, in a situation where there is no TRCS soup kitchen, will these negativities disappear immediately or decrease over time?
- It disappears immediately
  - It will disappear over time
  - It will never disappear
15. Value game for the changes

**OTHERS:**

16. What would it be more valuable for you to work at the TRCS soup kitchen?

17. Are there people affected by the changes you have experienced?

18. Who else might be affected by the TRCS soup kitchens aids?

19. Is there anything else you would like to add?

#### 10.4 Semi-structured Questionnaire- Municipality & SASFs

<b>Organization:</b>	
<b>Interviewee:</b>	
<b>Phone:</b>	
<b>Job Title:</b>	
<b>Date:</b>	

1. What kind of cooperation/relationship does your institution have with the TRCS soup kitchen?

**POSITIVE OUTCOMES:**

2. What are the positive effects of this collaboration with the TRCS soup kitchen on your institution? What kind of change does it bring to your organization?
3. If the TRCS soup kitchen did not exist, would there be another way for your institution to achieve similar cooperation and experience the same change(s)?
  - Never happened (0%)
  - It would be less than half (25%)
  - It would be half as much (50%)
  - It would be more than half as much (75%)
  - It would be the whole amount (100%)
4. If we asked you to evaluate the importance of these changes for your institution, how many points would you give on a scale of 1 to 10? How important are these change(s) for your organization? (1 is the lowest, 10 is the highest)
5. At what point were the change(s) you mentioned before the collaboration with the TRCS soup kitchen? What point has it reached now? (1 being the lowest, 10 being the highest)
6. Are there any other people/institutions who contributed to these change(s) experienced by your institution? Could you share the names of these institutions and how much they contributed?
  - None (0%)
  - Less than half (25%)
  - Half as much (50%)
  - More than half (75%)
  - All the way (100%)



7. Do you think these changes are permanent changes for your institution? Or, in a situation where there is no TRCS soup kitchen, will these changes disappear immediately or decrease over time?
- It disappears immediately
  - It will disappear over time
  - It will never disappear

### **NEGATIVE OUTCOMES**

8. Does this cooperation/relationship between the TRCS soup kitchen and your institution cause a negative change for your institution?
9. If we asked you to evaluate the importance of not experiencing these negative changes for your institution, how many points would you give on a scale of 1 to 10? How important are these negative change(s) for your organization? (1 is the lowest, 10 is the highest)
10. At what point were these negative change(s) you mentioned before the collaboration with the TRCS soup kitchen? To what point has it decreased now? (1 being the lowest, 10 being the highest)
11. If your institution had not cooperated with the TRCS soup kitchen, would you still experience the same negative changes in similar collaborations?
- Never happened (0%)
  - It would be less than half (25%)
  - It would be half as much (50%)
  - It would be more than half as much (75%)
  - It would be the whole amount (100%)
12. Are there any other people/institutions that caused these negative change(s) experienced by your institution? Could you share the names of these institutions and how much they caused?
- None (0%)
  - Less than half (25%)
  - Half as much (50%)
  - More than half (75%)
  - All the way (100%)
13. Do you think these negative changes are permanent changes for your institution? Or, in a situation where there is no TRCS soup kitchen, will these negativities disappear immediately or decrease over time?
- It disappears immediately
  - It will disappear over time
  - It will never disappear

14. Value game for the changes

**OTHERS**

15. What would make the cooperation/relationship between the TRCS soup kitchen and your institution more valuable?

16. Are there people affected by the changes your organization have experienced?

17. Who else might be affected by the TRCS soup kitchens aids?

18. Is there anything else you would like to add?

## 10.5 Quantitative Research – Structured Questionnaire – Needy People (Main Beneficiary)

### BACKGROUND INFORMATION

1. Age \_\_\_\_\_
2. Gender
  - Male
  - Female
3. Marital Status
  - Married
  - Single
  - Widowed/divorced
4. Number of children having \_\_\_\_\_
5. How many people live in your household, including you? \_\_\_\_\_
6. Your city of residence? \_\_\_\_\_
7. Your employment status?
  - Unoccupied
  - Looking for a job
  - Employed
  - Irregular, works whenever possible
  - Other
8. Do you have a disability and/or chronic disease?
  - Yes
  - No
9. What was your reason for applying to the TRCS soup kitchen?
  - Low/No income
  - Disabled and/or chronically ill
  - Other
10. How many years have you been benefiting from TRCS soup kitchen? \_\_\_\_\_
11. How do you access the meal?
  - Delivery to home
  - Delivery from fix point

- Delivery from soup kitchen

12. Do you have any expenses to access TRCS hot meal? If yes, how much monthly? \_\_\_\_\_

13. Can you benefit from the TRCS soup kitchen regularly?

- Yes
- No

14. If no, what are the reasons of irregular use of meals?

- Lack of time/health to pick it up from delivery point
- Transportation cost incurred to access delivery point
- Do not liking the taste of the meal
- Other

15. Could you please indicate your satisfaction with the TRCS soup kitchen service?

Parameters	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Satisfaction from amount of meal					
Satisfaction from taste of meal					
Satisfaction from choices of meal					
Satisfaction from hygiene of meal					
Satisfaction from delivery method of meal					
Satisfaction from number of days offered meal					
Satisfaction from behaviour of staff					

16. Would any other form of food aid other than hot meal be appropriate for you?

- Don't want any change
- Regular cash payment/shopping card
- Food materials

**POSITIVE CHANGES**

17. After you started receiving service from the TRCS soup kitchen, has there been a positive change in your life in terms of access to clean and safe food/hot food?

- Yes
- No

18. Which of the following opportunities did having access to clean and safe food from TRCS soup kitchen provide you with?

- Having daily enough/nutritious meal
- Paying expenses of other meals
- Paying of electricity/water/phone/internet
- Paying expenses of shelter/heating
- Paying expenses of health
- Paying expenses of clothing/transportation
- Paying expenses of education
- Other

19. Can you access safe food before benefiting from the TRCS soup kitchens? If we asked you to give a score from 1 to 10, how many points would you give?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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20. If we asked you to give a score from 1 to 10 for your ability to access safe food after you started to benefit from TRCS soup kitchens, how many points would you give?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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21. How important is it for you to have access to clean and safe food after you start benefiting from the TRCS soup kitchen? If we asked you to give a score from 1 to 10, how many points would you give?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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22. If you were not benefiting from TRCS soup kitchens to what extent would you have access to safe food?

- No way (0%)
- Less than half (25%)
- Half (50%)
- More than half (75)
- Totally (100%)

23. If you do not benefit from the TRCS soup kitchen, are there any other ways you can use to access clean and safe food?

- Another soup kitchen
- Other organizations' food aids
- Don't know
- Other

24. Are there any other people/organizations other than TRCS soup kitchen that currently contribute to your access to safe food?

- Yes
- No

25. If yes, apart from the TRCS soup kitchen, which other people or organizations contribute to your access to clean and safe food?

- From public institutions/municipalities
- From neighbours/close relatives
- From NGOs
- Don't know
- Other

26. Compared to the TRCS soup kitchens, how much does these aids contribute to your access to safe food?

- No way (0%)
- Less than half (25%)
- Half (50%)
- More than half (75)
- Totally (100%)

## **NEGATIVE CHANGES**

27. Have you experienced any negative changes while benefiting from the TRCS soup kitchen?

- Yes
- No

28. Which of the following negative situations have you experienced that indicate you were not able to get the benefit you expected from the TRCS soup kitchen?

- Meals are too or little salty/oily/spicy etc.
- Having problems accessing food (lack of time, cost of transportation)
- Throwing food away/giving it to stray animals
- Meals being undercooked/overcooked
- Meals and/or fruit/bread not being fresh
- Having health problems because of meals (Nausea, vomiting, etc.)
- Food variety is insufficient
- Negative behaviour of staff
- Amount of food is insufficient

29. How important is it for you to not experience this negativity? If we asked you to give a score from 1 to 10, how many points would you give?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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30. Do you think you would experience this negativity if you received food aids from any organization/people other than the TRCS soup kitchens? If yes, to what extent?"

- Don't know (0%)
- No way (0%)
- Less than half (25%)
- Half (50%)
- More than half (75)
- Totally (100%)

**OTHER CHANGES**

31. Apart from the changes mentioned above, have you experienced any other positive or negative changes during the time you received service from the TRCS soup kitchen?

- Yes
- No

32. If yes, could you please describe the change you experienced?

.....

33. For us to better understand the change you have experienced, could you please describe your situation before you started benefiting from the TRCS soup kitchen?

.....

34. At what point was this change you experienced before you started benefiting from TRCS soup kitchen? If we asked you to give a score from 1 to 10, how many points would you give?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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35. To what point did you experience this change after you started benefiting from TRCS soup kitchen? If we asked you to give a score from 1 to 10, how many points would you give?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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36. How important is this change you experienced after you started benefiting from TRCS soup kitchen? If we asked you to give a score from 1 to 10, how many points would you give?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
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37. If you were not benefiting from TRCS soup kitchen, is it possible that you would experience this change in different ways? How much of a possibility can you talk about?

- No way (0%)
- Less than half (25%)
- Half (50%)
- More than half (75)
- Totally (100%)

38. If you are not benefiting from the TRCS soup kitchen, are there any other ways you can still experience this change?

- Another soup kitchen
- Other organizations' food aids
- Don't know
- Other

39. Are there any other people or institutions other than the TRCS soup kitchen that contributed to this change you are currently experiencing?

- Yes
- No

40. If yes, which institutions/organizations, other than the TRCS soup kitchen, contributed to this change you are currently experiencing?

- From public institutions/municipalities
- From neighbours/close relatives
- From NGOs
- Other

41. How much did other people/institutions contribute to this change you mentioned?

- Less than half (25%)
- Half (50%)
- More than half (75)
- Totally (100%)

42. Did you expect to experience this change that you experienced from benefiting from the TRCS soup kitchen?

- Yes
- No

43. What would the TRCS soup kitchen service be more valuable to you? Is there anything else you would like to share with us?

.....



## 10.6 Statistical Tests Results

### The Satisfaction Perception of Beneficiaries and Experiencing Negativity

FREQUENCY TABLE					
Satisfaction Parameters	Scale	Have you experienced any negative changes while benefiting from the TRCS soup kitchen?			
		YES		NO	
		Count	Column N %	Count	Column N %
I am satisfied with the amount of meal	Strongly Disagree	14	15%	5	2%
	Disagree	8	8%	15	5%
	Neutral	6	6%	21	7%
	Agree	29	31%	122	42%
	Strongly Agree	38	40%	126	44%
I am satisfied with the taste of meal	Strongly Disagree	16	17%	7	2%
	Disagree	13	14%	6	2%
	Neutral	18	19%	25	9%
	Agree	29	31%	116	40%
	Strongly Agree	19	20%	135	47%
I am satisfied with the choices of meal	Strongly Disagree	12	13%	10	3%
	Disagree	19	20%	24	8%
	Neutral	20	21%	23	8%
	Agree	31	33%	110	38%
	Strongly Agree	13	14%	122	42%
I am satisfied with the hygiene of meal	Strongly Disagree	7	7%	1	0%
	Disagree	2	2%	1	0%
	Neutral	11	12%	6	2%
	Agree	25	26%	87	30%
	Strongly Agree	50	53%	194	67%
I am satisfied with the delivery method of meal	Strongly Disagree	25	26%	33	11%
	Disagree	15	16%	19	7%
	Neutral	7	7%	10	3%
	Agree	17	18%	78	27%
	Strongly Agree	31	33%	149	52%
I am satisfied with the number of days meal offered	Strongly Disagree	5	5%	5	2%
	Disagree	7	7%	9	3%
	Neutral	8	8%	20	7%
	Agree	35	37%	108	37%
	Strongly Agree	40	42%	147	51%
I am satisfied with the behaviour of the staff	Strongly Disagree	11	12%	3	1%
	Disagree	4	4%	0	0%
	Neutral	5	5%	16	6%
	Agree	25	26%	77	27%
	Strongly Agree	50	53%	193	67%

INDEPENDENT SAMPLES TEST		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Amount of meal	Equal variances assumed	41,117	,000	-3,816	382	,000	-,481	,126	-,729	-,233
	Equal variances not assumed			-3,062	119,748	,003	-,481	,157	-,792	-,170
Taste of meal	Equal variances assumed	48,394	,000	-8,515	382	,000	-1,035	,122	-1,274	-,796
	Equal variances not assumed			-6,894	120,853	,000	-1,035	,150	-1,332	-,738
Variety of meal	Equal variances assumed	11,149	,001	-6,999	382	,000	-,925	,132	-1,185	-,665
	Equal variances not assumed			-6,459	141,650	,000	-,925	,143	-1,209	-,642
Hygiene of meal	Equal variances assumed	55,703	,000	-5,329	382	,000	-,486	,091	-,665	-,307
	Equal variances not assumed			-3,875	109,451	,000	-,486	,125	-,734	-,237
Delivery method of meal	Equal variances assumed	24,764	,000	-5,067	382	,000	-,860	,170	-1,193	-,526
	Equal variances not assumed			-4,606	138,718	,000	-,860	,187	-1,229	-,491
Number of days meal offered	Equal variances assumed	3,275	,071	-2,639	382	,009	-,294	,111	-,513	-,075
	Equal variances not assumed			-2,311	132,167	,022	-,294	,127	-,545	-,042
Behaviour of the staff	Equal variances assumed	45,446	,000	-5,076	382	,000	-,539	,106	-,748	-,330
	Equal variances not assumed			-3,750	110,872	,000	-,539	,144	-,824	-,254

GROUP STATISTICS					
Have you experienced any negative changes while benefiting from the TRCS soup kitchen?		N	Mean	Std. Deviation	Std. Error Mean
Amount of meal	Yes	95	3,73	1,440	,148
	No	289	4,21	,912	,054
Taste of meal	Yes	95	3,23	1,372	,141
	No	289	4,27	,887	,052
Variety of meal	Yes	95	3,15	1,255	,129
	No	289	4,07	1,070	,063
Hygiene of meal	Yes	95	4,15	1,176	,121
	No	289	4,63	,581	,034

<b>GROUP STATISTICS</b>					
<b>Have you experienced any negative changes while benefiting from the TRCS soup kitchen?</b>		<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Std. Error Mean</b>
Delivery method of meal	Yes	95	3,15	1,644	,169
	No	289	4,01	1,359	,080
Number of days meal offered	Yes	95	4,03	1,134	,116
	No	289	4,33	,869	,051
Behaviour of the staff	Yes	95	4,04	1,344	,138
	No	289	4,58	,693	,041

## 10.7 Recommended Indicators for Hypothetical Outcomes

Hypothetical Outcomes	Recommended Indicators for Future Impact Data
<p><b>Financial burden of households and autonomy to allocate finances towards costs other than food</b></p>	<p><b>Household expenditures and consumption, including within-household allocation of resources:</b></p> <ul style="list-style-type: none"> <li>• Housing expenses consist of shelter (mortgage payments, property taxes, or rent; maintenance and repairs; and insurance), utilities (gas, electricity, fuel, cell/telephone, and water), and house furnishings and equipment (furniture, floor coverings, major appliances, and small appliances).</li> <li>• Food expenses consist of food and nonalcoholic beverages purchased at grocery, convenience, and specialty stores, dining at restaurants, and household expenditures on school meals.</li> <li>• Transportation expenses consist of the monthly payments on vehicle loans, downpayments, gasoline and motor oil, maintenance and repairs, insurance, and public transportation.</li> <li>• Clothing expenses consist of children’s apparel such as diapers, shirts, pants, dresses, and suits; footwear; and clothing services such as dry cleaning, alterations, and repair.</li> <li>• Health care expenses consist of medical and dental services not covered by insurance, prescription drugs and medical supplies not covered by insurance, and health insurance premiums not paid by an employer or other organization. Medical services include those related to physical and mental health.</li> <li>• Childcare and education expenses consist of day care tuition and supplies; baby-sitting; and elementary and high school tuition, books, fees, and supplies. Books, fees, and supplies may be for private or public schools.</li> <li>• Miscellaneous expenses consist of personal care items (haircuts, toothbrushes, etc.), entertainment (portable media players, sports equipment, televisions, computers, etc.), and reading materials (non-school books, magazines, etc.).</li> </ul> <p><a href="https://www.dshs.wa.gov/sites/default/files/ESA/dcs/documents/piechart72511.pdf">https://www.dshs.wa.gov/sites/default/files/ESA/dcs/documents/piechart72511.pdf</a></p>
<p><b>Physical, emotional, and psychological effects of malnutrition</b></p>	<ul style="list-style-type: none"> <li>• Unplanned weight loss</li> <li>• Muscle loss</li> <li>• A low body mass index (BMI)</li> <li>• Vitamin and mineral deficiencies</li> <li>• Feeling tired, weak and affect the ability to recover from an illness</li> <li>• Loss of appetite and lack of interest in food or fluids</li> <li>• Tiredness or low energy levels</li> <li>• Reduced ability to perform everyday tasks like showering, getting dressed or cooking, reduced muscle strength</li> <li>• Changes in mood which might cause feelings of lethargy and depression</li> <li>• Poor concentration</li> <li>• Poor growth in children,</li> <li>• Increased risk of infection, recurrent infections, taking longer to recover and poor wound healing,</li> <li>• Difficulty keeping warm, dizziness</li> </ul>

<p><b>Stress and anxiety</b></p>	<p><b>Physical signs of stress</b></p> <ul style="list-style-type: none"> <li>• Difficulty breathing</li> <li>• Panic attacks</li> <li>• Blurred eyesight or sore eyes</li> <li>• Sleep problems</li> <li>• Fatigue</li> <li>• Muscle aches and headaches</li> <li>• Chest pains and high blood pressure</li> <li>• Indigestion or heartburn</li> <li>• Constipation or diarrhoea</li> <li>• Feeling sick, dizzy, or fainting</li> <li>• Sudden weight gain or weight loss</li> <li>• Developing rashes or itchy skin</li> <li>• Sweating</li> <li>• Changes to your period or menstrual cycle</li> <li>• Existing physical health problems getting worse</li> </ul> <p><b>Behavioural signs of stress</b></p> <ul style="list-style-type: none"> <li>• Find it hard to make decisions</li> <li>• Unable to concentrate</li> <li>• Unable to remember things, or make your memory feel slower than usual</li> <li>• Constantly worry or have feelings of dread</li> <li>• Snap at people</li> <li>• Bite your nails</li> <li>• Pick at or itch your skin</li> <li>• Grind your teeth or clench your jaw</li> <li>• Experience sexual problems, such as losing interest in sex or being unable to enjoy sex</li> <li>• Eat too much or too little</li> <li>• Smoke, use recreational drugs or drink alcohol more than you usually would</li> <li>• Restless, like you can't sit still</li> <li>• Cry or feel tearful</li> <li>• Not exercise as much as you usually would, or exercise too much</li> <li>• Withdraw from people around you</li> </ul> <p><b>Emotional signs of stress</b></p> <ul style="list-style-type: none"> <li>• Irritable, angry, impatient, or wound up</li> <li>• Over-burdened or overwhelmed</li> <li>• Anxious, nervous, or afraid</li> <li>• Like your thoughts are racing and you can't switch off</li> <li>• Unable to enjoy yourself</li> <li>• Depressed</li> <li>• Uninterested in life</li> <li>• Like you've lost your sense of humour</li> <li>• A sense of dread</li> <li>• Worried or tense</li> </ul>
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	<ul style="list-style-type: none"> <li>• Neglected or lonely</li> <li>• Existing mental health problems getting worse</li> <li>• Social withdrawal, decreased interest in activities</li> <li>• General sense of sadness</li> </ul> <p><a href="https://www.mind.org.uk/information-support/types-of-mental-health-problems/stress/signs-and-symptoms-of-stress/">https://www.mind.org.uk/information-support/types-of-mental-health-problems/stress/signs-and-symptoms-of-stress/</a></p>
<p><b>Damage to human dignity and identity</b></p>	<p><b>Aspects of food aid important for the dignity of receivers (5 dimensions)</b></p> <p><b>Access to food aid</b></p> <ul style="list-style-type: none"> <li>• Eligibility criteria</li> <li>• Referral system</li> <li>• Opening hours</li> <li>• Affordability</li> </ul> <p><b>Social interaction</b></p> <ul style="list-style-type: none"> <li>• Division between volunteers and clients</li> <li>• Participation</li> <li>• Type of exchange</li> <li>• Expected behaviour</li> <li>• Rules and regulations</li> <li>• Reciprocity</li> <li>• Attitudes and communication skills</li> <li>• Material aspects differentiating givers and receivers</li> <li>• Connect with the community</li> <li>• Language</li> <li>• Organizational culture</li> </ul> <p><b>The food</b></p> <ul style="list-style-type: none"> <li>• Appropriateness</li> <li>• Source</li> <li>• Distribution</li> </ul> <p><b>Physical Space</b></p> <ul style="list-style-type: none"> <li>• Location</li> <li>• Setting</li> <li>• Physical space</li> <li>• Waiting line</li> </ul> <p><a href="https://doi.org/10.1007/s10460-023-10476-w">https://doi.org/10.1007/s10460-023-10476-w</a></p>
<p><b>Feeling of worthless</b></p>	<ul style="list-style-type: none"> <li>• Feelings of hopeless and insignificant</li> <li>• Feelings of guilt and useless</li> <li>• Feelings of nothing to offer the world</li> <li>• Feeling of insecure, unmotivated</li> <li>• Feeling of everything is wrong, and that there is nothing good in the life</li> <li>• Easy to focus on the negative aspects of the life, rather than the positive ones</li> <li>• Low self-esteem</li> <li>• Becoming socially isolated</li> <li>• Neglect the appearance</li> <li>• Abuse alcohol or drugs</li> </ul>

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|--|--|
|  | <ul style="list-style-type: none"><li>• Very critical of oneself</li><li>• Avoiding challenges or relationships for fear of being criticised</li></ul> |
|--|--|

[https://www.healthdirect.gov.au/feeling-](https://www.healthdirect.gov.au/feeling-worthless#:~:text=If%20you%20feel%20worthless%2C%20you,nothing%20good%20in%20your%20life)

[worthless#:~:text=If%20you%20feel%20worthless%2C%20you,nothing%20good%20in%20your%20life](https://www.healthdirect.gov.au/feeling-worthless#:~:text=If%20you%20feel%20worthless%2C%20you,nothing%20good%20in%20your%20life)